



Resolutions of the 74th Health Ministers Conference

Theme: Looking Ahead Post the Golden Jubilee

Bingu Wa Mutharika International Convention Centre,

Lilongwe

Republic of Malawi

10th – 12th February 2025

Resolutions of the 74th ECSA Health Ministers Conference

Preamble

The East, Central and Southern Africa Health Community 74th Health Ministers Conference (HMC) was held from February 10-12, 2025, at the Bingu Wa Mutharika International Convention Centre, in Lilongwe, Malawi, under the theme: **"Looking Ahead Post the Golden Jubilee."** This year's conference marked a pivotal moment as ECSA-HC transitions from celebrating its 50th anniversary to implementing will provide a platform for regional dialogue, collaboration, and the sharing of best practices, with an emphasis on advancing universal health coverage, strengthening health systems, promoting health equity, and enhancing resilience to future health challenges. The conference brought together governments, development partners, and other stakeholders to discuss innovative solutions and secure commitments to improve health outcomes across the region. The meeting was held under the following technical areas:-

- Promoting Universal Health Coverage (UHC)
- Addressing Non-Communicable Diseases (NCDs) and Mental Health
- Advancing Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)
- Health Financing and Governance
- Capacity Building and Health Workforce Development
- Enhancing diagnostic capacities
- Utilization of data for health solutions
- Addressing Health Emergencies, infectious diseases and resilience
- Engagement with partners in driving the regional health agenda

The HMC was officially opened by the Right Honourable Dr. Michael Bizwick Usi, the Vice President of the Republic of Malawi. In his keynote address, the Right Honourable Vice emphasized that diseases know no boundaries, making regional health security a shared responsibility. He highlighted the need for enhanced cross-border collaboration in disease surveillance, outbreak response, and emergency preparedness. The COVID-19 pandemic and other regional disease outbreaks have underscored the importance of coordinated action, information-sharing, and investment in resilient health systems. Strengthening cross-border health initiatives will not only help prevent the spread of infectious diseases but also improve preparedness for future health emergencies. Policies that will address the pressing needs of the ECSA region include:

1. The Knowledge Management System should be adequately funded and incorporated into the strategic plan.
2. Strengthening capacity to manage health emergencies and enhance resilience by leveraging local knowledge, fostering partnerships, and investing in infrastructure.
3. Ensure universal access to reproductive health products for all women.
4. Adopt a comprehensive, prevention-focused approach to healthcare.
5. Integrate health data systems and improve financing mechanisms by investing in a robust health information system.
6. Explore Public-Private Partnerships (PPPs) for sustainable health financing.

At the end of the conference, the Ministers considered and passed the following resolutions:

- ECSA/HMC74/R1:** Building capacity on health emergencies, response and resilience in the region
- ECSA/HMC74/R2:** Progress on the Health of Women, Children and Adolescents in the ECSA Region
- ECSA/HMC74/R3:** Responding to Communicable Diseases in the ECSA region
- ECSA/HMC74/R4:** Towards Universal Health Coverage in challenging geographical contexts
- ECSA/HMC74/R5:** Combating Neglected Tropical Diseases (NTDs) in the ECSA region
- ECSA/HMC74/R6:** Investing in the Health Workforce in the ECSA-HC region
- ECSA/HMC74/R7:** High Level Ministerial Session on NCDs and Mental Health
- ECSA/HMC74/R8:** Health Financing in the ECSA region - The Africa Leadership Meeting (ALM) commitments to increasing domestic investment in health
- ECSA/HMC74/R9:** Integrating regional health data for utilization in decision making in the region
- ECSA/HMC74/R10:** Strengthening capacity for diagnostics in the ECSA region and beyond
- ECSA/HMC74/R11:** Enhancing Local Manufacturing of Medicines and Medical Supplies
- ECSA/HMC73/R12:** Expression of Gratitude to Partners of the ECSA Health Community
- ECSA/HMC73/R13:** Expression of Gratitude to the Government and People of the Republic of Malawi

