



EAST AFRICAN COMMUNITY

IMPLEMENTATION FRAMEWORK

EAC REGIONAL HEALTH SECTOR INVESTMENT PRIORITIES (2018-2028)

1. INTRODUCTION

The Joint EAC Heads of State Retreat on Infrastructure and Health Financing and Development and the 19th Ordinary Meeting of the Summit of the EAC Heads of State held in Kampala, Uganda from 22nd to 23rd February 2018 approved nine (9) EAC regional health sector investment priorities and the sub priorities indicated in the box below:

Box 1: EAC Regional Health Sector Investment Priorities and Sub Priorities

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 for 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) and electronic health scorecard.
- 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

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**

The Heads of State directed the EAC Council of Ministers to:

- a) mobilize resources to support implementation of the health sector investment priority projects;
- b) strengthen the region's capacity to effectively prepare and implement the priority projects;
- c) develop comprehensive strategies to combat cross-border health challenges; and

- d) convene the Heads of State Retreat on health every two years.

Full implementation of the priorities is expected to cost about US\$ 3,468,982,910 (with updates under priority 9) over the period 2018 to 2028. The operational framework (section 3) provides a breakdown of the gross costing for each of the priorities and sub priorities. Prior to consideration by the Heads of State, the priorities were progressively developed and adopted by the 12th, 13th, 14th and 15th Ordinary Meetings and the 2nd and 3rd Extra-Ordinary Meetings of the EAC Council of Ministers; the 35th and 36th Ordinary Meetings of the EAC Council of Ministers; and the 1st EAC Partner States, Partners and Investors Roundtable on Health which preceded the Joint Heads of State Retreat on 21st February 2018. The regional health sector investment priorities were identified on the basis of Article 118 of the Treaty for the establishment of the EAC which provides for stronger regional cooperation on health; the EAC Health Policy, EAC Health Sector Strategic Plan; EAC Vision 2050 as well as Partner States', Africa regional and global health and development frameworks such as Agenda 2063 and the SDGs. Other criteria considered include:

- i. Magnitude of the health issue addressed
- ii. Effectiveness of the intervention
- iii. Cost and sustainability of the intervention
- iv. Acceptability of the intervention to the Partner States
- v. Fairness/equity considerations of the intervention

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

- i. Progressive and sustained investment of domestic resources
- ii. Expansion of private sector contribution through effective incentives
- iii. Risk pooling through insurance schemes
- iv. Strategic partnerships with bilateral and multi-lateral agencies, UN agencies, international development partners, investors, civil society organizations
- v. Advancement of health sector efficiency and evidence informed decisions
- vi. 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
- vii. Sustained strengthening of community and primary health care services to enhance value co-creation in the health sector value by individuals, families and communities
- viii. Effective documentation and sharing of lessons backed by adequate communication, advocacy and popularization of the regional priorities
- ix. Promotion of linkages, coordination and integration of investments, health systems and health services

3. IMPLEMENTATION MATRIX _EAC REGIONAL HEALTH SECTOR INVESTMENT PRIORITIES (2018-2028)

The implementation framework for the EAC regional health sector investment priorities covers the following aspects of each of the priority areas and sub priorities: objectives of the sub priorities, Performance indicators and Targets (QQT), key strategies to achieve the objectives and targets, timeline (start and end year), source of financing and responsible parties.

Table 1: Implementation Matrix - EAC Regional Health Sector Investment Priorities (2018-2028)

Priority area, goal, rationale and current status	Priority interventions and gross cost estimates in US\$	Objective of the sub priority	Strategic performance indicators	Broad implementation strategies/tactics	Timeli ne	Source of financing	Responsibility Centre
<p>Priority 1: Expansion of access to specialized health care and cross border health services</p> <p>Goal: Globally competitive EAC RCoEs 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 neighbouring 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 centres of excellence to increase access to specialized care – these centres require sustained investment to main their status as centers of excellence. 	<p>Sub priority 1.1: Expand the capacity of the following East African Centres of Excellence for Higher Medical Education, Health Services and Research -319,800,000:</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 Centre of Excellence for Vaccines, Immunization and Health Supply Chain 	<p>Strengthen capacity of the region to address specialised medical, training, services and research needs</p>	<p>% change in the number of critical cadres trained by the RCoE based on recognized curriculum/standards disaggregated by area of specialization, Partner State and location of training (within the region and outside the region)</p> <p>% change in the number of people treated by the RCoE based on recognized treatment/management standards disaggregated by sub type of disease and Partner State</p> <p>Proportion of clients surveyed satisfied with the service received at the RCoEs</p> <p>Percentage change in referrals of patient outside the region</p>	<p>Establish strong collaboration and networks with leading international institutions in training, research and services</p> <p>Acquire modern and appropriate technologies and skills from reputable manufacturers and instructions</p> <p>Put in place strategy to attract and retain high quality human resources</p> <p>Develop long term financing sustainability strategy</p> <p>Establish strong knowledge, management and sharing systems</p>	<p>2018-2028</p>	<ul style="list-style-type: none"> Government domestic budget Concessional loan and grants from development banks Development partners/ Donor Private Investors 	<ul style="list-style-type: none"> Partner States EAC Secretariat Private investors

