



Antimicrobial Resistance(AMR)Control

We kicked-off 2026 with a major commitment on Antimicrobial Resistance

Eswatini. Ahead of the 76th Health Ministers’ Conference in Eswatini, February this year, technical partners held a Pre-Conference session on AMR, inspired by the "Pathway to Abuja" theme, bringing together Africa CDC, WHO AFRO, ICARS, ReAct Africa, with support from the World Bank—funded Health Emergency Preparedness, Response and Resilience Program, to synthesize complex technical data into a unified, actionable roadmap on action against AMR.

This pre-conference laid a technical foundation for the 76th ECSA Health Ministers Conference, ensuring that the commitments made by leadership were grounded in the realities of AMR stewardship, surveillance, and supply chain resilience. Discussions moved beyond "silent pandemic" rhetoric and forged a consolidated regional position for the 5th Global High-Level Ministerial Conference on AMR in Abuja, Nigeria, due this June. **Full Story on Page 2**



WHAT A HIGH LEVEL LEADER SAID ON AMR AT 76TH HMC

“Antimicrobial resistance looms as a silent pandemic. These challenges test the resilience of our systems, their ability to prepare for, withstand, and recover from crisis.”

—Her Excellency Thulisile Dladla, Right Honourable Deputy Prime Minister of the Kingdom of Eswatini


| The year at glance so far


Mozambique, our latest project member undergoes Baseline Assessment


From 23-27 February 2026, a technical team from ECSA-HC joined the Ministry of Health (MISAU) in Mozambique to conduct a comprehensive baseline assessment under World Bank-funded MPA Program.



| More from the MPA program

 **GENPAR:** A Gender Toolkit Re-defining Health Emergency Preparedness in Eastern and Southern Africa

 **Scientific Writing:** ECSA HC takes decisive action to unleash impact through scientific communication

 **E-PHEM:** 10 countries undergo training on Electronic Public Health Emergency Management.

and much more...

Regional AMR commitments

The Pathway to Abuja: Health Ministers affirm Regional AMR commitments

Following deliberations at the Health Ministers Conference and inputs generated through the AMR pre-conference process, Ministers endorsed a practical package of actions structured around four pillars: equitable access to AMR countermeasures; innovative and sustainable financing for AMR National Action Plans (NAPs); sustainable training and education to strengthen antimicrobial stewardship (AMS) and infection prevention and control (IPC) implementation; and political leadership, governance and accountability.

Ministers committed to advance regionally coordinated solutions to close the access gap, including strengthening availability and appropriate use of quality-assured antimicrobials, laboratory diagnostics, and vaccines. They also highlighted exploring pooled and coordinated approaches to improve purchasing power and promoting local and regional manufacturing where feasible to strengthen supply resilience and affordability. To translate these plans into results, Ministers reaffirmed that sustainable financing is essential, committing to strengthening domestic resource mobilisation and embedding AMR priorities into national budgets and routine financing mechanisms.



“The ‘Pathway to Abuja’ is a critical roadmap for our region. By focusing on equitable access, sustainable financing, and building robust stewardship capacity, we are moving from policy to action, ensuring that every Member State has the tools and accountability needed to combat antimicrobial resistance effectively.”

— Dr Ntuli Kapologwe, Director General ECSA HC

Recognizing stewardship as a cornerstone of AMR containment, Ministers committed to strengthen capacity by advancing a regional approach to AMS training and exploring the establishment of an ECSA College of Pharmacists. They further emphasized that strong governance is required to sustain action, committing to elevating ministerial oversight and reinforcing high-level governance mechanisms for AMR and related health security priorities.

Dr. Yewande Alimi of Africa CDC stated that the Abuja meeting is Africa's chance to move from promises to action.

She emphasized that regional leadership via ECSA is vital to turning political goals into local impact, ensuring African priorities like funding and access stay central to the global agenda.

The pathway to Abuja is being advanced in partnership with regional and technical stakeholders, including Africa CDC, WHO AFRO, ICARS, ReAct Africa, and the World Bank. In the lead-up to the June 2026 conference, ECSA-HC will coordinate follow-up technical engagements with Member States to refine commitments and support the integration of agreed actions into national budgets, ensuring the region presents a consolidated ministerial package at the global meeting.



Dr Mohamed Mohamed, ECSA HC Senior Medical Epidemiologist opens the AMR Preconference in Eswatini, early February.

Milestone for new Project country

Maputo. Between 23 and 27 February 2026, a technical team from the East, Central and Southern Africa Health Community (ECSA-HC) collaborated with Mozambique's Ministry of Health (MISAU) to conduct an intensive baseline assessment.