ECSA/HMC74/R1: Building capacity on health emergencies, response and resilience in the region

Preamble

- **Considering** recent outbreaks that have affected the region such as Ebola virus disease (EVD), Marburg, COVID19, Mpox, Marburg etc and the constant threat posed by other public health emergencies including floods, cyclone, drought among other, investing in resilient health systems is more crucial than ever.
- **Taking** note of the progress made in building the capacity to detect, respond, and recover from health emergencies by the member states, while also highlighting the resilience measures that have been integrated across diverse settings.
- **Recognizing** the lessons learnt on the importance of strengthening multi-sectoral coordination, digitalization of health services, investment in primary healthcare, universal health coverage, research, and sustainable financing as key to further enhancing the countries and regions health security.
- Noting the support that the ECSA-HC secretariat has played in uniting member states to strengthen health systems, foster collaboration, and enhance preparedness for emerging and re-emerging infectious diseases. Through its projects and in partnership with other organizations, ECSA-HC has been at the forefront of capacity building initiatives focused on early warning systems, cross-border surveillance, laboratory-based disease monitoring, antimicrobial resistance management, and emergency response.
- **Recalling the past resolutions: ECSA/HMC44/R10 (2007), ECSA/HMC62/R3 (2015), ECSA/HMC65/R2 (2018): ECSA/HMC69/R6 (2020): ECSA/HMC73/R3**

Now therefore, Urges Member states to:

1. Enhance multisectoral response systems for health emergencies.
2. Invest in continuous capacity building of health workforce with a focus on specialized health care and engagement of the communities.
3. Increase allocation of domestic financing for preparedness, response and resilience while leveraging shared resources for sustainability.
4. Support establishment of regional pool of resources that can be utilized for joint response to health emergencies among the member states.
5. Accelerate implementation of the past resolutions including ECSA/HMC73/R3.

Direct the Secretariat

1. Support the member states to implement the above resolutions.
2. Facilitate regional Collaboration data and Knowledge Sharing
3. Mobilize resources for Health Security including partnership with the private sector through Public-Private Partnerships.
4. Develop a monitoring and evaluation framework and track progress of the implementation of the past resolutions and report during the 76th Health Ministers Conference.

Requests the Partners to:

1. Support member states in exploring innovative solutions and health financing mechanisms for long-term pandemic preparedness, response and resilience to health emergencies.

ECSA/HMC74/R2: Progress on the Health of Women, Children and Adolescents in the ECSA Region

- **Recognizing** that the health of women, children and adolescents remains a top priority among ECSA-HC Member States and the African continent at large
- **Acknowledging** that, while remarkable progress has been made in reducing preventable maternal and child mortality and ensuring that women, children and adolescents enjoy good health and well-being, a lot remains to be done to achieve the set global targets by 2030
- **Recognizing** that investing in Early Childhood Development (ECD) is crucial for realising the best health outcomes and the full potential of children
- **Appreciative** of the innovative approaches implemented by Member States, such as the “Jiongeze Tuwavushe Salama” campaign launched in 2018 by the United Republic of Tanzania, calling for collective action to reduce maternal mortality, and the M-Mama referral system which utilizes digital technology to track and support care at lower-level facilities
- **Commending** the remarkable success of specific initiatives targeted at improving the survival of mothers and newborns such as the “Safer Births Bundle of Care” (SBBC)
- **Reaffirming** the commitments by Member States to increase budgetary allocations to procure life-saving equipment and commodities and the recruitment and training of healthcare providers with the necessary skill mix to meet the expanding demand
- **Recalling** past HMC resolutions on the health of women, children and adolescents, including the following:

Now therefore,

Urges Member States to:

1. Build strong multi-sectoral platforms for coordination and tracking of interventions for the health of women, children and adolescents
2. Develop policies/guidelines for the utilization of digital technology in implementing interventions in early childhood development and maternal, newborn, child and adolescent health
3. Scale-up proven innovative and cost-effective approaches that have shown improved maternal and newborn health outcomes

Directs the ECSA-HC Secretariat to:

1. Support the Member States to implement the above recommendations
2. Create and facilitate regional platforms and Communities of Practice for sharing best practices and lessons among Member States and various stakeholders

Requests partners to:

1. Enhance collaboration and partnership among stakeholders and assist to mobilize resources for scaling up high impact interventions addressing Early Childhood Development, adolescents and women of reproductive age.

