



**EAST AFRICAN COMMUNITY**

**19<sup>TH</sup> ORDINARY MEETING OF THE  
EAC SECTORAL COUNCIL OF MINISTERS OF HEALTH**

**1<sup>ST</sup> NOVEMBER 2019  
HILTON HOTEL, NAIROBI,  
REPUBLIC OF KENYA**

**MINISTERIAL SESSION**

**(Ref: EAC/SCHEALTH/19/2019)**

**OCTOBER, 2019  
EAC SECRETARIAT,  
P.O. BOX 1096,  
ARUSHA, TANZANIA.**

## 1.0 INTRODUCTION

### 1.1 CONVENING OF THE MEETING

The 19<sup>th</sup> Ordinary Meeting of the Sectoral Council on Health was convened in Nairobi, Kenya, from 28<sup>th</sup> October to 1<sup>st</sup> November 2019 in accordance with the EAC Calendar of Activities for the period July to December, 2019. The meeting was convened to review the status of implementation of the projects and programmes in the health sector and to provide a platform for the Ministers to participate in the 2<sup>nd</sup> Joint Ministerial, Donors, Development Partners' and Investors' Roundtable which was held on 31<sup>st</sup> October to 1<sup>st</sup> November 2019.

### 1.2 PARTICIPATION

The Sectoral Council was attended by **Hon. Dr. Patrick Ndimubazi**, Minister of State in charge of Public Health and Primary Health Care, Republic of Rwanda; **Hon. Sicily K. Kariuki**, Cabinet Secretary, Ministry of Health, Republic of Kenya; **Hon. Dr Thaddée NDIKUMANA**, Minister of Public Health and Fight Against AIDS, Republic of Burundi; **Hon. Umyy Ally Mwalimu**, Minister responsible for Health, Community Development, Gender, Elderly and Children, and **Hon Harusi Said Suleiman** Deputy Minister, Ministry of Health, Zanzibar, United Republic of Tanzania and **Hon. Sarah Opendi**, Minister of State for Health, Republic of Uganda. The Ministers responsible for Health from the Republic of South Sudan did not attend the Sectoral Council Meeting.

The meeting was also attended by Permanent/Principal/Under Secretaries from the EAC Partner States' National Ministries responsible for Health and Ministries responsible for EAC Affairs as well as Senior Officials drawn from the EAC Partner States' National Health Research and Academic Institutions, the EAC National Reference Medical Laboratories, the EAC National Medicines Regulatory Authorities (NMRAs), the EAC National Medical and Public Health Laboratory Regulatory Authorities and Experts of the six (6) EAC Regional Technical Working Groups on Health (TWGs) and staff of the EAC Secretariat. The Republic of Burundi and the Republic of South Sudan although invited did not attend the meeting. However, the Republic of South Sudan gave consent for the meeting to proceed.

In addition, the Executive and Technical Staff from the EAC Secretariat and the East African Health Research Commission (EAHRC) also participated and facilitated the meeting. The list of participants is attached hereto as **Annex A-II**

### 1.3 CONSTITUTION OF THE BUREAU

In accordance with the Rules of Procedure for EAC Policy Organs meetings, the meeting was chaired by **Hon. Dr. Patrick Ndimubazi**, Minister of State in charge of Public Health and Primary Health Care, Republic of Rwanda while **Hon. Sicily K. Kariuki** Cabinet Secretary, Ministry of Health, Republic of Kenya, served as the Rapporteur.

## **1.4 ADOPTION OF THE AGENDA**

The Agenda of the meeting was adopted is hereto attached as **Annex A-I**.

## **1.5 OPENING OF THE MEETING**

### **1.5.1 Opening Remarks Hon. Dr. Patrick Ndimubanzi, Chairperson & Minister of State in charge of Public and Primary Health Care, Republic of Rwanda.**

**Hon. Dr. Patrick Ndimubanzi**, Chairperson of Sectoral Council on Health welcomed the Hon. Ministers of Health to the 19<sup>th</sup> Meeting of the Sectoral Council on Health and thanked each one of them for finding time to participate in the Sectoral Council meeting and the in the 2<sup>nd</sup> EAC Ministerial, Development Partners and Investors Round Table. Your continued participation in the work of the Sectoral Council on Health means a lot to the Community and indeed adds a lot of value to the work of fostering regional integration through health and wellbeing of the people of East Africa.

The Hon. Minister also thanked in a special way, the Cabinet Secretary for Health, Republic of Kenya and her team for the warm hospitality accorded to the Partner States delegations since their arrival in Nairobi.

The Chairperson underscored the need to attract and maintain adequate investment in the health sector, so as to ensure that the health services are accessible, of good quality, and above all affordable and sustainable. This is further informed by the fact that investing in health is the most direct route to creating wealthy nations and enabling people to realize national, regional and global socio-economic and human development aspirations set out in national development plans, the EAC Common Market Protocol, the EAC Vision 2050 and the UN SDGs.

The Hon. Minister reminded the session that Sustainable Development Goal 3 provide a firm foundation for both national and regional commitment on the health agenda, and therefore all Partner States should make concerted efforts to ensure provision of quality and affordable healthcare for all at national level and progressively at the regional level.

The Chairperson, concluded his remarks by further thanking the Permanent/Principal Secretaries for the for the well documented report prepared for consideration by the Hon. Ministers of Health.

He wished the Ministers fruitful deliberations.