This milestone marked Mozambique's official entry as the 11th member of the Health Emergency Preparedness, Response and Resilience (HEPRR) Multi-Phased Programmatic Approach (MPA), supported by a US\$201 million IDA grant from the World Bank.

The assessment was strategically designed to pinpoint structural vulnerabilities and align Mozambique's 2026 Annual Work Plan with regional health security goals.

Mozambique now set for Emergency Preparedness under MPA Program

Currently ranking 130th on the Global Health Security Index, Mozambique is utilizing this entry to transition from reactive crisis management to a proactive, resilient public health framework. The team evaluated Mozambique's surveillance and laboratory systems and found a sophisticated yet fragmented landscape where a vast network of 503 laboratories and a field epidemiology workforce with 91% provincial coverage are currently hindered by obstacles. The obstacles included emergency logistics that lack the surge capacity for rapid outbreak response, significant infrastructure gaps with 74% of facilities requiring renovation and 62% needing technology upgrades, and a persistent digital divide where reliance on manual data entry inhibits real-time interoperability between laboratory results and epidemiological surveillance.

A key pillar of the assessment was the implementation of the 7-1-7 strategy, a global standard requiring outbreaks to be detected in 7 days, notified in 1 day, and responded to within 7 days. While central and provincial training is complete, the program is now focused on pushing this capability down to the district level to ensure localized threats are neutralized early.

Furthermore, acknowledging Mozambique's vulnerability to extreme weather, the team reviewed the National Plan for the Adaptation of the Health Sector to Climate Change. This ensures the health system remains functional during environmental disasters, such as cyclones, by integrating climate-smart preparedness into routine health emergency operations.



WAY FORWARD

The assessment gathered multisectoral experts to align Mozambique's health activities with regional partners like IGAD and Africa CDC thus creating a unified front against health emergency threats. Moving forward, the project will focus on institutionalizing gender-disaggregated data, scaling laboratory quality standards, and securing sustainable funding. As the 11th project member, Mozambique is now set to strengthen and benefit from the World Bank-funded HEPRRP-MPA.



Gender integration



GENPAR: Gender Toolkit redefining Health Emergency Preparedness in AFE region

Addis Ababa. When Bevan Kaunda, a Zambian Social Specialist, arrived in Addis Ababa in February 2026 for a training on Gender in Emergency Preparedness, he expected a general discussion on gender. But, while there, he encountered the Gender and Equity in Preparedness and Response (GENPAR) tool, a technical instrument that fundamentally shifted his perspective on health interventions. "I hadn't known how the GENPAR tool can be used to integrate gender in so many health interventions," Kaunda admitted, realizing that the potential for impact back home in Zambia was immense. His focus quickly shifted from mere participation to a national mission. He realised the need for his country at all levels to get accustomed to this tool.

Kunda was part of the five-day intensive training involving participants from 11 countries across the region. It was organized by ECSA HC and IGAD with World Bank support. It highlighted that while viruses are biological, risk is inherently social. In a region frequently strained by cholera, Ebola, and Marburg, gender-unequal norms often disadvantage women, who serve as frontline workers but lack household agency, while men face higher mortality due to delayed treatment-seeking. Rohini Prabha Pande of the World Bank Group underscored the necessity of this approach, stating, "Response can only be effective if we reach everyone. Men, women, old, young, poor, rich... everyone has different risks and constraints. The one-size-fits-all approach does not work."

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I hadn't known how the GENPAR tool can be used to integrate gender in so many health interventions

—BEVAN KAUNDA,
ZAMBIAN
PARTICIPANT



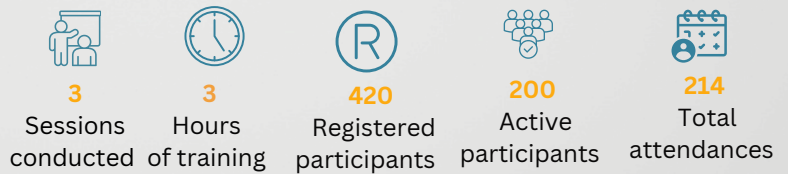
Perhaps the most significant eye-opener for Kaunda was learning that even technical laboratories are not gender-neutral. Facilitator Eveness Meleke, ECSA-HC Gender Specialist explained that gender integration in labs requires data-driven structural changes, from analyzing results by pregnancy status to ensuring lab hours do not exclude those with caregiving roles. Meleke noted that "labs are usually looked at as scientific and not requiring gender. But we've shown that laboratory improvements require it; gender cannot be isolated from it." By using Sex, Age, and Vulnerability-Disaggregated Data (SAVD), health experts can move from guessing where a virus might spread to knowing exactly who is at risk. The training established the GENPAR tool as a vital regional resource for 11 countries. Dr. Mohamed Elduma (IGAD) noted it effectively fills gaps in gender and equity integration, while Kaunda committed to embedding these standards into Zambia's health systems to ensure inclusive, resilient services during crises.