<ul style="list-style-type: none"> In addition, partner states are investing in specialized facilities and research and development 	vi. Management (Rwanda) East African Center of Excellence for Nutritional Sciences (Burundi)		and cost of care abroad disaggregated by type of diseases and RCoE Demonstrable change in policy, practice and technology resulting from research evidence generated by the respective RCoEs.	Create quality assurance systems and standards for the respective RCoEs Develop mechanism to enhance private sector participation and			
<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 	<p>Sub priority 2.1: (Formally review this allocation to Partner States) Establish the following seven EAC Regional Medical Diagnostic Centres of Excellence (EAC RMDCoE) - 160,700,000:</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) 	To strengthen Regional Medical laboratories diagnostic training, services and research	% of EAC RMDCoE laboratories operational % of EAC RMDCoE laboratories, which are internationally accredited % change in the number of critical laboratory cadres trained by the RMDCoEs based on recognized curriculum/standards disaggregated by area of specialization and Partner State % change in the number of people diagnosed by the RMDCoEs based on	Regular assessment of the capacity of the EACMDCoE Establish strong collaboration and networks with leading international institutions in training, research and services Acquire modern and appropriate technologies and skills from reputable manufacturers and instructions Put in place strategy to attract and retain high	2018-2028	<ul style="list-style-type: none"> Government domestic budget Conventional loan and grants from development banks Development partners/ Donor Private Investors 	<ul style="list-style-type: none"> Partner States EAC Secretariat Private investors

<p>disrupts the already weak health systems</p> <ul style="list-style-type: none"> • There is need to improve laboratory diagnostics capabilities in the region well aware about the difficulties in trying to put in place one stop centre 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 exiting capabilities. 	<p>v. EAC Regional Centres of Excellence for Zoonotic diseases (veterinary laboratory) (Rwanda)</p> <p>vi. EAC Regional Centres of Excellence for External Quality Assurance and Proficiency Testing (Kenya)</p> <p>vii. EAC Regional Centres of Excellence for Capacity Building Laboratory Training (Tanzania)</p>		<p>recognized laboratory diagnostic standards disaggregated by RMDCoEs and Partner States</p> <p>Quantitative and qualitative change in policy, practice and technology resulting from research evidence generated by the respective RMDCoEs</p> <p>Proportion of laboratory personnel with proficiency testing (PT) score above 90% for their respective areas of expertise</p>	<p>quality human resources</p> <p>Develop long term financing sustainability strategy</p> <p>Strengthen linkages between the Strength information, knowledge, management and sharing systems at national level (with other National HMIs) and regional level</p>			
	<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 - 12,100,000</p>	<p>To have a functional rapid response mechanism for disease outbreak within the region</p>	<p>Availability and quality of Verifiable database of regional experts on epidemic preparedness and response ready for rapid deployment (name and contact) disaggregated by Partners State</p> <p>Availability of contingency budget and PPE/supplies to support rapid preparedness and response</p>	<p>Establish and regularly update a database for the rapid Response Teams</p> <p>Coordinate and facilitate functionality of the RRT under the leadership of the EAC TWG in Communicable and Non-Communicable Diseases</p>	<p>2018-2023</p>	<ul style="list-style-type: none"> • Government domestic budget • Conventional loan and grants from development banks • Development partners/ Donor • Private Investors 	<ul style="list-style-type: none"> • Partner States • EAC Secretariat • Private investors

			<p>Proportion of outbreaks of infectious diseases including Viral Haemorrhagic (VHFs) requiring regional action responded to timely by the regional RRT (within 48 hours)</p> <p>Availability of updated and tested EAC regional contingency plans, SOPs, guideline and standards for pandemic preparedness and response</p>	<p>Regular testing and facilitated implementation of the regional one health contingency plan</p> <p>Establish and operationalized a regional contingency budget</p> <p>Regular training and capacity building on epidemic and pandemic preparedness and response</p>			
	<p>Sub priority 2.3: Establish regional sentinel disease surveillance sites in epidemic prone areas and provide appropriate facilities - 25,150,000</p>	<p>To strengthen detection any disease outbreak in epidemic prone areas</p>	<p>Proportion of the priority epidemic prone areas that have effective medical diagnostic facilities (both mobile and fixed) based on IHR and other recognized standards/guidelines</p> <p>Proportion of the priority epidemic prone areas that have effective IDSR systems based on the IHR standards</p>	<p>Map the priority epidemic prone areas in all Partner States and assess their capacity to implement the IHR 2005</p> <p>Strengthen medical diagnostic and surveillance system at the priority epidemic prone areas in all Partner States</p>	2018-2025	<ul style="list-style-type: none"> • Government domestic budget • Conventional loan and grants from development banks • Development partners/ Donor • Private Investors 	<ul style="list-style-type: none"> • Partner States • EAC Secretariat • Private investors
	<p>Sub priority 2.4: Support Partner States to upgrade port, cross border and One</p>	<p>To ensure implementation of</p>	<p>Proportion of priority port, cross border and One Stop Border Post</p>	<p>Map the priority ports and cross border points</p>	2018-2023	<ul style="list-style-type: none"> • Government domestic budget 	<ul style="list-style-type: none"> • Partner States