ECSA/HMC74/R3: Responding to Communicable Diseases in the ECSA region

Preamble

Communicable diseases remain a major burden in the ECSA region, with HIV/AIDS, malaria, and TB posing significant health and economic challenges.

- **Noting** that the rise of drug-resistant TB and persistent vaccine-preventable diseases highlight gaps in immunization and infection prevention.
- **Recognizing** that antimicrobial resistance as one of the most urgent global health and development threats challenging the prevention and control of communicable diseases which demands urgent action
- **Mindful of the** weak healthcare infrastructure, inadequate WASH systems, poor IPC implementation, antimicrobial resistance, and climate change further complicate disease control.
- **Appreciating the** progress made by the Member States through strengthened collaboration, improved healthcare systems, and support from international partners.
- **Recognising** the need for, continued efforts to address systemic weaknesses and enhance disease prevention and control.
- **Aware** of the commitments made at the High-level meeting on AMR during the 79th United Nation General Assembly and the 4th Ministerial Conference on AMR
- Recalling past resolutions:
 - **ECSA/HMC65/R2 (2018), ECSA/HMC69/R2 (2020), ECSA/HMC73/R4(2024)**
- **Underscoring** the need to promote a comprehensive, Prevention-Oriented Approach to Health and the importance of the Member States to accelerate actions in line with the global commitments.

Now therefore,

Urges Member states to:

1. Increase domestic financing for AMR and IPC interventions by 2030
2. Work towards achieving the global commitment of a 10% reduction in AMR-related deaths by 2030.
3. Integrate the WHO minimum standards for infection prevention and control (IPC) programmes WASH and Antimicrobial Stewardship into national Quality of Care and Accreditation standards.
4. Mainstream gender norms and equity into implementation of AMR national action plans.
5. Accelerate implementation of the past resolutions and other regional and Global commitments made on AMR.

Directs the Secretariat to:

1. Develop a regional strategy prioritizing disease prevention through vaccination, primary healthcare, and health education.
2. Advocate for greater budget allocations toward preventive healthcare initiatives within national policies.
3. Strengthen regional education and training on antimicrobial resistance and Infection prevention and control.
4. Support the Member States to implement above and the past resolutions.
5. Develop a monitoring and evaluation framework and track progress of the implementation of the past resolutions and report during the 76th Health Ministers Conference.

Requests the Partners to:

1. Collaborate with governments in establishing innovative solutions and financing mechanisms through Public Private Partnerships.
2. Advocate for Policy and Regulatory Reforms

ECSA/HMC74/R4: Towards Universal Health Coverage in challenging geographical contexts**Preamble:**

- **Aware** that Universal Health Coverage (UHC) remains a cornerstone of global health priorities, particularly in regions facing challenging geographical contexts.
- **Recognize** that member states like Lesotho, face significant challenges in healthcare access due to its mountainous terrain and remote settlements.
- **Realizing** the expansion of healthcare services in such areas is a priority to overcome geographical barriers.
- **Appreciating** Innovative models such as the Flying Doctors Initiative, where doctors travel via air transport to provide specialized care, and Community Health Workers on Government Payroll program, which ensures financial stability and motivation for community health workers, have been instrumental in addressing these challenges in some member states.
- **Reaffirm** that UHC must be driven by Primary Healthcare (PHC).
- **Recalling past resolutions, ECSA/HMC46/R1 (2008), ECSA/HMC50/R1 (2010), ECSA/HMC/52/R2 (2010), ECSA/HMC/60/R1 (2014), ECSA/HMC62/R2 (2015)**

Now therefore,**Urges Member states to:**

1. Scale up and sustainably fund CHW programs by allocating dedicated funding and strengthening CHW training, incentives and career progression.
2. Adopt digital health tools such as CHW performance tracking systems, mobile health apps, and telemedicine platforms.