### **1.5.2 Remarks by Hon. Sicily Kariuki, Cabinet Secretary for Health, Republic of Kenya.**

The Cabinet Secretary, on behalf of the Government of Kenya and the Ministry of Health, welcomed the Ministers of Health to the 19<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers Responsible for Health. She noted that it was a great honor for Kenya to host the Sectoral Council meeting and the 2<sup>nd</sup> EAC Ministerial, Development Partners and Investors Round Table.

Hon. Kariuki thanked the EAC Secretariat for organizing the Sectoral Council forums, as they accord the Ministers an opportune platform to discuss the policy framework that will drive EAC integration in the health sector for improved health outcomes for the people and increased collective prosperity.

The Hon. Minister elaborated that Kenya has singled out the achievement of Universal Health Coverage as one of the Big Four Key Priorities for the period spanning from the year 2018 to 2022 and beyond. This will be delivered through the National Health Insurance Fund (NHIF) and the aim is to expand Health Insurance coverage for her population from the current 36% to 100% by the year 2022. She noted that already Kenya has launched the UHC pilot in 4 counties which were selected due to their varied geographical location, disease burden and health needs and the lessons learned will be used to inform the next phase of rolling UHC to all the 47 Counties across the Republic.

She also underscored that realization of effective health investments, and in particular the EAC region nine (9) priority areas require responsive policy reforms that necessitate domestic resources allocation to the health sector; strengthened health sector efficiency; and eventually improving the quality of services provided, financial risk protection and equity as well as strong and functional multi-sectoral collaboration and cooperation between the public and private sector (PPPs).

The Hon. Minister concluded her remarks by welcoming the Hon. Ministers from the EAC Partner States to the Nairobi Summit on ICPD+25 scheduled from 12<sup>th</sup> to 14<sup>th</sup> November 2019 in Nairobi, Kenya. The Summit is being convened by the Kenya Government in collaboration with Denmark and the UNFPA. She wished the Ministers fruitful deliberations.

### **1.5.3 Remarks by the Honorable Ndikumana Thadée, Minister of Public Health and Fight against AIDS for Burundi**

**Hon. Dr Thaddée NDIKUMANA**, Minister of Public Health and the Fight Against AIDS, Republic of Burundi expressed his gratitude in taking part in the proceedings of the 19<sup>th</sup> Ordinary Meeting of the Sectoral Council on Health and the 2<sup>nd</sup> EAC Ministerial, Development Partners and Investors Roundtable. He thanked the EAC Secretariat for convening the meeting and the Republic of Kenya for the warm hospitality accorded to the Burundi delegation.

Dr. Thaddée expressed his gratitude to EAC Secretariat and the Partner States for having considered the Republic of Burundi to host the Regional Center of Excellence for Metabolic and Genetic Diseases and requested EAC Secretariat to mobilize additional resources needed for the proper operationalization of the Regional Center of Excellence on Nutrition Sciences.

He reiterated the commitment of the Republic of Burundi to implement to all directives and decisions taken at EAC level in general including the 9 EAC Health Investment

Priorities, and thus foster the achievement of the Universal Health Coverage targets in the country.

Dr. Thaddée concluded his remarks by thanking the EAC Partners for their technical and financial support to the region and wished the meeting fruitful deliberations.

#### **1.5.4 Remarks by Hon. Umyy Ally Mwalimu, Minister for Health, Community Development, Gender, Elderly and Children, The United Republic of Tanzania.**

The Hon. Minister thanked the Republic of Kenya for the warm hospitality accorded to the delegation from the United Republic of Tanzania since their arrival in Nairobi and further thanked the EAC Secretariat for convening the 19<sup>th</sup> Sectoral Council of Ministers of Health.

Hon. Umyy Mwalimu noted that there are several decisions and directives made by the Sectoral Council on Health and the EAC Council of Ministers and the implementation of these decisions are key for the continued health and wellbeing of the people in East Africa.

The Minister reported that during the last few years, The United Republic of Tanzania has made progress towards strengthening and expanding primary healthcare along with improvement of quality of health services being offered at all levels. This has led to the growth of medical tourism in the country and therefore called upon the Partner States to ensure operationalization of Regional Centers of Excellences which, when fully operational, will contribute to provision of quality health services to citizens, promote medical tourism in the region and sustain the fight against non-communicable diseases.

Hon. Mwalimu noted that the United Republic of Tanzania is aware of the imminent danger posed by Ebola and other viral hemorrhagic fevers and underscored that as a region, there is need to have biosafety laboratories which are capable of carrying out viral culture for category 3 and 4 pathogens. She thanked the Federal Republic of German for support of the Mobile Laboratories in the region and looked forward continued capacity building support in the region.

The Minister reiterated URTs commitment on the harmonization for medical products regulation currently being implemented in the region and reaffirmed Tanzania commitment to continue to collaborate with other EAC Partner States to streamline regulatory requirements and processes so that a conducive environment is created for pharmaceutical and health technologies regulation.

Hon. Mwalimu concluded her remarks by thanking the Senior Officials and the Permanent/Principal Secretaries for preparing a comprehensive report for

consideration by the Ministers. She wished the Ministers fruitful deliberations during the round table and the Ministerial session.

#### **1.5.5 Remarks by Hon. Sarah Achieng Opendi, Minister of State for Health, Republic of Uganda**

**Hon. Sarah Achieng Opendi, Minister of State for Health, Republic of Uganda** began her remarks by expressing her pleasure for being part of the meeting and thanked the Government of Kenya for the excellent for the hospitality accorded to her delegation.