	Stop Border Post (OSBP) health facilities to increase capacity to detect and manage cross border health threats - 3,225,000	IHR2005 in the Region	(OSBP) that have health facilities that meet IHR (surveillance, diagnostic, isolation and treatment) standards Proportion of priority port, cross border and One Stop Border Post (OSBP) areas that have capacity to detect pharmacovigilance or illicit movement of drugs challenges Proportion of OSBs that have adequately mainstreamed health services including diagnostics, surveillance, isolation and treatment	including the One Stop Border Posts (OSBP) in all Partner States Joint assessment of the capacity of priority ports and cross border points including the One Stop Border Post (OSBP) capacity to detect and manage cross border health threats in line with IHR 2005 Mainstream health issues in the operationalization of OSBPs		<ul style="list-style-type: none"> • Conventional loan and grants from development banks • Development partners/ Donor • Private Investors 	<ul style="list-style-type: none"> • EAC Secretariat • Private investors
<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</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 - 175,400,000</p>	To improve the capacity of University teaching hospitals National Referral Hospitals in the region in terms of infrastructure, technology and personnel to	<p>Proportion of University Teaching Hospitals accredited by the Joint EAC Health Professional Boards and Councils (meet regional training standards) disaggregated by Partner State</p> <p>Proportion of National and Sub National Referral</p>	<p>Conduct Regular Assessment of University Teaching and National Referral Hospitals for all the priority professions</p> <p>Mobilize technical and financial resources to improve performance of the University</p>	2018-2028	<ul style="list-style-type: none"> • Government domestic budget • Conventional loan and grants from development banks • Development partners/ Donor • Private Investors 	<ul style="list-style-type: none"> • Partner States • EAC Secretariat • Private investors

<p>primary, secondary and tertiary healthcare needs of the region</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) • There is a severe shortage of specialist and super-specialists in the region. 		<p>meet the region healthcare needs</p>	<p>Hospitals accredited by the Joint EAC Health Professional Boards and Councils (meet regional training standards) disaggregated by profession and Partner State</p> <p>Availability of key health professionals per 10,000 population trained at graduate level and above disaggregated by Partner State, Cadre and year of production</p>	<p>Teaching and National Referral Hospitals in terms of infrastructure, personnel and equipment</p>			
	<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 - 195,800,000</p>	<p>Improve the capacity of five (5) mid-level health workforce training institutions in terms of infrastructure, technology and personnel to meet the region healthcare needs</p>	<p>Proportion of mid-level health workforce training institutions accredited by relevant Joint EAC Health Professional Boards and Councils (meet regional training standards) disaggregated by profession and Partner State</p> <p>Availability of key health professionals per 10,000 population trained by mid-level health training institutions disaggregated by</p>	<p>Conduct Regular Assessment of mid-level health workforce training institutions for all the priority professions Adapt strategies to mobilize resources to improve performance of mid-level health workforce training institutions in terms of infrastructure, personnel and equipment</p>	<p>2018-2025</p>	<ul style="list-style-type: none"> • Government domestic budget • Conventional loan and grants from development banks • Development partners/ Donor • Private Investors 	<ul style="list-style-type: none"> • Partner States • EAC Secretariat • Private investors

			Partner State, Cadre and year of production				
	Sub priority 3.3: Strengthen regulation of health professionals by strengthening the Partner States' National Health Professionals Regulatory Authorities - 8,750,000	strengthen the coordination of health professionals bodies at national and regional level	Proportion of priority health professions that are trained based on harmonized competency based curricula, practice and registration standards Number of Mutual Recognition Agreements of health professions concluded Proportion of priority health professions with MRAs	Regular Joint inspections of University Teaching and National Referral Hospitals and health training institution disaggregated by profession Harmonise core competency-based training curriculum as well as practice and registration standards Negotiation of Mutual Recognition Agreements for the various professions	2018-2025	<ul style="list-style-type: none"> Government domestic budget Conventional loan and grants from development banks Development partners/ Donor Private Investors 	<ul style="list-style-type: none"> Partner States EAC Secretariat Private investors
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 Goal: Progressive increase in the proportion of essential medicines sourced regionally at competitive prices and reduction in the prevalence of counterfeit, spurious/falsely-	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 - 335,000,000	1. Review and harmonize policies on health, industry, trade, finance, commerce and customs to promote domestic pharmaceutical	Proportion of EAC Partner States implementing Minimum Incentive Package for local manufacturing of medicines, vaccines (adopted by relevant sectors) Proportion of pharmaceutical and health technology industries that meet Good Pharmaceutical	Multi-sectoral and multi-stakeholder consultations and negotiation of the Minimum Incentive Package for local manufacturing of medicines, vaccines Build capacity in production of local ingredients Provision of tax and non-tax incentives	2018-2019	<ul style="list-style-type: none"> Government domestic budget Conventional loan and grants from development banks Development partners/ Donor Private Investors 	<ul style="list-style-type: none"> Partner States EAC Secretariat Private investors