The Learning Agenda

HEPRRP-MPA Regional Webinar Series 2026



Participant Insights from the Previous Quarter (Jan 2026 to Mar 2026)



Participation by Geographical location

Country	Participants
TANZANIA	74
KENYA	49
UGANDA	23
ETHIOPIA	08
ZAMBIA	08
TOTAL	200

Topic Covered So Far

1. Wastewater Technologies to address One Health AMR
2. The Journey Toward International Health Regulations (IHR) Compliance at Points of Entry in Eastern and Southern Africa – Where Are We?
3. The utility of novel treatment response monitoring technologies to the efforts of ending global tuberculosis.



Learning and Dissemination

Scientific Communication Takes Center Stage at ECSA-HC

Mombasa. In March, over 30 health experts and project leads participated in an intensive workshop organized by the ECSA-HC's Health Emergency Preparedness, Response and Resilience (HEPRR) Program which is funded by the World Bank. The five-day session was designed to unleash the potential of implementation evidence gathered across 11 regional countries, including Ethiopia, Kenya, Zambia, and Malawi, where the project is currently being implemented in phases.

The cohort included HEPRR Project staff, technical support teams, and representatives from diverse ECSA-HC clusters. To maintain a high standard of scientific rigor, the workshop featured a specialized pool of mentors,

from the National Institute of Medical Research Tanzania, Kilimanjaro Christian Medical College (KCMC), IFAKARA Research Institute, Jomo Kenyatta University of Agriculture and Technology, and the World Health Organization. This collaboration allowed participants to transition from raw datasets to journal-ready manuscripts within a 120-hour intensive period. Officiating the session, Dr. Ntuli Kapologwe, Director General of ECSA-HC, emphasized that this is a critical activity for the region rather than a routine meeting.

“Research directly strengthens health security by contributing to the body of scientific knowledge that informs interventions

— Dr.Ntuli Kapologwe, DG ECSA HC

Professor Ambrose Talisuna, one of the lead training facilitators urged participants to treat communication as a core part of the scientific process. He encouraged participants to interpret their results through the PESTEL lens, considering political, economic, and social factors. By the end of the workshop, the teams produced a compiled list of submission-ready manuscripts targeted at high-impact journals.



Nine countries trained on Research Methodology

Dar es Salaam. From February 9th to 13th, 2026, experts from 9 countries: Angola, São Tomé and Príncipe, Uganda, Kenya, the DRC, Burundi, Ethiopia, Malawi, and Mozambique gathered in Dar es Salaam for a regional capacity building session on Research Methodology organized by ECSA-HC under the World Bank funded-HEPRRP.

This workshop targets bridging the implementation gap within the HEPRR Program, aiming to transform raw data into evidence-based policy

—DR. MOHAMED MOHAMED, SENIOR MEDICAL EPIDEMIOLOGIST- ECSA HC

Participants moved through a rigorous curriculum, from gender-responsive problem formulation to mastering digital tools like KoboToolbox. A major outcome was the refinement of 13 specific country research proposals, covering critical topics such as cholera transmission in Malawi and Antimicrobial Resistance in Angola.

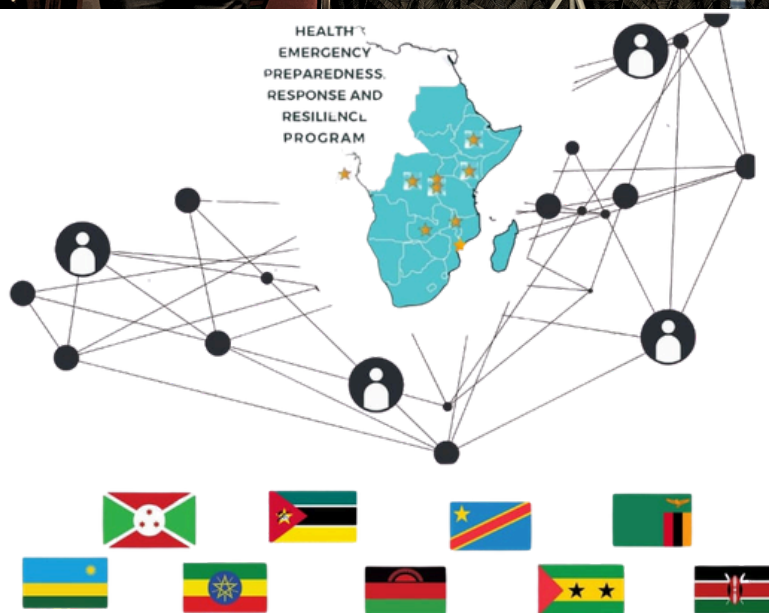
They were trained on how to move beyond academic journals to ensure findings reach decision-makers through storytelling and policy. By integrating gender analysis and ethical rigor in their manuscripts, the training ensured that research disseminated by 2030 will be both fundable and impactful.