She noted that the region has made tremendous achievements in the health sector adding that there has been marked improvement in the overall wellbeing and health status of the people, including improvements in the impact indicators such as infant and maternal mortality and a resilient health system.

Hon. Opendi further noted that despite of these achievements, the region is still faced with daunting tasks and challenges which cut across all the 6 building blocks of the WHO health system. She observed that the region is faced with raising cases of NCDs, shortage of skilled health workforce, threats from Viral Hemorrhagic fevers, in particular the Ebola epidemic in DRC, low production of pharmaceuticals and health commodities, weak health information system, among others. She also noted that the region still refers many complicated cases especially cancers and heart diseases to hospitals outside the region, therefore losing a lot of foreign currency.

Hon. Opendi further observed that to address these challenges, regional integration and implementation of projects is very important. She informed the meeting that Uganda is committed to deepening and widening of regional integration so that the EAC Partner States can jointly confront these challenges in a holistic manner. Hon. Opendi added that as part of strengthening the integration process, the EAC Regional Centres of Excellence for NCDS is very important for the region and therefore, and noted the importance of fast tracking the implementation of all the key components of the Regional Centres of Excellence so that the EAC citizens can start truly benefitting. Hon. Opendi informed the meeting that Uganda is strengthening her PHC interventions since over 75% of the diseases are preventable. In addition, she noted, the country is also scaling up specialized health care interventions in the area of oncology, heart diseases, mental health and lung conditions. She added that the country has seen a reduction in the referral of heart cases to India because of the capacity developed at the Uganda Heart Institute. She pointed out that the Republic of Uganda is making more investments in improving the health infrastructure all over the country at all levels of care and we hope this will lead to improved service delivery.

Hon. Opendi reiterated that Uganda is happy with and supportive of the EAC 9 health sector priorities that were approved by the EAC Heads of State in February 2018 and welcomed partners and investors to support the implementation of these regional priorities. She expressed hope that soon tangible results and benefits will come out of implementation of these 9 health priorities, trickling down to our citizens.

She concluded her remarks by thanking the Permanent Secretaries and the senior officials who worked hard to produce the report of the meeting and noted that the agenda items are relevant and addresses the pertinent health issues of the EAC region, and wished the Ministers fruitful deliberations.

#### **1.5.6 Opening Statement by Hon. Christophe Bazivamo, the EAC Deputy Secretary General for Productive and Social Sectors**

On behalf of the EAC Secretary General, Amb. Liberat Mfumukeko, Hon. Christophe Bazivamo, the EAC Deputy Secretary General for Productive and Social Sectors welcomed the Ministers to the 19th Ordinary Meeting of the Sectoral Council on Health. He thanked the Republic of Kenya for hosting the meeting and for the warm hospitality accorded to the Partner State's delegations.

He informed the Ministers that the region is on track in containing communicable diseases and health threats like Ebola Virus Diseases and called for concerted efforts to fast track the manufacturing of health medicines and other health commodities in the region.

The DSG thanked the Ministers for their effective participation in the 2nd joint EAC Ministerial, Donors and Investors Round Table. He expressed the need for continued dialogue in resource mobilization to operationalize the nine EAC Health Sector Investment Priorities for the continued improvement of the quality of life and health of citizens of the EAC Partner States.

Hon. Bazivamo informed the Ministers that the EAC is progressing well in preparedness and response towards the prevention of communicable diseases and other health threats in the region and commended all partners for the continued support extended to the EAC health sector projects and programmes.

The DSG concluded his remarks by wishing the Permanent/ Principal Secretaries fruitful deliberations.

## **2.0 REVIEW OF THE PROGRESS OF IMPLEMENTATION OF PREVIOUS DECISIONS OF THE EAC SECTORAL COUNCIL OF MINISTERS OF HEALTH**

The Sectoral Council considered the progress report on the implementation of decisions and directives of the previous Sectoral Council meetings (from the 14<sup>th</sup>, 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup> and 18<sup>th</sup>).

The Ministers observed that there has been a steady improvement in the implementation of the Sectoral Council decisions and directives. An analysis, as shown in Figure 1 below indicates that the status of implementation of Sectoral Council directives and decisions has increased from 22% to 51% between the 14<sup>th</sup> and the 17<sup>th</sup> meetings of the Sectoral Council. The Permanent/ Principal Secretaries noted that implementation of some of the decisions and directives are still ongoing