<p>labelled/falsified/counterfeit drugs and sub-standard health technologies</p> <ul style="list-style-type: none"> • The increasing burden of health complications has led to increased demand for medicines, medical products and technologies • Most (over 60%) of these technologies are purchased from outside the region because of low internal capacity to produce high quality products thereby losing foreign exchange through imports • Buying the technologies in small quantities as individual countries occasions' loss of economies of scale. • In particular, traditional/alternative medicine is underdeveloped. 		<p>manufacturing</p> <p>2. Create conducive environment to encourage investments in manufacturing of medical products and health technologies</p> <p>To establish efficient and effective regional pharmaceutical industry that can supply national, regional and international markets with efficacy and quality medicines</p>	<p>Manufacturing Practice Standards disaggregated by Partner State</p> <p>Proportion of Pharmaceutical market demand met by locally produced pharmaceutical products disaggregated by Partner State</p>	<p>for local manufacturers</p> <p>Promote price preferences for regionally produced medicines and health technologies in public tenders according to Article 35 of the EAC Common Market Protocol</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) - 30,000,000</p>	<p>Establish new and upgrade existing quality assurance systems and infrastructure to ensure</p>	<p>Proportion of quality control laboratories in NMRAs which are WHO & ISO Certified</p> <p>Level of utility of the EAC Centre of Chemical Reference to the EAC</p>	<p>Regularly assess the capacity of quality control laboratories and facilitate access and testing of medical products, vaccines, cosmetics, bio therapeutics,</p>	<p>2018-2024</p>	<ul style="list-style-type: none"> • Government domestic budget • Conventional loan and grants from development banks 	<ul style="list-style-type: none"> • Partner States • EAC Secretariat • Private investors

		safe, quality and efficacy of health products and health technologies to protect and promote public health in the EAC Region	<p>Pharmaceutical Industry in terms of providing chemical reference services</p> <p>Proportion of pharmaceutical manufacturers that comply with good manufacturing practices (GMP), Good Clinical Practice (GCP), Good Laboratory Practice (GLP), Good Distribution Practices (GDP)</p> <p>Proportion of Partner States that have adequate Pharmacovigilance (PV) and post market surveillance</p> <p>Quality of health technologies including spurious and counterfeit rates (beyond medicines)</p>	<p>medical devices, diagnostics and other health technologies.</p> <p>Strengthen national quality control laboratories and facilitate WHO and ISO accreditation.</p> <p>Ensure compliance to good manufacturing practices (GMP), Good Clinical Practice (GCP), Good Laboratory Practice (GLP), Good Distribution Practices (GDP) inspections and law enforcement</p> <p>Strengthen pharmacovigilance (PV) and post market surveillance (PMS) for medicines and health technologies</p> <p>Promote rational use of medicine and health technologies</p>		<ul style="list-style-type: none"> • Development partners/ Donor • Private Investors 	
	Sub priority 4.3: Establish an EAC Regional Pooled Bulk Procurement mechanism to facilitate	To Increase access to affordable and safe	Availability of an effective EAC regional pooled bulk	Develop and strengthen regional institutional structures and	2018-2022	<ul style="list-style-type: none"> • Government domestic budget 	<ul style="list-style-type: none"> • Partner States

	pooled bulk procurement of medicines, vaccines, and other health technologies - 50,000,000	medicines, medical supplies and other health commodities through pooled bulk procurement mechanism and efficient supply chain management systems in the EAC region	procurement mechanism Proportional volume of priority commodities imported into the region procured through the EAC regional pooled procurement mechanism	systems to coordinate pooled bulk procurement Develop joint quantification and forecast plans Conduct pooled bulk procurement transactions Build capacity to coordinate regional pooled bulk procurement Develop manage information system for informed buying and group contracting		<ul style="list-style-type: none"> • Conventional loan and grants from development banks • Development partners/ Donor • Private Investors 	<ul style="list-style-type: none"> • EAC Secretariat • Private investors
	Sub priority 4.4: Strengthen the network of national quality control laboratories and the EAC Regional Chemical Reference and medicines Quality Assurance laboratory to assure quality of medical products and devices including at cross border points - 90,000,000	Establish and strengthen quality control laboratories to assess quality of medical products and health technologies across border points	Proportion of Partner States' whose National Medicine Regulatory Authorities meet international (WHO/ISO) quality control and assurance guidelines/standards	Establish a network of quality control laboratories across the border points Facilitate WHO/ISO certification of Q.C Labs across the border points	2018-2020	<ul style="list-style-type: none"> • Government domestic budget • Conventional loan and grants from development banks • Development partners/ Donor • Private Investors 	<ul style="list-style-type: none"> • Partner States • EAC Secretariat • Private investors

