



EAST AFRICAN COMMUNITY

HEALTH SECTOR INVESTMENT PRIORITY FRAMEWORK (2018 - 2028)

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1. BACKGROUND


The East African Community (EAC) through its Vision 2050 seeks to be “**An upper-middle income region within a secure and politically united East Africa based on principles of inclusiveness and accountability**”. Investing in human capital development and thus a healthy and well-educated population has been identified as one of the most critical enablers for the attainment of the region’s vision. Other pillars that are expected to also contribute to favorable changes in the demographic, social, economic and environmental profile include infrastructure development; agriculture, food security, and rural development; industrialization; natural resource and environment management; and tourism, trade and services.

EAC is one of the fastest growing regions in Sub-Saharan Africa with an average GDP growth of 6.2 percent in 2015 and has one of the youngest populations in the world with children and youth accounting for about 80 per cent of the region’s population.

An average annual population growth rate of about 2.3% per annum coupled with a high dependency ratio waters down economic growth rates. Human health and social work sector contribution to the GDP is still as low as 1.9% compared to about 5% in India, Agriculture (24.7%), and manufacturing (8.1%)¹.

The region witnessed a dramatic increase in life from 51 years in 2005 to 61 years in 2016, a progress that comes with new challenges of growing burden of non-communicable diseases such as high blood pressure, diabetes and cancers yet the burden of communicable diseases such as HIV/AIDS, Malaria and Tuberculosis; maternal, neonatal and nutritional diseases and injuries have remained stubbornly high.

¹ EAC. 2016. *East African Community Facts and Figures (2016) Report*



Further, the increasing global health security threats of epidemics, pandemics and antimicrobial resistance threaten the integrity of the region's health systems, travel, trade and overall wellbeing. The World Bank and United Nations Economic Commission for Africa (UNECA) reports that in addition to causing over 11,000 deaths, the 2014/15 West African Ebola Virus Disease caused severe shocks to investment, production, travel, consumption and revenue generation - overall fiscal impact of the pandemic in 2015 stood at 8.5% of GDP in Liberia, 9.4 % in Guinea, and 4.8% in Sierra Leone²³.

Currently, EAC Partner States pursue a mixed health system in which the public and private sector service providers account for close to 50% of health outputs; 36%, 36% and 28% of Total Health Expenditure (THE) is financed by public (government), donor and out-of-pocket sources respectively. Health insurance coverage ranges from less than 2% in Uganda and South Sudan; 25% in The United Republic of Tanzania; 28% in Kenya; 50% in Burundi and 92% in Rwanda.

About 70% of the EAC's medicines, vaccines, and other health technologies are sourced from outside the region. Achieving Universal Health Coverage (UHC) is an ambitious sustainable development target whose attainment is heavily dependent on the symbiotic relationship between health and economic development.

The EAC Summit of the Heads of State seeks to position the region as a health sector investment destination of choice and harness the sector's huge potential contribution towards the region's socio-economic transformation agenda in terms of promoting healthier lives, generating employment, Fostering social and political stability, driving technological innovation and contributing to higher productivity and economic output⁴. It's important that the EAC systematically prepares for and taps into the huge global health market which in 2015 stood at about USD 7.3 trillion (10% of global GDP), ranking only 3rd to value of the GDP of USA and China⁵. The Business and Sustainable Development Commission in 2017 identified 60 of the fastest growing market opportunities associated with the achievement of SDGs in four key economic systems – food and agriculture, cities, energy and materials, and health and wellbeing⁶.

Together, they can potentially unlock US\$12 trillion a year in terms of revenue and savings by 2030 and generate 380 million new jobs – 50% and 90% of the revenue and new job respectively are located in low and middle-income countries. Twelve (12) of the 60 fastest growing opportunities are in the health and well-being domain: Risk pooling, remote patient monitoring, tele-health/, advanced genomics, activity services, detection of counterfeit drugs, tobacco control, weight management programs, better disease management, electronic medical records, Better maternal and child health, Healthcare training and Low-cost surgery.