Directs Secretariat to:

1. Support member states in the Institutionalization of Community Health Workers (CHWs) by developing regional guidelines and advocating for their remuneration and motivation packages by the governments.
2. Develop a monitoring and evaluation framework and track progress of the implementation of the past resolutions and report during the 76th Health Ministers Conference.

Requests partners to:

1. Support the member states to raise funds for community health Initiatives by ensuring long-term CHW financing and evidence-based policy development.
2. Support the governments to enhance capacity building & policy advocacy through technical training for CHWs and emergency response teams, and stronger advocacy for community-based healthcare models.

ECSA/HMC74/R5: Combating Neglected Tropical Diseases (NTDs) in the ECSA region

Preamble,

- **Recognizing** that Neglected Tropical Diseases (NTDs) remain a significant public health challenge in the ECSA region, disproportionately affecting the most vulnerable populations.
- **Noting** that remarkable progress has been made by ECSA-HC Member States and other African countries in controlling and eliminating this group of tropical diseases through prioritized and concerted efforts, and hence
- **Concerned** about the inappropriateness of reference to these tropical diseases as 'neglected'.
- **Acknowledging** that while the prospects of elimination are high, the need for sustained investments remain critical to achieving set targets by 2030.
- **Recalling** past HMC resolutions on addressing NTDs

Now therefore,

Urges Member States to:

1. Mainstream NTD programmes and services within established national health systems, policies and financial processes.
2. Advocate for consideration of review of terminology "Neglected Tropical Diseases" to remove the negative connotation and stigma that the current terminology carries.

Directs the Secretariat to:

1. Support Member States to accelerate the implementation of the above and past HMC resolutions
2. Secretariat to coordinate and facilitate the high-level advocacy on renaming NTDs

Requests Partners to:

1. Support the mobilization of resources and provide technical assistance for sustainable NTDs programming

ECSA/HMC74/R6: Investing in the Health Workforce in the ECSA-HC region

- **Recognize** that health workforce is a critical pillar for achieving Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs).
- **Note** that member states such as Zambia have made significant progress in health workforce recruitment. However, challenges remain such as fiscal constraints, national debt, and economic challenges linked to COVID-19 and drought.
- **Acknowledge** that member states remain committed to addressing workforce shortages through monetary and non-monetary incentives, including decentralized recruitment prioritizing local residents and hardship allowances.
- **Cognizant** that specialist training programs such as the ECSA-CHS collegiate model are being expanded to enhance the achievement of the specialist professionals required workforce, improve workforce retention and motivation with a record of upto 93% retention rate of specialists health professionals
- However, limited funding, lack of standardized accreditation across member states, and infrastructure gaps in training hospitals remain major challenges.

- Recalling resolutions 25/HMC/R4 (1996), 26/HMC/R2 (1997), ECSA/HMC/40/R3 (2004), ECSA/HMC/42/R4(2006), ECSA/HMC/62/R5 (2015), ECSA/HMC/67/R1 (2018), ECSA /HMC/71/R2 (2023) and ECSA/HMC/73/R1 (2024)

Now therefore,

Urges member states to:

1. Strengthen training in primary healthcare for community health settings with the support of the ECSA College of Public Health Physicians.
2. Accelerate the implementation of past resolutions including ECSA/HMC/73/R1 (2024)
3. Develop a monitoring and evaluation framework and track progress of the implementation of the past resolutions and report during the 76th Health Ministers Conference.

Directs secretariat to:

1. Support Member States in Strengthening Primary Healthcare Workforce Training by developing a regional strategy for scaling up CHW training programs, focusing on early detection and disease prevention and incorporating the CHW training in the innovative training programs offered by the ECSA College of Health Science.
2. Develop a monitoring and evaluation framework and track progress of the implementation of the past resolutions and report during the 76th Health Ministers Conference
3. Support the member states to implement the above and past resolutions.