<p>Priority 5: Building/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. • This translates into poor access to and quality of services 	<p>Sub priority 5.1: Build or rehabilitate five (5) regional priority secondary or tertiary hospitals per Partner State and equip them with modern and sustainably maintained equipment - 391,500,000</p>	<p>Construct and renovate five (5) regional secondary and tertiary hospitals with state-of-the-art equipment's in all Partner States including cross border and high ways</p>	<p>% of the 30-priority secondary or tertiary hospitals built or rehabilitated disaggregated by Partner State and level of care</p>	<p>Mapping/identification of five (5) regional priority secondary or tertiary hospitals per Partner State</p> <p>Mobilize/allocate resources</p> <p>Build or rehabilitate the hospitals</p>	<p>2018 - 2023</p>	<p>DPs, Partner States and PPP</p>	<p>Partner States and EAC Secretariat</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 - 30,000,000</p>	<p>Increase access to essential health service delivery through ICT infrastructure</p>	<p>% of the 30 priority secondary or tertiary hospitals whose e-Health infrastructure have effectively been established or upgraded disaggregated by Partner State and level of care</p> <p>% of the 30 priority secondary or tertiary hospitals offering telemedicine services</p>	<p>Map and identify of the 30 priority secondary and or tertiary hospitals requiring e-health infrastructure upgrade</p> <p>Mobilize/allocate resources for eHealth upgrading</p> <p>Upgrade e-Health Infrastructure in the 5 hospitals</p>	<p>2018 - 2023</p>	<p>DPs, Partner States</p>	<p>Partner States and DPs</p>
	<p>Sub priority 5.3: Implement an EAC regional institutional healthcare green power/energy, sanitation and water supply project in</p>	<p>Increase access to essential health service delivery</p>	<p>% of the 30 priority secondary or tertiary hospitals in which the green power/energy, sanitation and water</p>	<p>Map and identify of the 30 priority secondary and or tertiary hospitals for implementation of green power/energy,</p>	<p>2018 - 2023</p>	<p>Partner States and Private sector</p>	<p>Partner States Ministries of Health, Water,</p>

	five (5) regional priority secondary and or tertiary hospitals per Partner State - 90,000,000	through utilization of green power/energy , sanitation and water supply	supply project has been implemented	sanitation and water supply project Mobilize/allocate resources Implement green power/energy, sanitation and water supply project in the 5 hospitals			Environment and Energy
<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 - 300,200,000</p>	<p>Develop a mixed and skilled community and health workforce that address community needs</p> <p>Establish community based integrated information management system at community</p>	<p>Number of functional community health workers per 10,000 population</p> <p>A harmonised minimum service/skill package for community health workers in place</p> <p>Proportion of villages (lowest level of health services delivery) that have functional community health information system linked to the national health information system</p> <p>Number of villages supported by Community health initiatives</p>	<p>Assess/Map the existing community health systems in PS including workforce capacity, incentive regime and health information system among others</p> <p>Develop a minimum community health services and skills package</p> <p>Develop community health worker remuneration guidelines/ framework</p> <p>Develop/harmonise reporting guidelines for the community health work system</p>	2018 - 2023	Partner States and DPs	Partner Sates Ministries of Health and the local government authorities
	<p>Sub priority 6.2: Promote regional integrated high</p>	To contribute towards	Proportion of eligible population covered by	Develop a joint framework for	2016-2020	Partner States	Ministries of Health

	<p>impact interventions for the prevention, control and elimination of malaria, TB and HIV/AIDS, non-communicable diseases and other high burden conditions - 624,200,000</p>	<p>elimination of preventable maternal new born and child deaths, AIDS and improvement of wellbeing among women, children, adolescents and families in the EAC</p>	<p>essential services disaggregated priority disease in Partner States</p> <p>Harmonized integrated SRHR/RMNCAH and HIV/AIDS Service Package, Standards and Guidelines developed</p> <p>Other harmonised integrated and differentiated packages developed</p> <p>Proportion of Partner States with functional integrated Data bases on malaria, TB and HIV/AIDS, non-communicable diseases and other high burden conditions</p>	<p>strengthening community systems (based on the global framework)</p> <p>Engage civil society and private sector organizations in the implementation of this framework</p> <p>Strengthen community information systems</p> <p>Develop/review minimum package, standards and guidelines for HIV/AIDS, STI's, TB and other high burden conditions e.g. Vaccine Preventable Diseases</p> <p>Facilitate documentation, adoption and scale up of best practices</p> <p>Build capacity on sustainable and alternative financing</p> <p>Create data bases for these diseases for comparing</p>		<p>Development Partners</p>	
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				<p>Develop a five-year strategy for elimination of Malaria in EAC region</p> <p>Develop EAC strategy for TB prevention and control</p> <p>Develop and implement an EAC strategy on NCD's</p>			
<p>Priority 7: Expansion of health insurance coverage and social health protection</p> <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 	<p>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</p>	<p>Increasing health insurance coverage 80% by 2028</p> <p>Reduce out pocket expenditure 50% by 2028</p>	<p>% of population covered by health insurance</p> <p>% of population covered by other social health protection subsidies</p> <p>Out of pocket expenditure as percentage of total health expenditure</p>	<p>Establish National policy and legal framework to make health insurance compulsory</p> <p>Regular review of the benefit packages</p> <p>Community and stakeholder's awareness</p> <p>Develop legal framework for PPP in health insurance</p> <p>Partner States to define levels of poverty disability or chronic illness and determine sub-populations to receive subsidies</p>	2018-2026	Individual, DPs, Government, Private sector	Ministry of Health, Ministry of finance, EAC