² World Bank. 2016. *2014-2015 West Africa Ebola Crisis: Impact Update*

³ United Nations Economic Commission for Africa. 2015. *Socio-Economic Impacts of Ebola on Africa. Revised Edition*

⁴ High-Level Commission on Health Employment and Economic Growth (2016). *Final Report of the Expert Group. Geneva: World Health Organization - <http://apps.who.int/iris/bitstream/10665/250040/1/9789241511285-eng.pdf>*.

⁵ *New Perspectives on Global Health Spending for Universal Health Coverage. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO*

⁶ *Business and Sustainable Development Commission. 2017. Better Business Better World - The Report Of The Business & Sustainable Development Commission, 2017*

Effective investment in these areas require responsive policy reforms that expand domestic resource allocation to the health sector; strengthens health sector efficiency; and improves the quality of services, financial risk protection and equity. Strong and functional multi-sectoral collaborations and public and private sector partnerships (PPPs) as identified under SDG 17, is equally important⁷.

EAC VISION 2050 TARGETS

76.4

YEARS
Life Expectancy at Birth

36

Infant Mortality Rate
(per 1000 Births)

69

Maternal Mortality Rate
(per 100,000 Births)

0.3%

Child Stunting
(as a% of under 5s)

92.9%

Access to Safe Water

90%

Access to Improved Sanitation

100%

Access to Health Services

1.3%

HIV Prevalence Rate

2.2%

Communicable Diseases

⁷ African Development Bank, Organisation for Economic Co-operation and Development, United Nations Development Programme (2017). *African Economic Outlook 2017: Entrepreneurship and Industrialization*



2. EAC HEALTH SECTOR INVESTMENT PRIORITIES FRAMEWORK

2.1 Introduction and criteria for adopting the identified sectoral investment priorities

The ten-year EAC health sector investment priorities agenda was severally considered by the EAC Sectoral Council of Ministers of Health through its 13th, 14th and 15th Ordinary Meetings as well as the 2nd and 3rd Extra-Ordinary Meetings and the EAC Council of Ministers through its 35th and 36th Ordinary Meetings.

The regional health sector investment priorities were arrived at through a process of prioritizing regionally agreed upon priorities as documented in Article 118 of the Treaty for the Establishment of the EAC; the EAC Health Policy, EAC Health Sector Strategic Plan and EAC Vision 2050. National health policy priorities as well as Africa regional and global frameworks such as Agenda 2063 and the SDGs also informed the process.

A team of health financing, economics and planning experts drawn from all the Partner States was established to draft the framework for subsequent consideration by the policy organs.

The EAC Policy Organs primarily focused on the promotion of investment priorities that have high impact on the attainment of EAC's regional integration and social - economic development aspirations. Each of the priorities nine (9) priorities and 26 sub priorities have been subjected to the seven selection criteria below:

1. Magnitude of the health issue addressed
2. Effectiveness and impact of the intervention
3. Cost and sustainability of the intervention
4. Acceptability of the intervention to the Partner States
5. Fairness/equity impact of the intervention
6. Prioritization of the intervention in the long-term national development vision or plans
7. High potential to accelerate the attainment of UHC, other health related SDGs, AU Agenda 2063 and EAC Vision 2050 in terms of innovation, medical tourism, manufacturing, job creation and relative contribution to the GDP and the EAC health policy.

2.2 EAC regional priority health challenges to be addressed through this framework

The regional investment priorities shall focus on addressing, but not limited to, the following key public health challenges that are prioritized in national and regional health sector policies and plans:

- 1. Malaria control and elimination**
- 2. Elimination of HIV and AIDS**
- 3. Tuberculosis prevention and control**
- 4. Elimination of preventable maternal new born and child deaths;**
- 5. Prevention and control of NCDs (common cancers, renal complications, cardio-vascular complications among others)**
- 6. Emerging and re-emerging diseases (including epidemics and pandemics)**

2.3 Summary of the EAC health sector investment priorities

The priorities are classified under two groups namely A) Health infrastructure, systems and services development and B) Health research and development

