Progress in responding to Communicable Diseases and Neglected Tropical Diseases (NTDs) in the ECSA Region

Abstract

Communicable diseases and Neglected Tropical Diseases (NTDs) remain a major public health challenge in the East, Central and Southern Africa (ECSA) region, which continues to bear a large share of the global burden of HIV, tuberculosis (TB), malaria, and NTDs. Despite this, several countries have achieved notable progress, including attainment of the UNAIDS 95–95–95 HIV targets and strengthened TB detection through expanded molecular diagnostics and improved laboratory networks.

Discussions at the 76th Conference of Health Ministers of the East, Central and Southern Africa Health Community (ECSA-HC) emphasised the need to transition from vertical disease programmes to integrated, people-centred health systems anchored in primary health care (PHC). Strengthened laboratory systems, surveillance, and cross-border collaboration were highlighted as essential to sustain gains and improve early detection and response.

With declining external financing, Member States underscored the importance of domestic resource mobilisation and integrated health system investments to enhance resilience, sustain disease control efforts, and strengthen regional health security.

Introduction

Communicable diseases and neglected tropical diseases (NTDs) remain a major public health challenge in the East, Central and Southern Africa (ECSA) region, with the poor and marginalised disproportionately affected. The African region remains the epicentre of the global HIV epidemic, accounting for approximately two-thirds of people living with HIV worldwide[1] and continues to bear a high burden of tuberculosis (TB), including multidrug-resistant (MDR-TB), attributed partly to delayed diagnosis and gaps in laboratory capacity[2]. The region, south of the Sahara, accounts for approximately 94% of global malaria morbidity and mortality, with an estimated 233 million cases and 580,000 deaths reported in the WHO African region in 2022 alone[3]. The region also bears a substantial burden of NTDs, with over 600 million people in the WHO African region requiring interventions against at least one NTD annually[4].

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Within the ECSA region, there is encouraging progress being made in the fight against communicable diseases. Eswatini, for example, was among the first countries to achieve the UNAIDS 95–95–95 targets ahead of time and is closing the gap on eliminating vertical transmission of HIV. Between 2015 and 2024, TB incidence and deaths in the country reduced by 51% and 60%, respectively [5]. Eswatini has also witnessed declining trends in schistosomiasis, helminth infections, leprosy, rabies, and snakebite burden. Malawi has reached the 95–95–95 HIV targets, while countries like Kenya, Tanzania and Uganda report strengthened TB screening through molecular diagnostics, improved outbreak response capacity, and expanded access to quality laboratory services through integrated referral networks and connectivity platforms.

Despite these gains, ECSA Member States still face ongoing HIV/TB challenges, persistent malaria transmission and continued endemicity of multiple NTDs. This is compounded by a landscape threatened by declining external financing, climate-related shocks, migration and displacement, emerging drug resistance, and fragile health systems.

During the ECSA Health Community 76th Health Ministers' conference, convened under the theme *Enhancing Health Systems for Equity, Resilience and Sustainability*, a plenary session examined progress in responding to communicable diseases and NTDs in the region.

The following themes emanated from the presentations and discussions held during the session.

"From Vertical Programs to System Integration"

A central message of the session was that sustaining progress towards infectious disease control and NTD elimination demands a shift away from fragmented, vertical approaches. The meeting called for a deliberate health system transformation, with integration at the centre of service delivery. This entails embedding disease detection, surveillance, planning, financing, and care within comprehensive primary health care (PHC) platforms and essential public health functions.

Participants emphasised that integration strengthens:

- Continuity and convenience for communities, through people-centred services delivered across the life course.
- Efficiency for providers, by reducing duplication and fragmentation in planning, procurement, and reporting.
- Governance and decision-making, through unified budgeting, monitoring, and accountability frameworks.

- Early detection and response, through integrated surveillance and laboratory systems capable of rapidly identifying disease outbreaks and drug resistance patterns.

