Thanzi Labwino (Better Health) Final Report

November 2026

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Introduction

The *Thanzi Labwino (Better Health): tools and evidence to address neglected tropical diseases in East and Southern Africa* research project was funded by the Global Institute for Disease Elimination (GLIDE) in December 2022 and ran until February 2026. It involved a collaboration between the Centre for Health Economics at the University of York (UK), the ECSA Health Community (Tanzania), and School of Public Health at Imperial College London (UK); and is part of the broader *Thanzi Programme*.

The primary goal of the project was to advance methods and understanding of the economics of disease elimination, with the aim of generating evidence which could inform the allocation of scarce health resources in the most cost-effective way. The three main intended outcomes aligned to the integrated 3-pillar model used by the wider *Thanzi Programme*:

1. Novel, robust and relevant health economic evidence is generated on the topics of cost-effective and equitable investments in disease elimination.
2. Stronger partnerships are established between academic, policy, and community stakeholders to learn from one another, and inform and disseminate new knowledge on disease elimination.
3. Capability is improved among academic, policy and community stakeholders to generate, interpret and use health economic evidence to inform their disease elimination and resource allocation decisions.

This report summarises the achievements of the *Thanzi Labwino* project, including setting out priorities for future research and project activity.

Activities

Research Evidence Generation

It is well recognised in the disease elimination space that efforts to plan effective elimination initiatives are limited by a lack of academic evidence on the topic. Policy-makers want data and analysis to help inform their decisions on if - and how - they should invest in trying to eliminate a disease, whether that be a Neglected Tropical Disease or not. The economic, health systems, and epidemiological research in this area is sparse, reflecting the complex nature of disease elimination. In *Thanzi Labwino*, we started to address this gap in evidence.

While our work was structured around three main themes, a defining feature of the project was the strong interconnectedness across all three areas:

1. Economic frameworks and analysis to guide disease elimination
2. Health system strengthening, and lessons learned from other settings
3. Neglected Tropical Disease epidemiology and health system response

Economic frameworks and analysis to guide disease elimination

Taking established health economics and epidemiology modelling methods, we adapted these to start to try and answer the questions of when and how a government should try to eliminate a disease. This work included developing analytical frameworks to integrate opportunity costs considerations to better assess when disease elimination is cost-effective. We also assessed how metrics - such as Population Net Health Benefit, which combines cost-effectiveness with disease burden - can be used to inform disease elimination resourcing discussions. In collaboration with financial economists, we also explored how tools from this discipline can strengthen our existing health economics evaluation methods to better illustrate the value of investment in interventions such as disease elimination.

Our research findings signalled that disease elimination, while a noble effort, is not always a good investment for population health. Context is especially important when evaluating if disease elimination efforts are cost-effective, given the vast difference in level of disease burden, diseases, intervention costs, and alternative uses for resources within a single country. We also illustrate how the tools of health economics can be adapted and refined to generate more accurate evidence to help policy-makers in their resource allocation decision making.

While these findings are informative, considerably more work is needed before there is sufficient evidence to support well-informed disease elimination investment decisions. In particular, there is a need to better understand the relative benefits, costs, and feasibility of achieving elimination as a public health problem compared with interrupting transmission altogether. In many settings, reducing disease burden to levels at which it no longer constitutes a significant public health problem may deliver substantial health gains and represent better value for money than pursuing complete interruption of transmission. Further research is therefore needed to assess the trade-offs between these objectives and to identify the contexts in which each approach is most appropriate. In addition, a better understanding of the surveillance and response costs required after elimination as a public health problem has been achieved is needed to ensure that estimates of the long-term resource requirements are robust.

Related research papers:

Ahmed, S., Mangal, T.D., Hallett, T.B. and Turner, H.C. (2026). **When is elimination of an infectious disease cost-effective? An analytical framework to guide elimination priorities.** *Cost Effectiveness and Resource Allocation*. doi:10.1186/s12962-026-00777-2.