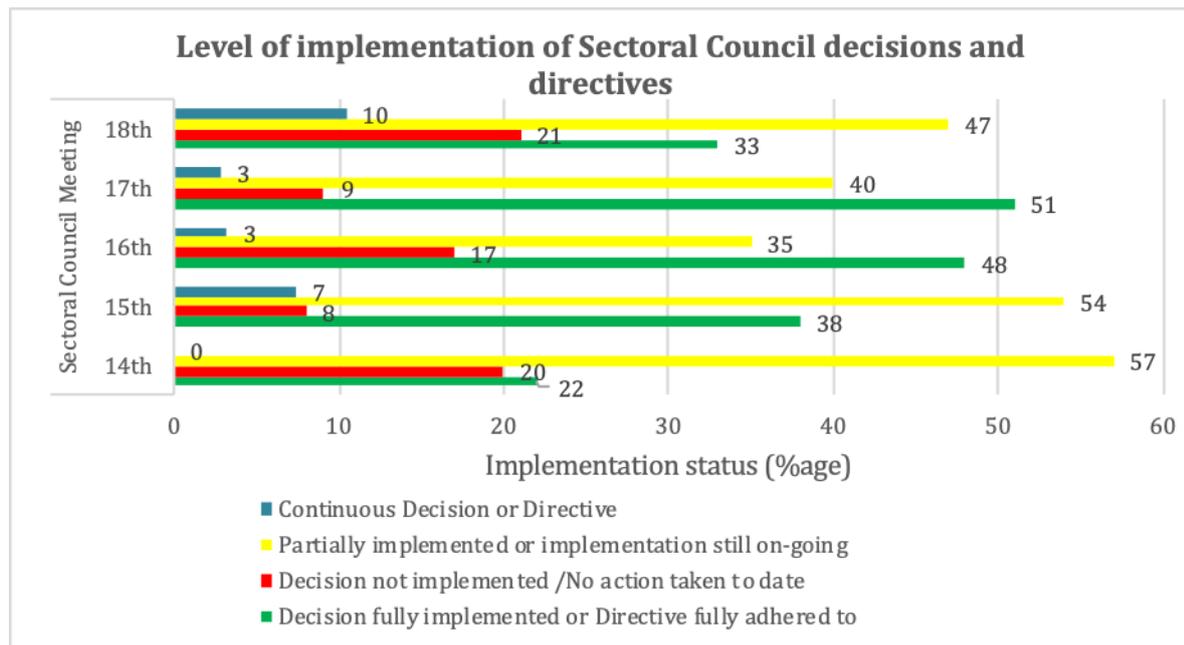
and a few have not been implemented mainly due to insufficient resources. The session recommended the use of the traffic lights colour codes to show the implementation status of the decisions and directives.

The Sectoral Council was informed that the EAC Secretariat continues to work with development partners and stakeholders to mobilize more technical and financial resources to support implementation of Sectoral Council decisions and directives.

The Sectoral Council observed that there is need:

- i. for the East African Monitoring System (EAMS) Health Focal Persons to meet virtually on quarterly basis to update the status of implementation especially; of the sectoral council decisions and directives;
- ii. to develop a regional scorecard to track the implementation of the decisions and directives based on various projects being implemented by the Health Sector;
- iii. to develop terms of reference to guide the work of the EAMS Health Focal Persons.

**Figure 1: The Status of Implementation of the Sectoral Council Decisions and Directives**



The updated Matrix of previous directives and decisions of the Sectoral Council is hereto attached as **Annex B-I**.

**The Sectoral Council took note of the progress made in the implementation of previous decisions and directives of the EAC Sectoral Council on Health and:**

- a) reiterated the directive to convene a meeting of East Africa Monitoring System (EAMS) Health Focal persons on quarterly basis to analyze all decisions and directives and submit progress to the Sectoral Council of

Ministers as directed during the 17th Sectoral Council **(EAC/SCHealth/19/Directive/001)**;

- b) Directed the EAC Secretariat to develop a Scorecard to track the implementation of the decisions and directives based on the various projects being implemented by the Health Sector **(EAC/SCHealth/19/Directive/002)**;
- c) directed the EAC Secretariat to adopt the format of presenting the decisions and directives as proposed by the “30th Ordinary Meeting of the EAC Sectoral Council of Ministers responsible for EAC Affairs and Planning” **(EAC/SCHealth/19/Directive/003)**.

### **3.0 CONSIDERATION OF THE REPORTS AND RECOMMENDATIONS OF THE SIX (6) EAC TECHNICAL WORKING GROUPS (TWGS) ON HEALTH**

#### **3.1 CONSIDERATION OF MATTERS UNDER THE EAC TECHNICAL WORKING GROUP ON HEALTH SYSTEMS AND POLICY**

##### **3.1.1 Consideration of Progress Reports on The Operationalization and Implementation of the “Multi-National East African Regional Centres of Excellence (RCoE) For Skills and Tertiary Education in Higher Medical and Health Sciences Education Program”**

The Sectoral recalled that the EAC Council of Ministers approved the establishment of the following Multi-National EAC Regional Centres of Excellence (CoE) for Skills and Tertiary Education in Higher Medical and Health Sciences Education, Services and Research Program:

- i. the East African Center of Excellence for Urology and Nephrology **(Republic of Kenya)**
- ii. the East African Center of Excellence for Cardiovascular Sciences **(United Republic of Tanzania)**
- iii. the East African Center of Excellence for Oncology **(Republic of Uganda)**
- iv. the East African Centre of Excellence in Biomedical Engineering, eHealth and Health Rehabilitation Sciences **(Republic of Rwanda)**
- v. the EAC Regional Centre of Excellence for Vaccines, Immunization and Health Supply Chain Management **(Republic of Rwanda)**
- vi. the EAC Regional Centre of Excellence for Nutrition Science **(Republic of Burundi)**

The Ministers noted that whereas five Centers of Excellence are mainly financed through loans from the African Development Bank (AfDB) amounting to about USD 106.2 million (including the Burundi figure) and Partner State’s contributions, the Center of Excellence for Vaccines and Health Supply Chain Management is financed

through a 10 million euro grant from the Federal Government of Germany through the German Development Bank (KfW).

