Confronting Non-Communicable Diseases crisis in East, Central and Southern Africa Health Communities (ECSA-HC)

Measuring Blood Pressure *- Courtesy WHO*

Abstract

Non-communicable diseases (NCDs) and mental health (MH) conditions are a growing burden across Africa, driving premature mortality, economic strain, and pressure on health systems. The 76th East, Central and Southern Africa Health Community (ECSA-HC) Ministerial conference convened over 300 delegates in Eswatini to review progress, share best practices, and identify strategic actions to accelerate regional responses to NCDs, MH and adolescent nutrition. This article synthesizes key discussions, country experiences, and partner contributions from the plenary session. Participants highlighted advances in integrating NCD and MH services into primary healthcare, strengthening multisectoral coordination, and expanding prevention initiatives targeting adolescents and communities. Persistent challenges included limited surveillance systems, insufficient domestic financing, and inequitable access to diagnostics and medicines. The outcomes provide policy-relevant insights and practical strategies to strengthen health systems and accelerate progress towards universal health coverage (UHC) and Sustainable Development Goal (SDG) targets in the region.

Keywords: Non-communicable diseases; Mental Health; Health systems strengthening; Primary health care; East, Central and Southern Africa.

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Introduction

NCDs are medical conditions that are not transmitted from person to person and are typically long in duration and slow in progression. They arise from complex interactions among genetic, physiological, environmental, and behavioural factors, and are largely driven by modifiable risk factors such as unhealthy diets, physical inactivity, tobacco use, and harmful alcohol consumption. Cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and MH conditions,

collectively represent a major global health challenge and require sustained, multisectoral prevention and control efforts.

NCDs are the leading cause of death globally, responsible for an estimated 43 million deaths annually - approximately 75% of all global deaths [1]. Of these, 18 million people are dying before the age of 70, and 73% of these deaths occurring in low- and middle-income countries. The global burden of NCDs is projected to increase by 17% over the next decade, and in the African region by 27%[1]. In many African nations, NCDs are projected to surpass communicable, maternal, perinatal, and nutritional diseases as the most common causes of death by 2030[1].

The incidence and prevalence of NCDs are the epidemiological translation across Africa, particularly in the ECSA region, posing a significant threat to population health, economic productivity and already weak health systems[2]. This growing burden of NCDs is linked to improved socioeconomic status, urbanisation and dietary transition. These changes have led to a shift in disease profile from communicable to NCDs in most ECSA member states[2].

ECSA-HC is an inter-governmental health organization that fosters and promotes regional cooperation in health among member states[3]. In response to the NCD threat, the ECSA-HC adopted targeted resolutions aligned with Sustainable Development Goal (SDG) target 3.4, which aims to reduce premature mortality from NCDs by one-third through prevention and treatment [4]

To review progress and foster collaboration to tackle NCDs, ECSA-HC convened a stakeholder plenary session during their 76th Health Ministerial Conference (HMC), held in February 2026 in Ezulwini, Eswatini [5]. This session focused on sharing best practices and identifying strategic actions to accelerate NCDs, MH and nutrition responses in the region. This paper synthesizes the key discussions, country experiences, and partner contributions presented during the session, highlighting emerging priorities, persistent gaps, and strategic actions needed to accelerate regional responses to these issues.

Methods

The session brought together Health Ministers, senior government officials, and technical experts from ECSA-HC member states as well as other countries beyond the region to discuss the future of NCDs control across Africa. The session included a series of brief presentations and statements, followed by an open discussion. Agenda items included a strategic presentation on adolescent nutrition to break the cycle of malnutrition and NCDs, and a review of progress on past NCD resolutions as well as the youth MH framework that was developed. The Minister of Health of Mauritius delivered a statement on bold and inclusive actions to achieve high-level commitments on NCDs and MH. Tanzania, Eswatini, Malawi and Lesotho shared their perspectives in short statements, after which all participants engaged in a plenary discussion.

Data processing and analysis

Information was obtained from multiple sources, including formal presentations, official country statements, plenary discussions, and contributions from stakeholders and development partners. All materials were systematically documented through session records, presentation slides, and rapporteur notes. Data were subsequently synthesized thematically to capture key trends, policy priorities, interventions, challenges, and best practices in NCD prevention and control across the ECSA region. Key themes derived included: i) country experiences in integrating NCDs; ii) current gaps in integrating NCDs; iii) innovative approaches to reduce NCD risks; and iv) strategic actions for the future of NCDs control.