Ochalek, J., Ahmed, S., Turner, H.C., Revill, P. and Claxton, K. (*forthcoming*). **Valuing and prioritising infectious neglected tropical disease transmission elimination programs.**

Rao, M., Freeman, M., Thijssen, J., Bland, S., Sculpher, M., Claxton, K. and Revill, P. (2026). **Insights from financial economics to value healthcare investments that reduce system-level risks: example of disease elimination and eradication.** *Applied Health Economics and Health Policy*. doi:10.1007/s40258-026-01037-3.

Rao, M., Walker, S., Claxton, K., Bland, S., Ochalek, J., Phillips, A., Sculpher, M. and Revill, P. (2025). **Guiding**

health resource allocation: using Population Net Health Benefit to align disease burden with cost effectiveness for informed decision making. *Applied Health Economics and Health Policy*. doi:10.1007/s40258-025-00964-x.

Health system strengthening and lessons learned from other settings

Disease elimination is an entire health system endeavour. Initiatives to help strengthen the system as a whole have the potential to set the conditions to make disease elimination a cost-effective investment. Our work in this area looked at examples of health system strengthening initiatives, as well as different health system contexts: (1) workforce investment; and (2) small and island developing states (SIDS).

Community Health Workers (CHWs) are the front-line staff often responsible for managing disease outbreaks locally, including surveillance and immunisation. As members of the local community themselves, they have a trusted and knowledgeable relationship with communities. This cadre of health workers is a highly valuable resource, yet there is limited academic evidence illustrating this value to health systems or how to consider CHWs in national health workforce allocation decisions. Our work explored how integrating CHWs and private medicine retailers in the Ugandan health system could help to expand equitable access to health services. This included estimating a 'benchmark' cost for CHWs and private pharmacists, which can be used by policy-makers to guide future investments in these areas.

Successful disease elimination programmes have previously focused upon SIDS, given their smaller population size and geography, which helps to protect elimination status once it is achieved. However, there is limited research looking at African SIDS and considering their specific contexts. Our work in this area explored the effectiveness of African SIDS health systems, as well as their resilience against shocks - such as pandemics, economic recessions, and natural disasters. We found that African SIDS are uniquely vulnerable to exogenous shocks despite scoring higher on health system performance indicators and health financing metrics. This suggests that health system strengthening efforts in African SIDS require a tailored approach to take account of their unique vulnerabilities.

Related research papers:

McGuire, F., Mohan, S., Rao, M., Nabyonga-Orem, J., Nundoochan, A., Sombie, I., Kataika, E., Bland, S. and Revill, P. (2025). **Health financing and systems in African small and island states: Unique challenges and opportunities in achieving universal health coverage.** *SSM - Health Systems*. doi:10.1016/j.ssmhs.2025.100104.

McGuire, F., Rao, M., Walker, S., Meessen, B., Nabyonga-Orem, J., Jarjue, G., Ginindza, N., Odame, E., Bland, S., Bershteyn, A. and Revill, P. (2025). **High health system performance, low health system resilience: Navigating vulnerability – an illustrative example using Small and Island States.** *Health Policy*. doi:10.1016/j.healthpol.2025.105431 (*open access author accepted manuscript*).

Rao, M., Mohan, S., Mayora, C., Ekirapa, E., McGuire, F., Nakimuli, B., Namirembe, B., Ochanda, P., Ssempala, R., Ssennyonjo, A., Revill, P., Walker, S.M. and Ssengooba, F. (2026). **Redesigning national health service delivery: the case for community-based health service providers in Uganda.** *Health Economics, Policy and Law*. doi:10.1017/s1744133126100644.

Rao, M., Nkhoma, D., Mohan, S., Pakwanja, T., Chilima, B., Mfutso-Bengo, J., Ochalek, J., Hallett, T.B., Phillips, A.N., McGuire, F., Woods, B., Walker, S., Sculpher, M. and Revill, P. (2024). **Using economic analysis to inform health resource allocation: lessons from Malawi.** *Discover Health Systems*. doi:10.1007/s44250-024-00115-4.

Neglected Tropical Disease epidemiology and health system response

Schistosomiasis is a major Neglected Tropical Disease in sub-Saharan Africa. In Malawi, it is endemic, causing significant disability, long-term health consequences, and developmental delays in children. Approximately 22% of Malawi's population is currently targeted for preventive chemotherapy; this reflects the high risk of infection faced by both adults and school-aged children.