The Sectoral Council was informed that AfDB had approved the funding for the operationalization of the EAC Regional Centre of Excellence for Nutrition Sciences in the Republic of Burundi valued at USD 18 million pending the release of the funds to the country.

The Ministers noted that in an effort to deepen operationalization of the Centers of Excellence, the 19<sup>th</sup> Ordinary Summit of the EAC Heads of State called for enhanced and sustained investment in the Centers of Excellence while approving the EAC regional health sector investment priorities for the period 2018 – 2028 on 23<sup>rd</sup> February 2018.

**The Sectoral Council:**

- a) directed Partner States to operationalize the National Steering Committees of the EAC Regional Centers of Excellence and establish reporting linkages with the Regional Steering Committee **(EAC/SCHealth/19/Directive/004)**;
- b) directed the EAC Secretariat to organize Regional Steering Committee meetings twice a year, one meeting to be virtual and another face-to-face, which will be funded by the respective Regional Centers of Excellence **(EAC/SCHealth/19/Directive/005)**;
- c) reiterated the previous Sectoral Council directive to the EAC Secretariat to mobilize resources to support the participation of the Republic of South Sudan in the Steering Committee meeting **(EAC/SCHealth/19/Directive/006)**;
- d) commended the Center of Excellence for Biomedical Engineering and e-Health (CEBE) for the commitment to support the Republic of South Sudan to participate in the second Regional Centers of Excellence Steering Committee; and
- e) Directed the EAC Secretariat to organize visits by the Hon. Ministers Responsible for health to the EAC Regional Centres of excellence **(EAC/SCHealth/19/Directive/007)**.

**UPDATES FROM THE REGIONAL CENTERS OF EXCELLENCE (RCOES)**

**3.1.1.1 Status of operationalization of the East African Center of Excellence for Oncology - the Uganda Cancer Institute (UCI) - Republic of Uganda**

The Sectoral Council was informed that the loan to the Republic of Uganda to facilitate establishment of the East African Center of Excellence for Oncology (ERCoEO) was signed in October 2015 and became effective in February 2016. The loan is expected to expire on 31<sup>st</sup> December 2020. The total funding for the project is UA 22.5 Million of which only 35.6% has been disbursed as of 30<sup>th</sup> September 2019.

### **Project Objectives**

The goal of the project is to address the crucial labor market shortages in highly skilled professionals in oncology services and cancer management in Uganda and the EAC region in general.

The project was established:

- i. To reduce on the number of patients seeking cancer treatment from countries with superior facilities like India, South Africa and USA thereby save on the foreign currency spent by government of Uganda and the EAC member states.
- ii. To facilitate the integration of Non-Communicable Disease (NCD) management in the EAC member states through knowledge sharing based on each CoEs focus area. This will in turn support the development of the NCD registry.
- iii. To increase the number of health workers with appropriate cancer knowledge at the various levels of the health systems infrastructure within the individual EAC member states thereby increasing capacity for national and regional cancer control.

The Sectoral Council was informed that during the reporting period, the following activities were undertaken under this component the project has made good progress on procurement:

### **Goods**

- i. Contract for procurement of equipment for outreach centres (Arua and Mayuge) is currently under implementation. All items under Lot 1 and Lot 2 have been delivered, received. And installed.
- ii. Contract for Linear Accelerator (LINAC) was signed on 20<sup>th</sup> March 2018 and is currently under implementation. The equipment was delivered to UCI in August 2019 and awaits installation and commissioning due in November 2019.
- iii. The UCI received a no objection for the procurement of the MRI from the Bank on 9<sup>th</sup> May 2019 and proceeded to post the SPN on May 31<sup>st</sup>, 2019. The contract for supply of this equipment was signed in September 2019.
- iv. The procurement of ICT equipment for Training and Telemedicine is on-going. The Bid submission closing date was on 3<sup>rd</sup> September 2019 and proceeded with evaluation of bids. The evaluation report was submitted to the Bank for a No Objection on 18<sup>th</sup> September 2019.

- v. Under Consultancy services for the design and construction supervision of the Multipurpose Building for Cancer Treatment and Research. The contract for the construction of the multipurpose building was on signed 28<sup>th</sup> November 2018 and is already in force. The consultant commenced on phase II of their contract, which is supervision of the construction works of the multipurpose building.

**Works:**

Under Construction of the Multipurpose Building for Cancer Treatment and Research, the construction contract was signed and the site was handed over to the contractor. However, construction works are currently at 15% instead of the anticipated 30% by end of September 2019. The works are behind schedule.

**Services**

- i. The consultancy for Monitoring and Evaluation of the project is currently under implementation as the contract was signed in the first quarter of 2018. The consultant submitted an inception report, reconstructed baseline survey report and mid-term evaluation report to the Project Coordinating Unit.
- ii. The Project Training Needs Assessment survey and Continuous Medical Education (CMEs) was conducted by Makerere University College of Health Sciences. The final report was submitted to the Uganda Cancer Institute for implementation in April 2019.

**Training**

- i. As of September 2019, the project had a total number of 208 long-term trainees (Masters, PhD, Fellowships). Additionally, the project has also enrolled 13 fellows who are receiving training in the three fellowship programmes established at the Uganda Cancer Institute.
- ii. The UCI has so far supported 195 trainees to attend short course trainings and cancer seminars including Oncology nursing, Radiology and Imaging in Cancer, Clinic Master and Paediatric Oncology nursing.
- iii. As of 30<sup>th</sup> September 2019, 87 trainees had completed long-term training programmes. These include eighteen (18) fellows in different programmes including Paediatric Haematology and Oncology, medical Haematology and oncology, surgical oncology, gynaecologic – Oncology and 1 in interventional radiology, 25 MMEDs (Radiology, surgery, internal medicine, pathology, anaesthesia and paediatrics), 1 Radio pharmaceuticals, 17 other masters, and 27 other programmes.