Integrated laboratory systems were highlighted as foundational enablers for this transformation. Coordinated sample referral networks, expanded molecular diagnostic platforms, laboratory connectivity systems, and harmonised quality assurance programs improve access to timely and quality diagnosis, particularly in peripheral and underserved settings. These systems not only support evidence-based treatment and patient management, but also strengthen surveillance, epidemic intelligence and overall health security.

Key domains for advancing integration include strengthening leadership and governance; sector-wide planning and pooled budgeting; integrated monitoring and accountability; strengthening system functions (human resources for health, procurement and supply chain systems, health information systems, laboratory systems, and equipment maintenance); and comprehensive service delivery across the continuum of care.

"Sustainability in a Constrained Financing Environment"

Translating this commitment into sustained domestic financing remains constrained by competing fiscal pressures and economic volatility against a backdrop of declining external funding. Tanzania, for example, reaffirmed its commitment to the Abuja Declaration but noted that financial constraints continue to limit implementation. The country is prioritising domestic resource mobilisation and strengthening integrated laboratory and surveillance systems to improve efficiency and reduce reliance on external support.

Zambia underscored that financing remains a major constraint for sustaining and scaling interventions, compounded by workforce shortages, infrastructure gaps, and the increasing health impacts of climate change. Malawi and Uganda emphasised that sustainable elimination is closely linked to poverty reduction, social development, and strengthening national public health laboratory networks.

Participants emphasised that embedding malaria, TB, HIV, and NTD services into national health sector strategic plans, routine service packages, and unified laboratory and supply chain systems is essential to ensure continuity of services. Strengthening laboratory quality management systems, accreditation processes, and integrated diagnostic networks was recognised as a critical investment for long-term sustainability and pandemic preparedness.

"Threats to Elimination Gains"

Despite progress, several operational threats were identified:

- Parasite resistance to medicines and mosquito resistance to insecticides, threatening malaria control efforts.
- Climate shocks, including floods and cyclones, altering transmission patterns.
- Migration, displacement, and conflict, disrupting service delivery and continuity of care.
- Weak linkage between surveillance and laboratory systems, limiting timely detection and response.
- Workforce and capacity gaps, particularly in laboratory services and peripheral health facilities.
- Gaps in diagnostic access and delayed case detection due to insufficient laboratory coverage.

Participants also emphasised the need to strengthen integrated laboratory networks, including expanding molecular diagnostics, improving laboratory connectivity, enhancing sample referral systems, and investing in workforce capacity and equipment maintenance. These measures are essential to ensure rapid diagnosis, monitor drug resistance, and strengthen epidemic preparedness and response capacity.

"Cross-Border Collaboration: The essence of disease elimination"

A recurring theme was that communicable diseases do not respect borders. Shared transmission zones necessitate coordinated, multi-country approaches to disease detection, surveillance, and public health response.

Tanzania, Uganda, Malawi, and Zimbabwe emphasised the need to formalise cross-border collaboration through Memoranda of Understanding (MoUs) and joint protocols. The African Leaders Malaria Alliance (ALMA) highlighted Eswatini's progress toward malaria elimination and stressed that sustained gains will require coordinated regional action, supported by strong laboratory networks and harmonised surveillance systems.

Regional laboratory initiatives, including supranational reference laboratory networks and integrated quality assurance programs, have strengthened diagnostic capacity across countries and facilitated coordinated responses to cross-border health threats. These networks provide critical technical support, capacity building, and quality assurance to national laboratory systems, enhancing regional health security and preparedness.