<p>United Republic of Tanzania and 92% in Rwanda.</p> <ul style="list-style-type: none"> • 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 neighbouring countries but the scope of this phenomenon is not effectively documented in most cases. • Include baseline of household poverty (% living under absolute poverty) 				<p>Mobilize resources to implement insurance</p> <p>Development and continuous capacity building for health insurance service package and management structures</p> <p>Engage high level political leadership in expanding insurance and SHP coverage</p> <p>Develop synergy between health insurance and other health system mechanisms including Quality Assurance and Performance Based Financing among others.</p>			
	<p>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</p>	<p>Improve access of health insurance benefit across the country and EAC member states</p>	<p>Number of Partner States implementing bilateral agreements on portability of benefit of social protection</p> <p>EAC health insurance Legal framework approved by the council</p>	<p>Harmonize the mechanism to support the portability of health insurance</p> <p>Harmonize the legal framework in EAC member states to support the</p>	<p>2018-2028</p>	<p>DPs and EAC</p>	<p>EAC secretariat</p>

			Proportional of EAC PS implementing health insurance Legal framework	portability of health insurance services Conduct a pilot and develop a standardized and progressive pricing strategy to mainstream implementation of insurance portability			
<p>Priority 8: Improvement of quality of healthcare, health sector efficiency and health statistics</p> <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 	<p>Sub priority 8.1: Conduct one national health sector efficiency study every two (2) years - 5,400,000</p>	<p>Increasing efficiency (technical & allocative) at all level of health care provision in all EAC members state</p>	<p>% efficiency saving gained by country health sector disaggregated by input</p> <p>Percentage of primary health care expenditure over total health expenditure</p> <p>Percentage of domestic expenditure in relation to external financing</p>	<p>Raise the awareness of efficiency to the decision makers</p> <p>Establish framework for conducting efficiency study to be used by all EAC member states</p> <p>Conduct one national health sector efficiency study in area of human resources, commodity, financial resources</p> <p>Conduct productivity study for HRH at the primary health care facilities</p>	2018-2028	Individual, DPs, Government, Private sector	Ministry of Health, Ministry of finance, EAC

	<p>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</p>	<p>Scale up adoption of accountability mechanism in all Partner States</p>	<p>% of the Health facilities implementing RBF</p> <p>% of the Health facilities regularly implementing MPDSR and other major accountability frameworks</p>	<p>Institutionalize innovative health finance approaches e.g. RBF</p> <p>Scale up MPDSR, scorecards and other accountability tools</p> <p>Fiscal decentralization system and accountability</p> <p>Create and utilize platforms for Community participation and social accountability</p>	<p>2018-2028</p>	<p>Individual, DPs, Government, Private sector</p>	<p>Ministry of Health, Ministry of finance, EAC</p>
	<p>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</p>	<p>Provide/Ensure the availability of the quality health information on timely bases for proper planning and decision making</p>	<p>Proportion of health facilities using the harmonized national health information system</p> <p>Proportional of Partner States which have integrated health information system covering aspects of service delivery, human resource financial management and logistics management information system</p>	<p>Strengthening health information system</p> <p>Synchronize the current ICT system available for compatibility and upgrading</p> <p>Establish EMR in health facilities</p> <p>Improve human resources capacity for Health information to perform secondary analysis of the data</p>	<p>2018-2025</p>	<p>Individual, DPs, Government, Private sector</p>	<p>Ministry of Health, Ministry of finance, EAC</p>

				Establish robust mechanism to collect community-based data using community initiatives			
	Sub priority 8.4: Develop a regional patient centered healthcare quality improvement model - 9,740,000	Establish a harmonize quality assurance and quality improvement mechanism	% of Hospitals / health facilities accredited disaggregated by Partner States % of the population surveyed who are satisfied by health services	Develop accreditation standards at all level of healthcare provision develop policy, guidelines and procedures of quality improvement health facilities Establish community awareness approach on quality improvement	2018 - 2028	Individual, DPs, Government, Private sector	Ministry of Health, Ministry of finance, EAC
Priority 9: Strengthening of Health Research and development Goal: High quality research for EAC Region to achieve the attainment by all EAC Citizens of the highest possible level of health <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 	Sub priority 9.1: Establish an EAC Regional Health Research and Development Facilitation Mechanism - 242,177,084	Promote and increase the F Financing for health research and development	Proportion of Partner States with formally approved and costed National Health Sector-wide Research Agenda % of National Budget funding health research Health research expenditure as percentage of THE The ratio of domestic financing to external	Harmonize research agenda Establish EAC health research and development fund Develop /strengthen national health research and development innovation fund linked to the region Improve human resources capacity for research	2018 - 2028	Individual, DPs, Government, Private sector	Research institutions and Members state