In *Thanzi Labwino*, we wanted to assess how the Malawian health system conditions and resource constraints impact the success of Schistosomiasis treatment implementation. To date, the majority of evaluations have centred around modelling the

transmission of the disease; we wanted to go beyond this and generate modelling evidence which can be used directly by policy-makers when deciding how to resource Schistosomiasis interventions. This included linking transmission dynamics with health system models and economic evaluation to assess how different control and elimination strategies might perform within the realities of the Malawian health system. We represent both Schistosoma species across all districts of Malawi, capturing geographical heterogeneity in infection risk.

The findings from our work suggest that geographically targeted investment in Schistosomiasis elimination is most effective given Malawi's available health resources. Prioritising elimination investment in districts with the highest Schistosomiasis disease burden (e.g. Mangochi) is more efficient than attempting a nation-wide elimination campaign. Our findings also show that, in the short-term, prioritising investment in treatments for children is the most valuable.

Our Schistosomiasis modelling in *Thanzi Labwino* does not sit in isolation. Instead, we have built it into the *Thanzi la Onse (TLO) Model* - the large, open source model of the entire Malawi health system, so that it can feed into advanced modelling to inform system-wide resource allocation decisions.

Related research outputs:

Mangal, T., Colbourn, T., Phillips, A., Mfutso-Bengo, J., Mphamba, P., Mohan, S., Murray-Watson, R., Nkhoma, D., Janoušková, E., She, B., Revill, P. and Hallett, T. (*forthcoming*). **Linking transmission dynamics and economic evaluation to assess schistosomiasis programme strategies across districts in Malawi.**

An Integrated Approach

A defining feature of *Thanzi Labwino* is how it bridges multiple strands of health economics and modelling to provide robust research evidence to guide health decision making. Our work highlights that elimination decisions cannot be made solely from a disease-specific, epidemiological perspective. Sustainable and impactful elimination strategies require an integrated approach that combines health economic evaluation and consideration of opportunity costs and health system capacity, with sophisticated disease modelling. By bringing together these elements, we generate actionable tools and evidence that enable policymakers to move beyond disease-specific perspectives toward system-wide resource allocation - supporting cost-effective and equitable investments in disease elimination.

Health Economics Capability Building

Thanzi Programme Health Economics MSc Studentships

The establishment of the *Thanzi Programme Health Economics MSc Studentships* has been a highlight, and ongoing success, of the *Thanzi Labwino* project. GLIDE funding was instrumental in unlocking matched funding from the University of York, enabling the recruitment of two cohorts of students to study via the Health Economics Distance Learning (HEDL) programme.

The initial funding and recruitment rounds evidenced the significant demand for health economics training across Africa - with over 500 applications for the limited places available. The success of our capability building activities through *Thanzi Labwino* was then used as leverage to request further match funding for the European Commission-funded 'Health Economics for Policy Impact' (HEPI) project. Building on this momentum, two further cohorts will be funded from 2027 thanks to a new grant awarded by Coefficient Giving. *Thanzi Labwino* laid the foundations of what it is hoped will be an ongoing studentship offering from the *Thanzi Programme*, creating enduring impact.

In addition to formal postgraduate training, the *Thanzi Programme* provides students with extra-curricular opportunities:

- **Inter-cohort meetings**: Designed for peer-support and to foster a growing network of skilled African health economists. These meetings are an opportunity to share learning and experiences with other LMIC health economists.
- **Open forum meetings**: Facilitated by *Thanzi* support staff as spaces for students to discuss common challenges they are facing in their health-related roles, and how these intersect with their MSc learning.

- **Webinars**: Additional learning opportunities provided through training webinars led by *Thanzi* partners. Topics included: Introduction to Academic Journal Writing and Use of AI in Academic Manuscript Preparation.

The impact of these activities is further amplified by providing students with networking and shared learning opportunities alongside students from other Global South countries, including Afghanistan and Pakistan (through another University of York co-led project: *NIHR Centre for IMPACT*). This has been further supported by an in-person workshop hosted by the Health Economics Distance Learning (HEDL) Programme. Beyond these structured activities, students have initiated their own WhatsApp group for further peer-to-peer support and networking, including with students from the *Centre for IMPACT*. To support long-term networking between (and with) the students, we have set up a LinkedIn group for studentship alumni, again including *Centre for IMPACT* students.