Requests partners to:

1. Support professional development initiatives, such as fellowship programs and leadership training.
2. Partner with governments to develop digital learning platforms

ECSA/HMC74/R7: High Level Ministerial Session on Non-communicable diseases (NCDs) and Mental Health

- **Mindful** that NCDs are the leading global causes of death, disproportionately affecting low- and middle-income countries (LMICs) with NCDs, including cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, accounting for 43 million deaths in 2021, with 82% of these premature deaths occurring in LMICs.
- **Cognizant** that mental health disorders, including anxiety and depression, affect over 970 million people globally and in Africa, the prevalence ranges from 3% to 16%, with mental health services currently insufficient to meet growing demand.
- **Aware** that social, economic, and environmental factors exacerbate the risk of mental health issues and while prevention and treatment options exist, access to care remains a significant challenge, particularly in rural areas and young populations.
- **Concerned** that the burden of NCDs is expected to rise globally by 17% and by 27% in Africa over the next decade, with NCDs projected to surpass communicable diseases as the leading cause of death in African countries by 2030.
- **Further Concerned that** every minute, 32 lives are lost before the age of 70yrs due to NCDs and 28 of them occur in LMICs.
- **Aware that** risk factors such as tobacco use, poor diet, and physical inactivity contribute to this trend, necessitating urgent public health interventions.
- **Noting** that ECSA-HC region progress against SDG 3.4 which focuses on **reducing by one third premature mortality** from NCDs and promoting mental health and well-

being by 2030, is worsening and there is need to urgently accelerate the implementation of NCD Best Buys plan.

- **Recalling the past resolutions including ECSA/HMC73/R7 (2024), ECSA/HM69/R5 (2020), ECSA/HMC65/R3 (2018)**

Now therefore,

Urges Member states to:

1. Recognize NCDs as a Public Health crisis in ECSA-HC Member States and institute appropriate infrastructure and resources for mitigation response.
2. Request the Chairperson of the Health Ministers Conference to advocate for the declaration of NCDs as Public Health crisis to Heads of States.
3. Integrate mental health services into primary healthcare systems and commit to prioritizing mental health awareness and advocacy campaigns targeting the youth.
4. Establish financing mechanism to accelerate implementation of NCDs and Mental Health interventions.
5. Accelerate implementation of the past ECSA -HC resolutions.

Directs the Secretariat to :

1. Create and facilitate regional platforms and Community of Practices for sharing practices and lessons in NCDs and Mental Health
2. Support Member States in the implementation of the above and the past resolutions.

Requests the Partners to:

1. Collaborate with the secretariat to develop digital mental health innovations that will help to improve mental health care delivery in the member states.
2. Support the Member States and the Secretariat with the necessary resources including technical and financial to accelerate implementation of the above resolutions.

ECSA/HMC74/R8: Health Financing in the ECSA region - The Africa Leadership Meeting (ALM) commitments to increasing domestic investment in health

Preamble

- **Concerned** with the reductions in development partner support and its implications on the sustainability of Member States' health programmes.
- **Aware** of the commitments of the African Heads of State and Government on health financing, through the African Leadership Meeting Declaration.
- **Appreciative** of Member States Support to the ECSA Secretariat, through the payment of membership subscriptions
- **Aware** of the importance of remitting membership subscriptions in a timely manner

Recalling:

- Resolutions **ECSA/HMC/42/R6; ECSA/HMC/62/R2; ECSA/HMC/67/R2**

Now therefore,

Urges the Member States to:

1. Accelerate the implementation of actions on health financing, in line with the commitments of the African Leadership Meeting Declaration.
2. Recommit to paying membership subscriptions to the ECSA Health Community in a timely manner, to ensure efficient support to the member states and sustainability of this important and indigenous health institution of the Member States.
3. Strengthen health economics capacity, and generate evidence to demonstrate the economic benefits of increased investments in health.