**Summary of training**

<b>Course</b>	<b>Numbers in training</b>
PhDs	12
Pediatric Hematology/Oncology	15

Fellowship	
Medical Oncology and Hematology	5
Psych-Oncology	1
Gynecologic Oncology	7
Surgical Oncology	1
MMED	38
Radiation Oncology	2
Bachelor of Science in Nursing	28
Interventional Radiology	1
Other masters	23
Other courses	36
Short courses	39
<b>TOTAL</b>	<b>208</b>

## Research

Improvement of institutional research capacity through identifying research bottlenecks and establishment of research infrastructure

- I. Establishment of a National cancer surveillance program. This focus area is being implemented in collaboratively between UCI, Kampala Cancer Registry (Makerere University Department of Pathology), Mbarara University faculty of Medicine, and Gulu Cancer Registry.
- II. Establish and pilot processes and procedures to support a National Cancer Registry
  - i. The draft road map that identifies 25% population of the Country for surveillance has been submitted for review by stakeholders.
  - ii. Mbarara Cancer Registry
  - iii. Gulu Cancer Registry
  - iv. Kampala Cancer Registry

## COMPONENT II: Support to Regional Integration in Higher Education and Labor Mobility

### Cancer Registry

The project organised a meeting with EAC partner states on the harmonisation of cancer registration guideline in Arusha, United Republic of Tanzania on 29th August 2019. A technical working group was selected and tasked come up with a draft of the harmonized the guidelines.

## COMPONENT III: Project Management and Coordination

This project component accounts for UA1.36 million of the total project costs.

- The project-coordinating unit has been having its meetings on a weekly basis.

## Financial Status

Below is the summarized project financial status for both AfDB and Government of Uganda counterpart funding.

Details of contribution in by ADF and GOU are as outlined,

ITEM	ADF		GOU	
	UA	USD (\$)	UGX	USD (\$)
Loan Amount	22,500,000	31,500,000	11,497,500,000	3,180,497.93
Disbursement to Date	8,002,169	11,203,037	5,794,383,223	1,602,872.26
Undisbursed Balance	14,497,831	20,296,963	5,703,116,777	1,577,625.67
<b>% Disbursement</b>	<b>35.6</b>	<b>35.6</b>	<b>50.40%</b>	<b>50.40%</b>

### Challenges encountered while implementing the project include:

- i. Delayed procurement of MRI machine due to several queries on specifications from bidders and other stakeholders.
- ii. Slow progress in implementation of the construction of the Multipurpose building by the Contractor.
- iii. Delayed procurement and installation of the Linear Accelerator due to bureaucracies and challenges of the Bunker readiness.
- iv. Low absorption of trainees due to restricted human resource structure.
- v. Low absorption of funds due to delayed procurements.
- vi. Upward Currency Fluctuations.

### Way forward

As a way of addressing the challenge of slow progress of the construction of the Multi-purpose building, the following measures have been agreed by stakeholders to be implemented by the contractor;

- i. To adopt double work shifts. A night shift, in addition to the contractual day shift, to be introduced at no extra cost.
- ii. The contractor to have two separate work teams, each working on a block, up to project hand over. Mobilization of workers and equipment will be doubled, at no extra cost, to achieve this (a daily average of 350 workers is required).
- iii. The contractor to have an early start to all building finishing works, commencing immediately from the lower levels of the building structure as its being erected.
- iv. The contractor to have an early start, off site, for all fabrications of items like windows, doors and steelwork. All steel bending and detailing to be done off site. The supervision Consultant to avail immediately, all required

- construction details for those works to the Contractor. Only ready-mix concrete to be used.
- v. Supervision Consultant to get directly involved in Contractor's daily planning and mobilization for the construction works. Weekly project reviews to be conducted and reports communicated to UCI.
  - vi. Contractor to have an early start of all procurements of capital equipment especially mechanical and electrical items. Supervision Consultant to advice on the amount of payment to be effected immediately this equipment is placed on site.
  - vii. The Contractor is to submit a revised work plan indicating a no-cost acceleration of the works.
  - viii. UCI has requested ministry of finance to frontload the necessary funds from the capital development budget towards the finalization of the construction of the Bunkers where the LINAC will be installed. This will fast track the conclusion of the LINAC procurement.

## **Conclusion**

The project has experienced a number of challenges right from inception including delay in conclusion of procurement. Despite these delays, current physical progress is at 69% and disbursement rate 35.6%. Project obtained a no cost extension up to December 31<sup>st</sup> 2020. The project is on the right track and it is envisaged that by December 2020 all project activities will have been concluded.

A detailed progress report is attached as **Annex C – I**

**The Sectoral Council took note of the progress in the implementation of the interventions under the RCoE on Oncology.**

### **3.1.1.2 Updates on the status of Operationalization of the East African Center of Excellence for Vaccines, Immunization and Health Supply Chain Management (RCE-VIHSCM) - Republic of Rwanda**

The Sectoral Council was informed that the RCE-VIHSCM was established to contribute towards solving existing performance challenges in supply chain management for vaccines and other health commodities through generation of knowledge and its translation into practise, policy and research. The core areas of operation are postgraduate, pre- and in-service short-term training; Professionalization of Health Supply Chain Management and Research and dissemination of innovations in VIHSCM. The project is implemented through a grant from the German Development Bank (KfW), which signed off in November 2015 but the 1<sup>st</sup> disbursement was effective in October 2016.