To secure the future of the *Thanzi Studentship Programme*, the *Thanzi Programme* has partnered with the University of York's Office of Philanthropic Partnerships and Alumni (OPPA) to explore continued funding. The resulting Case for Support underscores the urgent need for health economics expertise addressed by the studentships, featuring compelling student testimonies illustrating the significant and lasting impact of the investment on their careers, organisations, and respective health systems.

To complement the campaign with OPPA, the *Thanzi Programme* has produced a video to raise awareness of the *Thanzi Studentship Programme* and its impact. Alongside this, a new Studentships page has been added to the *Thanzi* website: this will act as a landing page for anyone wishing to find out more about the studentships, and includes a call to action to support the programme through sponsorship.

The investment in the *Thanzi Studentship Programme* has supported the *Thanzi Labwino* project in achieving Outcome 3. Through both formal and informal learning, and networking, the project has strengthened the capability of academics and policymakers to generate, interpret, and use health economic evidence to inform resource allocation and disease elimination decisions. The programme's impact extends beyond individual students—they are now actively sharing their learning with colleagues, building institutional capacity, and applying their new skills in real-time to strengthen evidence-based decision-making.

The impact of the *Thanzi Studentships* is best evidenced through the words of the students themselves:

"The studentship HEDL program has greatly strengthened my ability to contribute to evidence-informed health policy in Kenya. The practical relevance of multidisciplinary approaches, auxiliary faculty, and coursework has enhanced my analytical skills and strategic thinking in real-world health systems. This experience has not only improved my academic journey but also empowered me to contribute more effectively in my current role." - ***Thanzi Studentship recipient, 2024-2027, from Ministry of Health, Kenya***

"Receiving the Thanzi Studentship to study Health Economics at the University of York has been a transformative milestone in my professional journey. As an Economist in Malawi's Ministry of Health, the knowledge and skills I am gaining through this program are directly enhancing my ability to support evidence-based policy decisions, optimize health financing strategies, and contribute meaningfully to our goal of achieving Universal Health Coverage. One of the greatest advantages of this program is its flexible online learning platform, which allows me to balance my studies with my professional responsibilities. This setup has given me ample opportunity to immediately apply the concepts I learn in real-time within the Ministry, making the learning both practical and impactful. I strongly encourage aspiring health economists and policy professionals to apply for this life-changing opportunity. The Thanzi la Onse Studentship is not just an investment in your career. It is an investment in the future of resilient and equitable health systems across Africa." - ***Thanzi Studentship recipient, 2024-2027, from Ministry of Health, Malawi***

"The flexibility of this programme allows me to study at my own pace while remaining in my home country, sparing me the burden of additional living costs abroad. The knowledge and skills I am acquiring through this studentship will empower me to contribute meaningfully to the equitable and efficient allocation of health resources, ultimately improving population health outcomes across Sub-Saharan Africa. I strongly believe that expanding the reach of the Thanzi Studentship will enable many more passionate professionals from low- and middle-income countries (LMICs) to access world-class training and make lasting contributions to health

system strengthening globally." - ***Thanzi Studentship recipient, 2024-2027, Federal Ministry of Health and Social Welfare, Nigeria***

"The programme has provided me with invaluable opportunities to explore health economics, network with esteemed professionals, and develop skills that are enabling me to make meaningful contributions to healthcare policy and practice in Zimbabwe. I am grateful for the mentorship, and community that the Thanzi program offers. The University of York's esteemed faculty has further enriched my learning experience. The Thanzi programme has not only supported my academic growth but also connected me with a community of like-minded individuals dedicated to improving health outcomes. I am confident that the skills and knowledge I am gaining will empower me to make a meaningful impact in my field. I highly recommend the Thanzi programme to aspiring students. The opportunity to study at the University of York has been life-changing, and I'm forever grateful for the support." - ***Thanzi Studentship recipient, 2023-2026, Ministry of Health and Child Care, Zimbabwe***

"This program is already proving to be a valuable investment. Although I had previously been involved in health economics research, I lacked the theoretical grounding. Now, I have a much deeper understanding of the concepts and the rationale behind the work we do, and I am certainly becoming a better researcher in this field. Thanzi is truly a great investment in my career." - ***Thanzi Studentship recipient, 2024-2027, Makerere University School of Public Health, Uganda***

Research-and-Policy Engagement

Through effective engagement with policymakers and researchers in the ECSA region, we are able to produce locally-informed research. Importantly, through our research-to-policy engagement platforms, we are also able to support the uptake of our evidence into policy.