A) Health infrastructure, systems and services development

PRIORITY 1: Expansion of access to specialized health care and cross border health services

- **Sub priority 1.1:** Expand the capacity of the East African Centers of Excellence for Higher Medical Education, Health Services and Research

PRIORITY 2: Strengthen the network of medical reference laboratories and the regional rapid response mechanism to protect the region from health security threats including pandemics, bio-terrorism and common agents

- **Sub priority 2.1:** Establish seven (7) EAC Regional Medical Diagnostic Centers of Excellence
- **Sub priority 2.2:** Establish an EAC Regional One Health Rapid Response Mechanism to enhance the region's capacity to rapidly mobilize experts and provide necessary supplies such as Personal Protective Equipment to combat major epidemics and pandemics such as Ebola and Marburg
- **Sub priority 2.3:** Establish regional sentinel disease surveillance sites in epidemic prone areas and provide appropriate facilities
- **Sub priority 2.4:** Support Partner States to upgrade port, cross border and One Stop Border Post (OSBP) health facilities to increase capacity of detecting and managing cross border health threats

PRIORITY 3: Expansion of capacity to produce skilled and professional work force for health in the region based on harmonized regional training and practice standards and guidelines

- **Sub priority 3.1:** Modernize University Teaching Hospitals and National Referral Hospitals in the region in terms of infrastructure, technology (including ICT for learning) and personnel in the region
- **Sub priority 3.2:** Expand the capacity of five (5) mid-level health workforce training institutions in terms of infrastructure, technology and personnel support in each Partner State
- **Sub priority 3.3:** Strengthen regulation of health professionals by strengthening the Partner States' National Health Professionals Regulatory Authorities.

PRIORITY 4: Increase access to safe, efficacious and affordable medicines, vaccines, and other health technologies focusing on prevalent diseases such as malaria, TB, HIV/AIDS, non-communicable diseases (NCDs) and other high burden conditions

- **Sub priority 4.1:** Partner States to provide incentives for local manufacturing of medicines, vaccines, and other health technologies that meet international standards of quality, safety and efficacy.
- **Sub priority 4.2:** Assure quality of medicines, vaccines, and other health technologies through strengthening the EAC Partner States' National Medicines Regulatory Authorities (NMRAs)
- **Sub priority 4.3:** Establish an EAC Regional Pooled Bulk Procurement mechanism to facilitate pooled bulk procurement of medicines, vaccines, and other health technologies

- **Sub priority 4.4:** Strengthen the network of national quality control laboratories and the EAC Regional Chemical Reference and medicines and health technologies Quality Assurance laboratory to assure quality of medical products and devices including at cross border points as part of the OSBP Infrastructure.

PRIORITY 5: Upgrading of health infrastructure and equipment in priority national and sub national health facilities/hospitals

- **Sub priority 5.1:** Rehabilitate/build five (5) priority secondary or tertiary hospitals per Partner State and equip them with modern and sustainably maintained equipment (including at cross-border posts to facilitate joint actions in addressing cross border health threats)
- **Sub priority 5.2:** Establish an EAC Regional e-Health Infrastructure to facilitate service delivery through Tele-medicine, capacity building and knowledge management among national and sub national referral hospitals five (5) regional priority secondary and or tertiary hospitals from each Partner State
- **Sub priority 5.3:** Implement an EAC regional institutional healthcare green power/energy, sanitation and water supply project in five (5) regional priority secondary and or tertiary hospitals per Partner State

PRIORITY 6: Establishment of strong primary and community health services as a basis for health promotion and diseases prevention and control

- **Sub priority 6.1:** Establishment of a mixed community health worker and skilled health workforce based community health system in priority settings (e.g. highlight populated yet with intractable high levels of healthcare challenges in terms of mortality, morbidity and health systems weaknesses) supported by robust community health information systems that are linked to the formal health facility based health information systems by all Partner States
- **Sub priority 6.2:** Promote regional integrated high impact interventions for the prevention, control and elimination of malaria, TB and HIV/AIDS, non-communicable diseases (NCDs) and other high burden conditions.