Emergency Preparedness

Dar es Salaam. Eleven countries, represented by leading experts, were trained as Trainers of Trainers (ToTs) for the region to help scale up the Electronic Public Health Emergency Management (e-PHEM) platform. This initiative aimed to achieve a resilient, interoperable surveillance ecosystem that enables early detection and rapid response to public health threats across Africa. By equipping these national champions, the program ensured that high-tech emergency management moves from regional concepts to actionable country-level implementation.

The intensive training was organised under the World Bank-funded Health Emergency Preparedness, Response and Resilience Program (HEPRRP) which is implemented by ECSA-HC in collaboration with IGAD. It brought together experts from Rwanda, Kenya, Uganda, Burundi, Ethiopia, São Tomé, Zambia, Mozambique, Malawi, and DRC. The sessions focused on the managerial power of e-PHEM, an open-source, Python-based platform designed to integrate fragmented data silos such as laboratory results and Point of Entry screenings into a unified hub. Participants engaged in hands-on drills, assuming the roles of intelligence officers to practice triaging signals, verifying events within a strict 24-hour window, and conducting rapid risk assessments.

Taking e-PHEM to the Grassroot Countries in Eastern & Southern Africa



During discussions, it was revealed that while 65% of outbreaks are zoonotic, there remains a pressing need to improve the "handshake" between human and animal health data. The expected outcome is a fully institutionalized digital workflow across all member states. Key national institutions, including Ministries of Health and National Public Health Institutes, are now tasked with customizing the platform to fit local contexts. As these 30 newly minted trainers return home, they carry a regional roadmap focused on data sovereignty and workforce development, ensuring that the next public health signal is caught and neutralized before it becomes a crisis.

There was emphasis on the need for a shift toward the 7-1-7 framework: seven days to detect, one day to notify, and seven days to respond. This performance-based metric was put to the test through simulations, illustrating how automated timestamps in e-PHEM can replace manual Excel tracking to identify systemic bottlenecks.



Digital Health

Nairobi. On March 23, the ECSA HC Director General, Dr. Ntuli Kapologwe officiated a regional workshop in Nairobi aimed at the development of integrated digital tools and training modules for tracking hospital-acquired infections. Supported by the World Bank-funded Health Emergency Preparedness, Response and Resilience Program which is implemented in collaboration with IGAD, this session successfully united delegates and experts to finalize a unified framework for monitoring medicine management and preventing the spread of drug-resistant pathogens.

The workshop bridged the gap between policy and practice by standardizing how records are kept across the region. Participants reached a consensus on the most critical data points every country must track, ensuring that patient care is informed by high-quality, comparable evidence. By harmonizing these records, the program has established a baseline that allows for precise monitoring of infection control compliance and antimicrobial stewardship across diverse healthcare settings in Eastern and Southern Africa.

A major milestone achieved during the week was the transition toward a digital-first approach for hospital safety. Experts defined the essential functional requirements and data elements needed to migrate legacy paper-based tracking into modern digital systems. These shared tools were designed to be interoperable and intuitive, prioritizing ease of use for clinicians and laboratory staff to ensure that digital transformation leads to better data quality and more efficient everyday workflows in busy hospital environments.



Regional Efforts to Improve Hospital Safety and Antimicrobial Resistance Control through Shared Digital Tools and Training

In addition to the technical tools, the workshop produced the first comprehensive regional training guides for healthcare staff. These modules were developed with a focus on practical application, featuring exercises and case studies that allow for immediate knowledge transfer. This educational initiative is designed to empower local facility leaders to train their own teams, ensuring that the strategies discussed in Nairobi can be scaled effectively to the frontlines of the regional health response.

As Dr. Ntuli Kapologwe emphasized during the workshop that this regional work was intentionally grounded in the practical realities of what occurs in hospitals daily. The completion of this workshop set roundwork for the validation and rollout of these tools across the member states. By streamlining reporting and enhancing data accuracy, these shared resources are now poised to help health leaders make faster, life-saving decisions to combat the silent pandemic of Antimicrobial Resistance.



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