<p>(RD) to help identify health R&D priorities based on regional health needs.</p> <ul style="list-style-type: none"> 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. 			<p>financing for health research</p> <p>Percentage of funded research project that are translated into innovative products</p> <p>Percentage of funded research project that are translated into policies and practices</p>	<p>Improve the infrastructure for health research</p> <p>Develop and implement regional knowledge management platform e.g. East African Health and Scientific Conference</p> <p>Promote and Strengthen implementation research at the health delivery points</p> <p>Establish a regional Institutional Review Board (IRB)</p>			
	<p>Sub priority 9.2: Establish an EAC Regional Observatory on Health Research and Development - 6,357,284</p>	<p>To create a data base /platform and identify R&D priorities for the region</p>	<p>Legal framework to guide the establishment of regional observatory</p> <p>Regional observatory established</p> <p>Proportion of Partner States with formally established national health observatory established</p>	<p>Develop regional and national health observatories</p> <p>Promote/enforce ment the utilization of information from observatory</p>	<p>2018 - 2024</p>	<p>Individual, DPs, Government, Private sector</p>	<p>Research institutions and Members state</p>
	<p>Sub priority 9.3: Investment in Digital Health Technology for</p>	<p>Scale up the use of technology</p>	<p>Number of EAC partner states with</p>	<p>Ensure that the EAC member states have e-health policy and</p>	<p>2018 - 2028</p>	<p>Individual, DPs, Government, Private sector</p>	<p>Research institutions and</p>

	better research for health, health services delivery and health outcomes - 201,963,542	for better research for health, health services delivery and health outcomes	national e-health policy and strategy Proportion of secondary and tertiary level facilities referral classified being effective users of e-Health technologies % of health facilities using offering telemedicine services	strategy (Implementation and security) Invest in IT infrastructure at health facilities (local net area network, internet connectivity and telemedicine and video conferences facilities) Conduct regular e-health audit			Members state
Coordination/oversight on implementation of the regional health sector investment priorities	Overall coordination - 43,100,000						
GRAND TOTAL	3,468,982,910						

4. IMPLEMENTATION ARRANGEMENTS

4.1 Implementation levels

The EAC regional health sector investment priorities will be undertaken at both regional level and national level. National level actions shall focus on aligning national health policies, system and programme development efforts to the agreed upon regional health sector investment priorities. On the other hand, regional actions shall focus on enhancing joint evidence generation, knowledge management, advocacy, resource mobilization, accountability for results and resources, technical and policy dialogue and promoting innovations.

4.2. Resources required for implementation of the priorities framework

Successful implementation of the priorities requires commensurate levels and depth of technical and financial resources both at national and regional level. The estimated level of financial resources over the 10-year period of implementation of USD US\$ 3,468,982,910 while the estimated additional number and expertise for regional coordination is at least 7 senior experts in the areas of health financing and economics; human resources for health, biostatistics/health information and knowledge management; health infrastructure development; epidemiology/disease prevention and control).

The priorities with mainly be resourced domestically from both the public and private sector. Additional resources shall be mobilized from collaborating governments as well as international development partners, financing institutions, donors and investors. The EAC Secretariat, East African Health Research Commission and Partner States are expected to enter into innovative financial and technical cooperation agreements with various development partners as part of the efforts to mobilize resources required for the full implementation of the priorities.

4.3 Coordination and oversight

As directed by the Summit of Heads of States and provided for in the treaty for the establishment of the EAC, the EAC Council of Ministers shall provide leadership, policy oversight and mobilize resources to support implementation of the EAC regional health sector investment priorities. The EAC Sectoral Council of Ministers responsible for Health shall assist the Council in the execution of these functions.

The Sectoral Council shall in turn be supported by the Permanent/Principal/Under Secretaries in the Ministries responsible for health as well as relevant Partner States' Seniors Officials who constitutes the Sectoral Committee on Health as well as the following six EAC Regional Technical Working Groups on Health and the Commission for the EAHRC.

- i. EAC TWG on Health Systems and Policy;
- ii. EAC TWG on Health Professionals Regulation;
- iii. EAC TWG on Disease Prevention and Control;
- iv. EAC TWG Medicines, Food Safety and Health Technologies;
- v. EAC TWG on HIV/AIDS, TB and STIs; and
- vi. EAC TWG on RMNCAH and Nutrition

The 16th Ordinary Meeting of the Sectoral Council on Health approved the establishment of a **“regional committee of experts on implementation of the EAC regional health sector investment priorities with membership drawn from Partner States’ Ministries Responsible for Health, EAC Affairs, industry trade and investment, and Finance as well as key development and collaborating Partners.** The primary role of the committee is to mobilize the requisite financial and technical resources to facilitate implementation of the priorities and prepare reports for consideration by the appointing authority.

The three nominees from each Partner State shall form the respective National Committee of Experts on the implementation of the EAC regional health sector investment priorities - additional members may be co-opted to the committee as appropriate. The national committees shall ensure that national planning and budgeting process incorporate the regional health sector investment priorities and that the priorities are captured in the periodic health sector investment and performance reports. The committee shall report to a Joint Committee of the Permanent/Principal/Under Secretaries responsible for Health and EAC Affairs.

4.4 Reporting, monitoring and evaluation

At regional level, the “**regional committee of experts on implementation of the EAC regional health sector investment priorities**” shall prepared six monthly reports on the status of implementation of the priorities for consideration by the various sessions of the Sectoral Council on Health (TWGs, Sectoral Committee, Permanent/Principal Secretaries and Ministerial Sessions). The reports and recommendations of the Sectoral Council with major legal, financial and policy implications shall in turn be forwarded to the EAC Council of Ministers for policy guidance. Some of the Council recommendation may also be forward to the Summit of Heads of State as part of the routine reports of the Council to Summit.