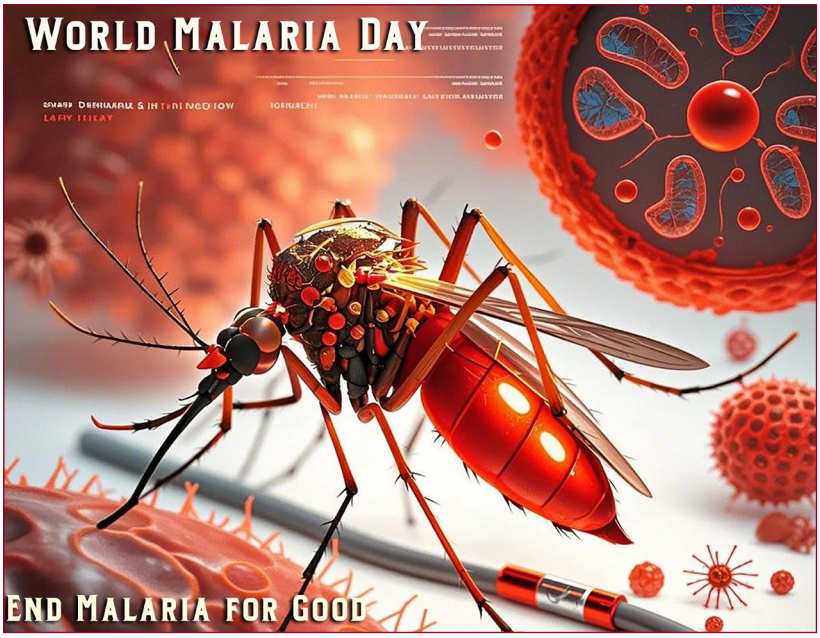
The session recommended the following:

1. Finalising and operationalising cross-border MoUs with agreed governance frameworks.
2. Synchronising interventions in shared transmission zones.
3. Strengthening regional laboratory networks and surveillance systems.
4. Establishing routine cross-border review mechanisms.
5. Strengthening regional data sharing and linking surveillance and laboratory systems.

"People-Centred PHC and One Health Approaches"

The integration agenda places communities at the centre. Participants highlighted the importance of communicable disease and NTD services being delivered through PHC platforms, supported by accessible diagnostic services and responsive laboratory networks.

Integrated sample referral systems, laboratory connectivity platforms, and decentralised diagnostic services have significantly improved access to testing in peripheral and underserved areas. These innovations



World Malaria day shining - *Courtesy of pngtree*

have enabled timely diagnosis, treatment initiation, and surveillance, contributing to improved health outcomes and strengthened epidemic preparedness.

Malawi highlighted the importance of a One Health approach in strengthening preparedness and response capacity. Workforce development, particularly empowering peripheral health workers and laboratory personnel through mentorship, training, and continuous professional development, were identified as critical to attaining people-centred PHC through the one health approach.

Integration within PHC platforms was recognised not merely as a service delivery adjustment, but as a key system reform agenda essential for sustainability, equity, and resilience.

As the Way Forward, the ECSA-HC Secretariat was called upon to:

1. Lead and broker cross-border MoUs and protocols for coordinated communicable disease and NTD action.
2. Support harmonisation of surveillance and laboratory data systems and regional reporting standards.
3. Strengthen regional laboratory networks, quality assurance programs, and accreditation initiatives.
4. Facilitate peer learning, operational research, and documentation of best practices.
5. Support capacity building, workforce development, and laboratory systems strengthening across Member States.

Member States committed to institutionalising integrated delivery through PHC, strengthening laboratory and surveillance systems, embedding disease priorities into national plans and budgets, and operationalising cross-border collaboration.

Partners were urged to provide aligned and predictable support for integrated health systems strengthening, including investments in laboratory systems, workforce capacity, supply chains, information systems interoperability, and pandemic preparedness.

Conclusion

The ECSA region stands at a critical juncture. While demonstrable gains in HIV, TB, malaria, and NTD control highlight what sustained political commitment and regional collaboration can achieve, the evolving financing landscape, emerging resistance patterns, and climate-related vulnerabilities demand system reform. Sustaining these gains requires a transition from vertical programs to integrated, people-centred health systems which are anchored in PHC, strengthened laboratory networks, and well-coordinated cross-border collaboration. Transitioning to more domestic financing, building regional research and diagnostic capacity will be essential to prevent resurgence and ensure long-term health security.

Enhancing health systems for equity, resilience, and sustainability is not only the theme of the conference, but it also aligns with global health priorities, contributing to the achievement of universal health coverage and the Sustainable Development Goals (SDGs). The regional approach offers a valuable model for strengthening health systems worldwide and mitigating health threats; it is the strategic pathway to safeguarding the region's hard-won gains and strengthening preparedness for future public health threats.

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