The Ministers were further informed that The RCE-VIHSCM was launched officially on 24<sup>th</sup> March 2016, financially supported by a variety of organizations and the most of its funding has come from a grant of 10 million Euros through the German

Financial Cooperation with the East African Community (EAC). The Republic of Rwanda through the University of Rwanda provides counterpart funding that covers basics like part of staff remuneration, office and training premises, management support and oversight, plus an institutional home.

The RCE-VIHSCM is housed at the School of Public Health, University of Rwanda and is mandated to:

- i). strengthen the health supply chain leadership in the Community;
- ii). support the professionalization of the health supply chain management cadres; and
- iii). create a hub from which innovation in health supply chain management can be engineered and disseminated.

The Sectoral Council was informed that following its inception, the RCE developed and launched a regionally and internationally benchmarked masters' training programme in Health Supply Chain Management and has delivered 7 short courses as listed below:

### **Training**

The Sectoral Council was informed that the master's degree in HSCM was launched in 2017 with 29 students, of which 25 have satisfied senate requirements and are graduating on 8<sup>th</sup> November 2019. The RCE has also admitted the second intake of 40 students in June 2019. All these students are offered fully funded scholarships, of which German Financial Cooperation was 75% and Gavi contributed 25%. The Programme uses a blended learning approach: on campus or face-to-face-learning accounts for 12 weeks, while the remainder of the 18 months is spent on distance learning, work placement and dissertation.

Regarding the short courses and certificate training, the RCE has trained 276 cadres working on EAC health supply chains with technical and financial support from a variety of organizations as shown in the table below.

**Table:**

<b>S/N</b>	<b>Short Course Title</b>	<b>Participants</b>
1	General HSCM (BMGF/JSI)	17
2	Forecasting and Quantification of HCM (BMGF/JSI)	16
3	STEP Leadership Kigali (GAVI/UPS)	13
4	Effective Procurement of HCM (UNFPA)	9
5	STEP Leadership Kampala (GAVI/UPS)	20

6	General HSCM (BMGF/JSI) /KfW	18
7	Forecasting and Quantification of HCM (BMGF/JSI) /KfW	19
8	Access to Medicines (ATM) Kigali GSK/KU Leuven	18
9	Access to Medicines (ATM) Nairobi GSK/KU Leuven /KfW	23
10	Training of Trainers (ToTs) Kigali -UNICEF ESARO	19
11	Immunization SC1 RCE/Ministry of Health (MoH) / KfW	19
12	Immunization SC2 RCE/MoH / KfW	23
13	Training Needs Assessment (TNA) 1st week GAVI/UNICEF SD/ESARO	12
14	Training Needs Assessment (TNA) 2nd week GAVI/ UNICEF SD/ESARO	26
15	Immunization Supply Chain (iSC3) RCE/MoH / KfW	24
	<b>TOTAL</b>	<b>276</b>

### Courses in pipeline:

Training	Status	Remarks
Health and Humanitarian Logistics in collaboration with <b>Action Medeor</b> (highly demanded)	Invitation letters issued to Partner States (28/10/2019)	Expediate nomination of participants
Back to Back Temperature Monitoring in collaboration with <b>NexLeaf Analytics</b> (highly demanded)	Invitation letters issued to Partner States	Expediate nomination of participants
Introduction to Procurement and Supply Chain Management for UNDP in collaboration with Empower (online course)	Call for application will be issued by mid-November 2019 And the online course commences by December 2019.	Disseminate the information for Supply chain professionals in Partners States to apply
Strategic Leadership and Change Management for supply chain managers and professionals.	The first is planned in November 2019 for a faith-based supply chain organization in Rwanda	Other institutions are encouraged to apply.
Strategic partnership to offer courses on logistics and supply chain management:  (a) Quantification & Forecasting  (b) Governance & Accountability Course in the	- Quantification & Forecasting: ongoing discussions with interested countries (Malawi and Somalia)  - Governance & Accountability will be	For (a) finalize the discussions and move to implementation  For (b) and (c) to

Pharmaceutical Sector  (c) Cold Chain Equipment Management	offered online/ Webinar in collaboration with University of Toronto (WHO Collaborating Center), starting from February 2020.  - Cold Chain Equipment Management: in collaboration with Khune University starting February 2020)	disseminate the information for Supply Chain Professionals in Partners States to apply and/or nominate
--	--	--

The RCE intends to roll out short courses (following the Training of Trainers (ToT) in Partner States, starting with Rwanda, Kenya and the United Republic of Tanzania. For research activities, the RCE has developed a research strategy and agenda, created a repository of more than 302 peer reviewed articles and reports on HSCM at [www.hscm.ur.ac.rw](http://www.hscm.ur.ac.rw); undertaken a number of studies with master's student research dissertations and has initiated a requested for funding proposal (RFP) for small grants in the EAC.

### **Infrastructure development**

The RCE has embarked on the tendering process to construct a teaching and administration block at a cost of 4 million Euros from KfW.