Health Economics Community of Practice

Thanks to the *Thanzi Labwino* project, we were able to support the convening of the ECSA Health Community (ECSA-HC) 'Health Economics Community of Practice' (HE-COP) meeting, in Abu Dhabi in October 2024 (Abu Dhabi). The meeting included 26 African participants from academia, ministries of health and finance, as well as representatives from the West African Health Organisation (WAHO) and the East African Community (EAC). It was remarked that this was one of the first opportunities for many of the NTD and Disease Elimination Ministry of Health staff to talk extensively with their Planning Department colleagues.

Participants welcomed the focus on disease elimination and neglected tropical diseases (NTDs), and there was significant positive feedback on the training provided by GLIDE. Attendees provided their insights on research priorities and capability building/ training priorities to take forward, as well as topics for future meetings and webinars.

Through this event, disease elimination and NTDs were elevated as regional priorities, through advocacy by ECSA-HC:

- Policy impact: resilience and combating NTDs were on the ministerial agenda in the months following the HE-COP, with a session on 'Combating Neglected Tropical Diseases (NTDs) in the ECSA region' included at the ECSA-HC Health Ministers' Conference in Malawi in February 2025. The resolutions on the meeting included *ECSA/HMC74/R5: Combating Neglected Tropical Diseases (NTDs) in the ECSA region*, and was promoted through social media (X; LinkedIn).

- In August 2025, ECSA-HC signed a Memorandum of Understanding with Uniting to Combat Neglected Tropical Diseases, marking a commitment to accelerate NTD elimination in the ECSA region.

Following the drastic cuts to Official Development Assistance (ODA), the HE-COP meeting in Rwanda in December 2025 was focussed on the impact of these cuts and the challenge of prioritising resources in the changing financial landscape. In addition to academics and Ministry of Health representatives from the ECSA region, this was an expanded Community of Practice that saw us welcome participants from Rwanda, Somalia, and South Sudan (EAC countries) and a delegation from WAHO. With 25 attendees, this was both an opportunity to maintain relationships with existing stakeholders but also to foster new connections across other African regions - expanding the reach of *Thanzi Labwino* research evidence on disease elimination.

International Working Group on the Economics of Disease Elimination and Integration

GLIDE - in collaboration with the *Thanzi Labwino* project team - established the International Working Group on the Economics of Disease Elimination & Integration (IWG-EDEI) in 2025. It convenes leaders in global health policy, academia and practitioners to discuss the latest research and economic evidence for disease elimination, and to convene on methods and tools to advance thinking and practical delivery in this area. The IWG-EDEI is particularly focussed upon Neglected Tropical Diseases, integration of disease elimination into other health system strengthening and delivery decisions, and the cross-sectoral impact on - and as a result of - disease elimination.

During the *Thanzi Labwino* lifecourse, the IWG-EDEI met twice, in 2025 and 2026; both times alongside the annual World Health Assembly in Geneva. During both events, participants heard from *Thanzi Labwino* researchers on the findings from their work, and discussed the practical implications of this evidence. The latest meeting report is available on the GLIDE resources webpage.

It is anticipated that the IWG-EDEI will be sustained by GLIDE beyond the conclusion of the *Thanzi Labwino* project, and continue to meet and advance academic and policy thinking about disease elimination.