At the national level, the National Committee of Experts on the implementation of the EAC regional health sector investment priorities shall prepare six monthly reports for consideration by the Joint Committee of the Permanent/Principal/Under Secretaries responsible for Health and EAC Affairs.

Reports on the status of implementation of the EAC regional health sector investment priorities shall be submitted to the Summit of the Heads of State every two years. Two-yearly formal interim evaluations shall be undertaken to facilitate drafting of the exhaustive reports to the Summit.

More in-depth evaluation of the status of implementation of the priorities shall be conducted after 5 years (in 2023) and at the end of the implementation period (2028).

4.5 Key stakeholders and their roles

The following key stakeholders are key to the successful implementation of the regional health sector investment priorities framework as indicated by the roles they are expected to play.

Stakeholder Group	Main roles
Partner State’s Ministries responsible for Health, EAC affairs, and Finance	<ul style="list-style-type: none"> • Ensure that the EAC regional health sector investment priorities are effectively integrated into national development plan, budget processes and programmes • Prepare reports on the status of implementation of the priorities in their respective Partner States
Summit of the Heads of States, Council of Ministers and the Sectoral Council on Health	<ul style="list-style-type: none"> • Receive reports on the statues of implementation of the priorities and provide policy guidance on the various regional health sector priorities • Make resources available from the EAC budget to support implementation of catalytic actions
Development Partners (Inter-governmental, multi-lateral, donors, philanthropic organizations)	<ul style="list-style-type: none"> • Provide financial, technical and technological resources to facilitate execution of the priorities • Advocate for accountability for results and resources
Investors/Private sector	<ul style="list-style-type: none"> • Invest in one or more the identified health sector investment priorities taking advantage of the progressively improving investment climate

	<ul style="list-style-type: none"> • Co-mobilize resources with Public Sector institution under the PPP Frameworks • Deliver health services, train health workers and conduct research
Civil Society Organizations (CSO and Faith Based Organizations)	<ul style="list-style-type: none"> • Advocate for increased investments in the identified health priorities • Advocate for enhanced accountability for results and resources
Academic and research institutions	<ul style="list-style-type: none"> • Training of health workforce • Conduct of research
Health care providers and implementing Partners	<ul style="list-style-type: none"> • Provision of health services • Training of health workforce • Conduct of research
Health Regulatory Authorities (Professional training ad practice, medicines, quality of health care)	<ul style="list-style-type: none"> • Creation enabling regulatory environment for business and seamless execution of reparatory/ intermediary process and ultimately delivery of high quality services

The key stakeholders shall be brought together every 1-2 years to review progress made in the implementation of the regional health sector investment priorities and mobilize resources through the EAC Ministerial, Development Partners and Investors Roundtables. The Reports and recommendation of the roundtables shall be considered by the full Council of Ministers as well as the Summit of the Heads of State.

5. IMPLEMENTATION ROADMAP

Table 2 below shows the implementation roadmap for EAC regional health sector investment priorities for the first 3 years (until December 2020). The following key activities need to be implemented so as to facilitate timely implementation of the priorities framework:

- i. Development and approval of the implementation Framework
- ii. Approval of members of the National and Regional Committee of Experts on the implementation of the EAC regional health sector investment priorities
- iii. Development of detailed proposals, cost estimates, detailed M&E Framework and bankable proposals for all the sub priorities by the relevant TWGs and EWGs
- iv. Popularization of the regional health sector investment priorities
- v. Resource mobilization - high level engagements with national, regional and international stakeholders
- vi. Development of the consolidated M&E Framework, reporting template and electronic monitoring system
- vii. 2nd EAC Partner States, Collaborating Partners and Investors Roundtable of Investment in Health
- viii. Preparation of a report on the status of implementation of the EAC health sector investment priorities
- ix. 3rd Ministerial, Partners and Investors' Round table
- x. 2nd EAC Heads of States Retreat on Health (and Infrastructure) Financing and Development

Table 2: Implementation roadmap for the first 3 years

Activity	Jan – Jun 2018	Jul – Dec 2018	Jan – Jun 2019	Jul - Dec 2019	Jan-Jun 2020	Jul-Dec 2020
1. Development and approval of the implementation Framework	Apr – Oct 2018					
2. Approval of members of the National and Regional Committee of Experts on the implementation of the EAC regional health sector investment priorities	16 May					
3. Development of detailed proposals, cost estimates, detailed M&E Framework and bankable proposals for all the sub priorities by the relevant TWGs and EWGs						
4. Popularization of the regional health sector investment priorities						
5. Resource mobilization - high level engagements with national, regional and international stakeholders						
6. Development of the consolidated M&E Framework, reporting template and electronic monitoring system (Dashboard)						
7. 2 nd EAC Partner States, Collaborating Partners and Investors Roundtable of Investment in Health					May 2019	
8. Preparation of a report on the status of implementation of the EAC health sector investment priorities						
9. 3 rd Ministerial, Partners and Investors' Round table						27 Nov
10. 2 nd EAC Heads of States Retreat on Health (and Infrastructure) Financing and Development						28-29 Nov (Nairobi)