Results

Country experiences in integrating NCDs

Country presentations highlighted diverse approaches to integrating NCD prevention and care into national health systems. Tanzania embedded basic eye care within primary healthcare, enhancing early detection, referrals, and access. Malawi has expanded NCD services through pain and palliative care clinics, broader cancer and mental health services, and improved medicine supply, while leveraging HIV program experience to strengthen early detection, patient monitoring, and chronic care management. Other Member States highlighted multisectoral strategies and service decentralization to improve access and sustainability. Eswatini showcased a coordinated national response through its health sector and NCD, Injuries, and MH strategic plans, scaling up HPV vaccination and strengthening oncology and referral systems. Lesotho reported efforts to enhance national coordination while expanding health promotion, early detection, and integrated management of hypertension, diabetes, and mental health. These experiences reflect growing regional commitment to people-centred NCD services and underscore the need to strengthen workforce capacity, diagnostic infrastructure, surveillance, multisectoral collaboration, and sustainable financing for long-term impact.

Current gaps in integrating NCDs

Participants noted that despite growing political commitment, gaps persist in integrating NCD and mental health services across ECSA member states, including limited diagnostics, weak laboratory infrastructure, and shortages of trained personnel. Access remains uneven, especially in rural areas, and stigma and cultural barriers continue to hinder mental health integration.

Participants highlighted that financial and governance constraints continue to hinder progress, including reliance on donor funding and limited domestic investment in medicines, diagnostics, and infrastructure. Weak surveillance systems restrict data for policy and planning. Stronger multisectoral coordination is needed to tackle commercial drivers of NCDs and align national policies with regional and global frameworks.

Innovative approaches to reduce NCD risks

Participants highlighted innovative approaches across the ECSA region to strengthen NCD and MH care, including integrating services into primary healthcare, task-sharing with frontline workers, community-based screening, mobile outreach, and workplace health programs. The use of digital health tools for monitoring and coordination was also noted. These innovations support integrated service delivery, multisectoral collaboration, and sustained political commitment, advancing more equitable, people-centred care.

Strategies for the future of NCD control in the ECSA region

Participants stressed that accelerating NCD prevention and control requires stronger political commitment and coordinated regional action. Member States must move from policy to implementation, aligning strategies with SDGs and UHC. Comprehensive, inclusive health services should integrate NCDs, mental health, climate, injury prevention, rehabilitation, and disability care. Strengthening multisectoral engagement, health system capacity, access to medicines and diagnostics, and supply chains is critical. Digital tools can enhance monitoring, data-driven decisions, and regional learning, while targeted technical and financial support is needed to scale best practices and fast-track priority interventions.

Discussion

The study highlights a rapid rise in NCDs across Africa, underscoring the urgent need for stronger health systems that address chronic diseases while sustaining efforts against communicable diseases. A central theme was integrated, people-centred care for NCDs and mental health, with country examples showing that primary healthcare models can boost system resilience and equitable access. Participants stressed expanding community-based prevention, especially for youth, to tackle risk factors early. Innovative approaches—such as mobile screening, digital health platforms, and integrated chronic care—are complementing broader health promotion strategies, including community engagement, behaviour change, and youth participation. By combining technology with community empowerment, countries can enhance prevention and make health systems more accessible and responsive.

Taken together, the outcomes of the HMC highlight several policy implications for strengthening NCD responses across Africa and other low- and middle-income regions. First, integrating NCD services within primary healthcare systems remains a cost-effective and scalable strategy for improving access and continuity of care. Second, sustainable financing and multisectoral governance mechanisms are essential for addressing the underlying determinants of NCD risk. Third, investments in prevention, digital innovation, and community engagement can significantly enhance the effectiveness and sustainability of NCD programmes. These priorities align closely with global health strategies advocating for integrated health systems, stronger data systems, and expanded prevention efforts to reduce the growing burden of chronic diseases worldwide. By sharing country experiences and regional lessons, the HMC provides valuable guidance for policymakers seeking to strengthen NCD responses and accelerate progress toward UHC and the SDGs[4]

This proceeding should be taken in the context of several limitations. First, it is based on discussions and presentations from a ministerial conference session, and therefore reflects the perspectives and experiences shared by participating countries and partners rather than a systematic empirical assessment of NCD programs across the region. As such, the findings may not capture the full range of national initiatives or contextual variations within ECSA member states. In addition, the synthesis relied on session records, presentations, and rapporteur notes, which may limit the depth of analysis and the ability to verify all reported practices and outcomes. Despite these limitations, the report provides valuable insights into emerging priorities, shared challenges, and promising approaches discussed by policymakers, practitioners, and regional stakeholders. These perspectives offer an important foundation for guiding future research, policy dialogue, and collaborative action to strengthen NCD and mental health responses across the region.

Conclusion

The plenary highlighted progress and persistent gaps in NCDs, MH, and adolescent nutrition across Africa. ECSA Member States are advancing integrated primary care, digital health, and community and school-based interventions, with a focus on youth and equity. Key challenges remain, including weak surveillance, limited financing, and fragmented policies. The conference offered actionable recommendations to strengthen governance, scale innovations, and enhance regional collaboration, providing both regional guidance and globally scalable models for advancing NCD prevention, MH, and UHC.

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Conflict of Interest

The authors declare no conflict of interest.

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