Webinar series

Alongside the HE-COP events in Abu Dhabi and Rwanda, the webinar series was an effective means to facilitate knowledge exchange to a wider audience of policymakers, researchers, and advocates. Whilst the webinars were a planned deliverable for the project, we were able to deliver additional reach and impact through the collaboration with the World Health Organization African Region (WHO-AFRO). This enabled us to reach a broader audience and was the catalyst for expanding collaboration between the *Thanzi Programme* and WHO-AFRO. Three webinars were delivered to a wide audience that included ECSA HE-COP members, *Thanzi* partners, researchers, policymakers, and NGOs:

- 'Health Workforce Modelling' took place on 29 April 2025, focussed on how health workforce modelling can inform human resources for health development at the country level. The Director of Human Resources in the Ministry of Health, Zimbabwe joined as a discussant.
- 'Sustainability of HIV programmes' was held on 26 June 2025, in response to the withdrawal of funding by USAID/ PEPFAR. Research from the HIV Modelling Consortium was presented, with discussants from the African Union Commission and WHO-AFRO sharing their reflections and regional experiences.
- 'Community Health Workers' took place on 29 July 2025, and included a presentation of research from *Thanzi Labwino*. A highlight was hearing 'on the ground' insights from a community health worker in Malawi, and reflections from a representative from the West African Health Organization.

Across the three webinars, we received 376 registrations, and the recordings have been viewed a total of 247 times on YouTube (as at 23 July 2026). The webinars remain available via the Thanzi website and the *Thanzi* YouTube channel, as an ongoing resource.

Following the success of these webinars, and as we approached the contracted end of the *Thanzi Labwino* project, we planned an online 'Showcase Event'. Whilst this was not a committed deliverable of the project, the team agreed this would be a valuable additional activity. The purpose of the events was to present the findings from our research and provide the HE-COP with the opportunity to scrutinise and give feedback on the research. The Showcase Event was more than an opportunity to disseminate the project's research findings - it represented a potential pathway to impact: a means to engage with policymakers to share the evidence generated and, more importantly, hear from them about how this evidence can be used in their contexts. Two events were held:

- 'Building Sustainable Health Systems: Community Health and Health System Resilience' took place on 18 February 2026. This first event shared *Thanzi Labwino* research on: 1. 'Redesigning National Health Service Delivery: The Case for Community-Based Providers in Uganda'; and 2. 'Health system performance, vulnerability and resilience in

African small and island states'. Our invited discussants (HE-COP members) shared their personal insights, with one commending the work as "important and timely".

- Economic Evaluation of Disease Elimination and Modelling Neglected Tropical Diseases was held on 25 February 2026. This event shared the findings of three *Thanzi Labwino* strands of work: 1. 'Valuing and prioritising efforts to eliminate infectious neglected tropical diseases'; 2. 'When Is Elimination of an Infectious Disease Cost-Effective? An Analytical Framework to Guide Elimination Priorities'; and 3. 'Linking transmission dynamics and economic evaluation to assess schistosomiasis programme strategies across districts in Malawi'. Discussants shared their reflections, including praise for the work as "very relevant" and insightful.

The live webinars were restricted to invited HE-COP members and to the expanded group that included East African Community and West African Health Organization members. However, the recordings of the presentations have been made available via the Thanzi website and the *Thanzi* YouTube channel. The recordings have received a combined total of 67 views (as at 23 July 2026). These will remain available on our YouTube channel, and continue to be promoted via social media - including to our 2000+ LinkedIn followers. We were thrilled to sign off the project with these events - showcasing not only our research, but our commitment to research-to-policy engagement and capacity strengthening through these knowledge exchange activities.

Key Successes

Thanzi Labwino met all of its deliverables and objectives. There were many highlights from the project, including - but not limited to - the following.

Our research work helped to advance an integrated approach to disease elimination decision-making, bringing together epidemiological modelling, economic evaluation and consideration of health-system capacity and opportunity costs to better inform how elimination strategies are prioritised and resourced. Building upon existing methodologies, we were able to develop new frameworks to answer questions about how to assess the economic case for disease elimination investments. This groundwork helps to lay the foundations for more substantial work in this space.

Engagement through the ECSA-HC HE-COP facilitated interactions between Ministry of Health disease specialists and health planners for the first time. This allowed these two arms of national health policy-making to interact and learn from one another about their objectives, limitations and priorities. We hope this will lead to greater collaboration going forward. The HE-COP deliberations also contributed toward raising the profile of disease elimination and NTDs at the ECSA regional level. The signing of the two ECSA-HC resolutions by the region's Ministers for Health establishes firm commitments towards delivering for NTDs.