Directs the Secretariat to:

1. Support Member States with the implementation of this and previous resolutions on health financing.
2. Support the member states to strengthen health economics capacity and generate evidence to demonstrate the economic benefits of increased investments in health and inform the prioritization of high impact interventions.

Request the partners to:

1. Support the Member States in advocating for increased domestic investments for health.

ECSA/HMC74/R9: Integrating regional health data for utilization in decision making in the region

- **Acknowledging that** the integration of Regional Health Data is essential for enhancing disease surveillance, guiding policy decisions, improving healthcare service delivery, and furthering public health research.
- **Cognizant that** data used for decision-making is critical for early outbreak detection, it enhances response strategies, promotes cross-border collaboration, and ensures efficient resource allocation.
- **Mindful of** the need to harmonize health policies, integrate digital health systems, and address workforce gaps, we can significantly improve health system efficiency and promote equity in healthcare access.
- **Recognize** the role of AI in healthcare service delivery, as exemplified by Qure.ai, provides faster and more accurate diagnostic assessments while emphasizing the necessity for robust data systems.
- **Appreciate** the government of Zimbabwe has successfully implemented several regional data integration initiatives, including an electronic database for cross-border tuberculosis patient referrals and the Southern African Development Community (SADC) TB Dashboard for comprehensive tuberculosis monitoring.
- **Recalling** the past resolutions directing the secretariat to develop a monitoring tool to track the implementation of HMC resolutions, ECSA/HMC42/R1 (2006), ECSA/HMC58/R3 (2014), ECSA/HMC62/R3, ECSA/HMC69/R6 (2020) and **ECSA/HMC73/R3**.
- **Commending** the ECSA-HC Secretariat for successfully implementing the Minister's directive to develop a framework for monitoring and reporting progress on resolutions aimed at ending TB in the region.

- **Noting that** despite considerable progress, TB programs remain heavily dependent on international donors, with persistent funding gaps. A faster response and expanded patient-friendly interventions are needed to achieve End TB targets. Additionally, some Member States continue to experience disruptions in TB commodity supply chains, requiring stabilization.

Now therefore,

Urges the Member States to;

1. Establish strong data-sharing frameworks and policies

Directs the ECSA Secretariat;

1. Facilitate the implementation of data-sharing frameworks within the region to enhance data and information sharing among the member states.
2. Revitalize the regional M&E Expert Group to enhance performance monitoring
3. Publish the TB Progress Report presented at the 74th Ministers Conference.

Requests the Partners to;

1. Support the Member States and the Secretariat with the necessary resources including technical and financial to accelerate implementation of the above resolutions.

ECSA/HMC74/R10: Strengthening capacity for diagnostics in the ECSA region and beyond

Preamble

- **Acknowledging** that accurate and timely diagnostics play a key role in disease surveillance, treatment, and prevention ensuring effective healthcare systems
- **Noting** that most countries in the East, Central, and Southern Africa (ECSA) region are burdened by high rates of communicable and non-communicable diseases and are faced with persistent challenges in diagnostics
- **Recognising** ECSA-HC's role in supporting Member States in building resilient laboratory systems for disease surveillance, preparedness and outbreak response systems in collaboration with various partners
- **Recalling** past resolutions on enhancing diagnostic capacity

Now therefore,

Urges Member States to:

1. Continue to invest in strengthening diagnostic capacity in their respective countries
2. To adopt placements as a more cost-effective and sustainable mechanism for deployment of high capital equipment

Urges Secretariat to:

1. Map the available diagnostic capabilities among the Member States and maintain a database
2. Coordinate peer-to-peer learning among countries to support sharing of best practices and technical expertise

Requests Partners to:

1. Support the mobilization of financial resources and capacity-building interventions

ECSA/HMC74/R11: Enhancing Local/Regional Manufacturing of Medicines and Medical Supplies**Preamble**