PRIORITY 7: Expansion of health insurance coverage and social health protection

- **Sub priority 7.1:** Each Partner State to establish and or expand their National Health Insurance and social protection schemes to support the Universal Health Coverage, including financial risk protection, as outlined in the Sustainable Development Goals
- **Sub priority 7.2:** Implement and expand portability of benefits of social health protection as part of the overall social protection agenda in support implementation of the EAC common market ideals

PRIORITY 8: Improvement of quality of healthcare, health sector efficiency and health statistics

- **Sub priority 8.1:** Conduct one national health sector efficiency study every three years.
- **Sub priority 8.2:** Scale up accountability of results and resources through innovative approaches such as Maternal and perinatal death surveillance and response (MPDSR), surveillance for other common causes of mortality among the population and community level Civil Registration and Vital Statistics (CRVS).
- **Sub priority 8.3:** Strengthen health information, statistics and measurement in the EAC through upgrading of ICT infrastructure and technical human resource capacity in data collection, analysis and knowledge management
- **Sub priority 8.4:** Develop a regional patient centered healthcare quality improvement model

B) Health research and development

PRIORITY 9: Strengthening of Health Research and development

- Sub priority 9.1: Establish an EAC Regional Health Research and Development Facilitation Mechanism
- Sub priority 9.2: Establish an EAC Regional Observatory on Health Research and Development
- Sub priority 9.3: Investment in Digital Health Technology for better research for health, health services delivery and health outcomes

****9 Priorities and 26 Sub priorities

C) Coordination/oversight on implementation of the regional health sector investment priorities

2.4 The detailed EAC health sector investment priorities framework

STRATEGIC INTERVENTION	GOAL, RATIONALE AND CURRENT STATUS	PRIORITY ACTIONS REQUIRED	COST ESTIMATE (USD)
A) HEALTH INFRASTRUCTURE, SYSTEMS AND SERVICES DEVELOPMENT			
Priority 1: Expansion of access to specialized health care and cross border health services	<p>Goal: Globally competitive EAC RCoE and other tertiary care facilities are able to manage and significantly reduce the proportion of the population seeking treatment from outside the region.</p> <ul style="list-style-type: none"> • Increasing burden of health conditions requiring specialized/ super-specialized care by citizens of EAC Partner States and other neighboring countries. • The capacity for specialized care is largely under-developed in the region thereby forcing multitudes to seek treatment from outside the region thereby causing out- transfer of countries resources • The EAC Partner States have already commenced operationalization of regional centers of excellence to increase access to specialized care – these centers require sustained investment to main their status as centers of excellence. • In addition, partner states are investing in specialized facilities. 	<p>Sub priority 1.1: Expand the capacity of the following East African Centers of Excellence for Higher Medical Education, Health Services and Research:</p> <ol style="list-style-type: none"> East African Center of Excellence for Urology and Nephrology (Kenya) East African Center of Excellence for Cardiovascular Sciences (United Republic of Tanzania) East African Center of Excellence for Oncology/Cancer (Uganda) East African Centre of Excellence in Biomedical Engineering, eHealth and Health Rehabilitation Sciences (Rwanda) East African Center of Excellence for Vaccines, Immunization and Health Supply Chain Management (Rwanda) East African Center of Excellence for Nutritional Sciences (Burundi) 	319,800,000