Lastly, our training and learning efforts have contributed towards longer-term plans to increase domestic health economics capacity across sub-Saharan Africa. We are already committed to continuing this important work throughout the *Thanzi Programme* via the *SCHEMA-Uganda* and *HEPI* projects.

Unintended Benefits

GLIDE's investment in the *Thanzi Labwino* project has generated impact well beyond the project's original objectives and agreed milestones, acting as a catalyst for several significant spillover benefits:

Expansion of the Thanzi Studentship Programme

While GLIDE funding supported the first two cohorts, the success of the studentships – and the overwhelming demand for places – provided leverage that was instrumental in securing additional match-funding from the University of York as part of the European Commission-funded Health Economics for Policy Impact (HEPI) project, enabling the recruitment of a third cohort. The ongoing impact of the studentships themselves – on the individual students, their careers, their countries, and their health systems – will continue to be realised well beyond the life of the project. The same appears to apply to the future of the studentship programme: the studentships have transitioned from a time-limited project deliverable into a long-term capability-strengthening activity. Our ambition is to continue to build and sustain a community of health economics experts across Africa, with *Thanzi Labwino* having created the foundations for this. We

launched a dedicated Studentship Programme webpage to highlight this initiative and call for sponsors to secure the future of the studentships.

Award of the SCHEMA-Uganda grant

Makerere University and the University of York have been awarded a grant from the National Institute for Health and Care Research for the *SCHEMA-Uganda* project. The development of this grant proposal was a direct result of the *Thanzi Labwino* research collaboration with Makerere University on community health workers. This award will contribute evidence to support the Ministry of Health in implementing their new National Community Health Strategic Plan, but also provide capacity-strengthening activities that support longer term sustainability and resilience.

New partnerships, extended reach

While the webinar series was a planned project deliverable, additional benefits emerged through collaboration with the World Health Organization African Region (WHO-AFRO). As a result, we were able to reach beyond the ECSA-HC Community of Practice and present to a wider, global audience that included WHO, NGOs, funders, etc. Beyond dissemination, the webinars led to continued conversations with WHO-AFRO on future research collaborations, and the development of a (now awarded) grant proposal to extend the work of the *Thanzi Programme* into Namibia and Zambia.

Challenges

Disease elimination and NTDs are complex areas for research, and are highly context specific. As a result, there is limited existing evidence and data available. While this was one of the main rationales for the *Thanzi Labwino* project, it also resulted in us spending considerable time sourcing suitable data, evidence and information. We also took time to connect with individuals at a national and regional level who had specific knowledge and expertise in these areas. Some of this time was factored into our project plan; however, more time was required to complete this background research sufficiently.

Our researchers were also sometimes required to establish definitions, etc. to frame their work, as these had not previously been agreed or established. For example, there was considerable discussion about the list of countries classified as the African small and island developing states (SIDS) owing to the different population sizes used to describe 'small' countries in existing literature; we eventually settled on using the African members of the World Bank's Small States Forum[1].

Despite these challenges, these areas provide fertile ground for new and innovative research. There are plenty of opportunities to investigate important policy questions, and advance research methods and knowledge with the potential for huge real-world impact. We have just scratched the surface with *Thanzi Labwino*, but we hope to continue to grow this area of research in the future.

[1] Botswana, Cabo Verde, Djibouti, Eswatini, Equatorial Guinea, Gabon, Gambia, Guinea-Bissau, Lesotho, Mauritius, Namibia, Sao Tome and Principe, Seychelles

Full List of *Thanzi Labwino* Publications

Ahmed, S., Mangal, T.D., Hallett, T.B. and Turner, H.C. (2026). **When is elimination of an infectious disease cost-effective? An analytical framework to guide elimination priorities.** *Cost Effectiveness and Resource Allocation*, 24(1). doi:10.1186/s12962-026-00777-2.

Mangal, T., Colbourn, T., Phillips, A., Mfutso-Bengo, J., Mphamba, P., Mohan, S., Murray-Watson, R., Nkhoma, D., Janoušková, E., She, B., Revill, P. and Hallett, T. (*forthcoming*). **Linking transmission dynamics and economic evaluation to assess schistosomiasis programme strategies across districts in Malawi.**

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