- **Cognizant** of Agenda 2063, The Africa We Want, is Africa's blueprint and master plan for transforming the continent into a global powerhouse of the future, aiming to achieve inclusive and sustainable development. However, the African region currently imports between 70% and 100% of its medicines and other medical products, 99% of its vaccines, and between 90% and 100% of its medical devices, with very limited or no manufacturing capacity for active pharmaceutical ingredients (APIs), drug substances for vaccines, and medical devices.
- **Recognizing** local manufacturing as a pathway to diversify their economies beyond primary commodities including job creation. However, challenges remain such as high cost of production and regulatory barriers.
- **Acknowledging** the African Continental Free Trade Area (AfCFTA), aims to create a unified market across the continent. By reducing trade barriers and harmonizing investment procedures, AfCFTA is set to boost intra-African trade and attract FDI, particularly in the manufacturing sector.
- **Aware** of the Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African region 2025–2035.
- **Underscoring** the urgent need to ensure regional sustainability in pharmaceutical and medical supplies manufacturing.
- **Recalling** the past resolution ECSA/HMC 71/R1.

Now therefore,**Urges the Member States to**

1. Advocate for Improved Tax regimes for local manufacturing
2. Incentivise Local Manufacturers by advocating for procurement of locally manufactured products
3. Support the training of a skilled workforce
4. Consolidate efforts to ensure a coordinated unified market for local production and consumption in line with African Continental Free Trade Area (AfCFTA) for regional manufacturing capacity.

Directs Secretariat to:

1. Advocate for stream-lined regulatory pathways for health products and technologies, and harmonized regulatory frameworks across the region.
2. Support Good Manufacturing Practices of the local manufacturers

Requests Partners and Stakeholders

1. Support technology transfer to build sustainable capacity

ECSA/HMC74/R12: Expression of Gratitude to Partners of the ECSA Health Community

Preamble

- **Acknowledging** the contribution of Partners to gains in the health sector in the region.
- **Appreciating** partners' commitment in strengthening health systems in the region through provision of technical and financial support.
- **Taking** note of the commitment by the partners to support the ECSA-HC Secretariat in implementing the ECSA-HC 2023-2034 Strategic Plan launched on the occasion of the 74th Health Ministers Conference
- **Further noting** the commitment to work with and support the Member states in implementing their health programs
- **Reiterating** its appreciation for the continued support from Partners to Member States and the ECSA Secretariat towards the implementation of Resolutions of the Health Ministers' Conferences, and regional and national health programmes.

Now therefore,

1. **Expresses** its profound gratitude to all Partners for their support to the health sector in the region.
2. **Renews** its commitment to continued collaboration and genuine partnership in the implementation of agreed interventions/projects/programmes of work with partners.
3. **Recommits** to the strengthening of the coordination of partners at regional and country level in the spirit of innovation, collaboration and mutual accountability to achieve better health outcomes of the people in the region.

ECSA/HMC74/R13: Expression of Gratitude to the Government and People of the Republic of Malawi

Preamble

- **Humbled** by the readiness of the Government of the Republic of Malawi, through the Ministry of Health to host the 74th Health Ministers Conference.
- **Recognizing the** excellent planning and preparation of this 74th Health Ministers Conference.
- **Appreciative** of the warm hospitality and generosity extended by the Government and the people of the Republic of Malawi to Delegations of ECSA-HC, their partners, members of the secretariat and all participants of the 74th Health Ministers Conference.

Now therefore,

1. Expresses profound gratitude to the Government and the people of the Republic of Malawi for hosting the 74th Health Ministers Conference.
2. Reaffirms commitment with renewed vigour and a focus on innovation and accountability through multi-sectoral collaboration to achieve better health outcomes for the people in the region.

Signed for and on behalf of the ECSA-HC Health Ministers Conference (HMC)

Hon. Selibe Mochoboroane
Minister of Health, Kingdom of Lesotho
Chairperson, Health Ministers Conference (HMC)

Member States	Name	Signature
The Kingdom of Eswatini		
The Republic of Kenya		
The Kingdom of Lesotho		
The Republic of Malawi		
The Republic of Mauritius		
The United Republic of Tanzania		
The Republic of Uganda		
The Republic of Zambia		
The Republic of Zimbabwe		