STRATEGIC INTERVENTION	GOAL, RATIONALE AND CURRENT STATUS	PRIORITY ACTIONS REQUIRED	COST ESTIMATE (USD)
<p>Priority 2: Strengthen the network of medical reference laboratories and the regional rapid response mechanism to protect the region from health security threats including pandemics, bio-terrorism and common agents</p>	<p>Goal: Better capacity of the region to prevent, detect and respond to health security threats thereby minimizing the health and socio-economic impacts of such threats.</p> <ul style="list-style-type: none"> • Epidemic/pandemic prone diseases such as Ebola, Marburg, Cholera, HIV, Tuberculosis are prevalent in the EAC • The epidemics and pandemics cause devastating impacts on well-being and socio-economic activities and disrupts the already weak health systems • There is need to improve laboratory diagnostics capabilities in the region well aware about the difficulties in trying to put in place one stop center for all forms of diagnosis • It's therefore imperative that specific core competency based regional reference laboratories are established in the Partner States as per existing capabilities. 	<p>Sub priority 2.1: Establish the following seven EAC Regional Medical Diagnostic Centers of Excellence (EAC RMDCoE):</p> <ol style="list-style-type: none"> EAC Regional Centres of Excellence for Bacteriology/Antimicrobial Resistance (Kenya) EAC Regional Centres of Excellence for Virology (Uganda) EAC Regional Centres of Excellence for Parasitic/Protozoal Diseases (United Republic of Tanzania) EAC Regional Centres of Excellence for Tuberculosis and Mycology (Uganda) EAC Regional Centres of Excellence for Zoonotic diseases (veterinary laborator) (Rwanda) EAC Regional Centres of Excellence for External Quality Assurance and Proficiency Testing (Kenya) EAC Regional Centres of Excellence for Capacity Building Laboratory Training (Tanzania) 	160,700,000
		<p>Sub priority 2.2: Establish an EAC Regional One Health Rapid Response Mechanism to enhance the region's capacity to rapidly mobilize experts and provide necessary supplies such as Personal Protective Equipment to combat major epidemics and pandemics such as Ebola and Marburg</p>	12,100,000
		<p>Sub priority 2.3: Establish regional sentinel disease surveillance sites in epidemic prone areas and provide appropriate facilities</p>	25,150,000
		<p>Sub priority 2.4: Support Partner States to upgrade port, cross border and One Stop Border Post (OSBP) health facilities to increase capacity to detect and manage cross border health threats</p>	3,225,000

STRATEGIC INTERVENTION	GOAL, RATIONALE AND CURRENT STATUS	PRIORITY ACTIONS REQUIRED	COST ESTIMATE (USD)
<p>Priority 3: Expansion of capacity to produce skilled and professional work force for health in the region based on harmonized regional training and practice standards and guidelines</p>	<p>Goal: Sustained production, recruitment, retention and regulation of the appropriate numbers and mix of skilled workforce required to meet the primary, secondary and tertiary healthcare needs of the region</p>	<p>Sub priority 3.1: Modernize University Teaching Hospitals and National Referral Hospitals in the region in terms of infrastructure, technology (including ICT for learning) and personnel in the region</p>	<p>175,400,000</p>
	<ul style="list-style-type: none"> The EAC region has less than 15 skilled health workers (nurses, midwives and clinicians) for every 10,000 people – a number which is far less than the 44.5 per 10,000 population required to attain the health related Sustainable Development Goals (SDGs) 	<p>Sub priority 3.2: Expand the capacity of five (5) mid-level health workforce training institutions in terms of infrastructure, technology and personnel support in each Partner State</p>	<p>195,800,000</p>
	<ul style="list-style-type: none"> There is a severe shortage of specialist and super-specialists in the region. 	<p>Sub priority 3.3: Strengthen regulation of health professionals by strengthening the Partner States' National Health Professionals Regulatory Authorities</p>	<p>8,750,000</p>
<p>Priority 4: Increase access to safe, efficacious and affordable medicines, vaccines, and other health technologies focusing on prevalent diseases such as malaria, TB, HIV/AIDS, non communicable diseases and other high burden conditions</p>	<p>Goal: Progressive increase in the proportion of essential medicines sourced regionally at competitive prices and reduction in the prevalence of counterfeit, spurious/falsely-labelled/ falsified/counterfeit drugs and sub standard health technologies</p>	<p>Sub priority 4.1: Partner States to provide incentives for local manufacturing of medicines, vaccines, and other health technologies that meet international standards of quality, safety and efficacy.</p>	<p>335,000,000</p>
		<p>Sub priority 4.2: Assure quality of medicines, vaccines, and other health technologies through strengthening the EAC Partner States' National Medicines Regulatory Authorities (NMRAs)</p>	<p>30,000,000</p>
		<p>Sub priority 4.3: Establish an EAC Regional Pooled Bulk Procurement mechanism to facilitate pooled bulk procurement of medicines, vaccines, and other health technologies</p>	<p>50,000,000</p>
		<p>Sub priority 4.4: Strengthen the network of national quality control laboratories and the EAC Regional Chemical Reference and medicines and health technologies Quality Assurance laboratory to assure quality of medical products and devices including at cross border points.</p>	<p>90,000,000</p>

STRATEGIC INTERVENTION	GOAL, RATIONALE AND CURRENT STATUS	PRIORITY ACTIONS REQUIRED	COST ESTIMATE (USD)
<p>Priority 5: Upgrading of health infrastructure and equipment in priority national and sub national health facilities/hospitals including priority cross border and high way hospitals (proposals to come from Partner States)</p>	<p>Goal: Increased access to essential health services in high value areas such as major cross border areas and highways</p> <ul style="list-style-type: none"> • Due to the high cost of health infrastructure and equipment, and the lack of sustained investments, majority of the health facilities are to some extent run down • This translates into poor access to and quality of services 	<p>Sub priority 5.1: Rehabilitate/build five (5) regional priority secondary or tertiary hospitals per Partner State and equip them with modern and sustainably maintained equipment</p>	<p>391,500,000</p>
		<p>Sub priority 5.2: Establish an EAC Regional e-Health Infrastructure to facilitate service delivery through Tele-medicine, capacity building and knowledge management among five (5) regional priority secondary and or tertiary hospitals from each Partner State</p>	<p>30,000,000</p>
		<p>Sub priority 5.3: Implement an EAC regional institutional healthcare green power/energy, sanitation and water supply project in five (5) regional priority secondary and or tertiary hospitals per Partner State</p>	<p>90,000,000</p>
<p>Priority 6: Establishment of strong primary and community health services as a basis for health promotion and diseases prevention and control</p>	<p>Goal: Increased participation of individuals, households and communities in healthcare co-production</p> <ul style="list-style-type: none"> • All the Partner States recognize the role of strong primary and community health care systems in health promotion • They are implementing community health worker programmes, which are often watered down by challenges of incentivizing them 	<p>Sub priority 6.1: Establishment of a mixed community health worker and skilled health workforce based community health system supported by robust community health information systems that are linked to the formal health facility based health information systems by all Partner States</p>	<p>300,200,000</p>
		<p>Sub priority 6.2: Promote regional integrated high impact interventions for the prevention, control and elimination of malaria, TB and HIV/ AIDS, non-communicable diseases and other high burden conditions</p>	<p>624,200,000</p>

STRATEGIC INTERVENTION	GOAL, RATIONALE AND CURRENT STATUS	PRIORITY ACTIONS REQUIRED	COST ESTIMATE (USD)
Priority 7: Expansion of health insurance coverage and social health protection	<p>Goal: Reduction in out of pocket expenditure for health and improved financial risk protection while accessing essential health services</p> <ul style="list-style-type: none"> • Tax based financing of health services is severely inadequate where the population contributing to the tax base is very small. Contributory health insurance schemes among others help to expand opportunities for mobilizing additional resources • Health insurance coverage in the EAC ranges from <=2% in Uganda and South Sudan to 25% in Kenya, 28% in the United Republic of Tanzania and 92% in Rwanda. • Large populations move across the international borders and some find challenges in accessing care. • Most Partner States routinely provide health services to citizens of the neighboring countries but the scope of this phenomenon is not effectively documented in most cases. 	Sub priority 7.1: Each Partner State to establish and or expand their National Health Insurance and social protection schemes to support the Universal Health Coverage including financial risk protection, as outlined in the Sustainable Development Goals	46,200,000
		Sub priority 7.2: Implement and expand portability of benefits of social health protection as part of the overall social protection agenda in support implementation of the EAC common market ideals	2,720,000
Priority 8: Improvement of quality of healthcare, health sector efficiency and health statistics	<p>Goal: Healthcare systems in the region generate better value from the inputs invested</p> <ul style="list-style-type: none"> • Quality of care is a central tenet of well-functioning healthcare systems. • Quality dimension include patient centered care, timely care, safe interventions, effectiveness, efficiency and equity in care 	Sub priority 8.1: Conduct one national health sector efficiency study every three (3) years.	5,400,000
		Sub priority 8.2: Scale up accountability of results and resources through innovative approaches such as Maternal and perinatal death surveillance and response (MPDSR) and electronic health scorecard	32,000,000
		Sub priority 8.3: Strengthen health information, statistics and measurement in the EAC through upgrading of ICT infrastructure and technical human resource capacity in data collection, analysis and knowledge management	37,500,000
		Sub priority 8.4: Develop a regional patient centered healthcare quality improvement model	9,740,000

STRATEGIC INTERVENTION	GOAL, RATIONALE AND CURRENT STATUS	PRIORITY ACTIONS REQUIRED	COST ESTIMATE (USD)
B) HEALTH RESEARCH AND DEVELOPMENT			
Priority 9: Strengthening of Health Research and development	<p>Goal: High quality research for EAC Region to achieve the attainment by all EAC Citizens of the highest possible level of health</p> <ul style="list-style-type: none"> Funding for research is severely constrained thereby curtailing opportunities for generating new and innovative health products Need of EAC Regional Observatory on Health Research and Development (RD) to help identify health R&D priorities based on regional health needs. EAC has the opportunity to use digital technologies to transform the health sector by strengthening all aspects of the health system, and expediting the achievement of the UN SDGs for a healthy and prosperous East Africa. 	Sub priority 9.1: Establish an EAC Regional Health Research and Development Facilitation Mechanism	132,815,626
		Sub priority 9.2: Establish an EAC Regional Observatory on Health Research and Development	3,223,874
		Sub priority 9.3: Investment in Digital Health Technology for better research for health, health services delivery and health outcomes	21,175,000
C) COORDINATION/OVERSIGHT ON IMPLEMENTATION OF THE REGIONAL HEALTH SECTOR INVESTMENT PRIORITIES			
Coordination/oversight on implementation of the regional health sector investment priorities			43,100,000
GRAND TOTAL			3,175, 699, 500



3. KEY ENABLERS REQUIRED FOR THE SUCCESSFUL IMPLEMENTATION OF THE EAC REGIONAL HEALTH SECTOR INVESTMENT PRIORITIES

1. Progressive and sustained investment of domestic resources
2. Expansion of private sector contribution through effective incentives and Public Private Partnerships
3. Risk pooling through insurance schemes
4. Strategic partnerships with international partners
5. Advancement of health sector efficiency and evidence informed decisions
6. Strengthening of policy, regulation and governance for health professions, medicines and health technologies, service delivery/provision quality assurance systems, and PPPs incorporating appropriate performance contracts and performance based financing approaches
7. Sustained strengthening of community and primary health care services to enhance value co-creation in the health sector value by individuals, families and communities

4. WAY FORWARD

- a.** Request the Heads of State to champion implementation of the proposed health sector investment priorities and flagship projects at regional and national level
- b.** EAC Secretariat, East African Health Research Commission, Partner States and leading regional and international development partners/investors to jointly develop detailed technical and financial proposals for the identified sub priorities
- c.** EAC Partner States to mobilize additional domestic resources from the national budgets, private sector and international development Partners and allocate them to support implementation of the health sector investment flagship projects
- d.** EAC Secretariat and the East African Health Research Commission to mobilize additional resources from the private sector and international development Partners and investors to support implementation of the health sector investment flagship projects
- e.** Establish a LEAN regional coordination team to monitor and oversee implementation of the flagship projects and make periodic reports to the Sectoral Council on Health, the EAC Council of Ministers and the Summit on the status of implementation of the priority projects.

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