### **EAC RCE-VIHSCM Strategic and Sustainability Plan (SSP) 2020-2029**

The Sectoral Council was further informed that, in order to secure the sustainability of the RCE for the next decade and beyond, it has developed a 10-Year Strategic and Sustainability Plan (SSP) 2020-29. The SSP prioritizes activities and programmes and defines what must be achieved. It thus sets the direction of the RCE over the next decade. It helps to project an accurate picture of where the RCE business is, and where it should head, through conducting external and internal audits, getting a clear understanding of the marketplace, and interrogating the competitive environment and organizational competencies and the resource base of the RCE. This facilitates the development of a sustainable business model for the next decade.

The Draft Strategic Plan was developed in a highly consultative manner that involved the following process:

- i). Reviewing the progress made in the implementation of the previous business plans 2016-2020 and 2019-2021 and their respective annual work plans;

- ii). Conducting an online survey of 120 stakeholders to inform the draft SSP development;
- iii). Conducting a desk review of various documents including the Sustainable Development Goals (SDGs), the GAVI Immunization Supply Chain Strategy, the UNICEF Immunization Supply Chain Strengthening, Addis Declaration on Immunization (ADI 2017), the EAC Vision 2050, the EAC 5<sup>th</sup> Development Strategy, The EAC Integrated Reproductive Maternal Newborn Child and Adolescent Health and HIV/AIDS Scorecard 2018, the EAC Health Investments Priorities Implementation Framework 2018-2028/I, the EAC RMNCAH Policy, and Strategy, the EAC Medicines & Health Technologies Policy, EAC Partner States' policies and strategy documents, especially reports on Effective Vaccine Management Assessments (EVMA) and Procurement and Health Supply Chain Management (HSCM) reports;
- iv). The draft SSP was presented and discussed over a three-day stakeholders' meeting in Arusha, Tanzania during which both EAC Partner States and other stakeholders provided inputs;
- v). After incorporating inputs from the Arusha stakeholders' meeting, the draft SSP was shared with the EAC Partner States and other stakeholders to confirm that the requested changes were incorporated;
- vi). After final inputs from the EAC Partner States and other stakeholders, the final draft SSP was submitted to the EAC EWG on Policy and Health Systems Strengthening for ownership and transmission to the Coordination Committee, for adoption and recommendation to the Sectoral Council of Ministers responsible for Health.

The Sectoral Council observed that the SWOT analysis raises the following key and emerging issues in the EAC, and the African continental region that have informed the strategic plan 2020-29:

- (i) Human resource capacity challenges
- (ii) Sustainability of the RCoE- financing
- (iii) Infrastructure development
- (iv) Partnerships
- (v) Legal and regulatory framework of the RCoE
- (vi) Emerging issues in the EAC and African continental;
- (vii) Institutional branding- organizational positioning in the regional vaccines supply chain management/marketing.

### ***Vision***

To become an autonomous, well-recognized, world-class, regional “knowledge hub” providing high-quality pre- and in-service training and disseminating best practices in vaccines, immunization and health supply chain management (VIHSCM).

### ***Mission***

To contribute to solving existing performance challenges of the health supply chain management (HSCM) system in the EAC region through the generation of knowledge and its translation into practice, policy and research.

### ***Overall Objective of the RCoE***

“to enhance capacity and strengthen systems along the supply chain to deliver quality vaccines, pharmaceuticals and health commodities at affordable cost and at the right time” by:

- i). Creating and sustaining an innovative Regional Centre of Excellence in order to further professionalize health supply chain management;
- ii). Providing a comprehensive training strategy of VIHSCM courses to strengthen human resource capacities in the EAC Partner States;
- iii). Supporting and undertaking research that generates evidence/knowledge that informs best practices for HSCM, as well as knowledge transfer;
- iv). Disseminating and supporting implementation of innovative and informed approaches to HSCM across the EAC.

In order to finance the SSP 2020-29, two financial scenarios are presented. In the first scenario, the RCoE is assumed to attract 75% paying students. This will allow the RCoE to breakeven in 2026 but will face a funding gap of approximately 9.5 million Euros of which 7 million Euros (approx. 74%) is for investment in the expected accommodation block. For Scenario II, the RCE will operate at 50% capacity or attract 50% paying students. This will lead to a funding gap of approximately 12 million Euros until 2029.

Given this funding gap, the RCoE will be part of the 2<sup>nd</sup> EAC Ministerial, Development Partners and the Donors’ Roundtable Conference that will convene in Nairobi, Kenya from 31<sup>st</sup> October to 1<sup>st</sup> November 2019, to mobilize resources to support implementation of the health sector investment priorities.

### **The final version of the Draft Strategic Plan was reviewed by the Partner States and is here to attached as Annex C-II**

The meeting was informed that most of the RCoE activities will fall under Thematic Area 1: Human resources for health, financing, infrastructure, and measurement and the Regional Steering Committee for the EAC RCoEs.

On its own, the RCoE will convene a side event for its Development Partners, also known as the Partners Forum (PF) to informally lobby and pledge before the main plenary events. The Partners Forum (PF) being an administrative organ of the RCoE, it is a good opportunity for the RCoE to organize a meeting for them to provide strategic orientation, technical support and advocate for resources mobilization.

### **Objectives of the PF meeting**

- i. To share updates on implementation of activities of the RCE; and
- ii. To present the 10-Year Strategic Sustainability Plan 2020-29 and the investment cases for the RCoE.

The programme of the Partners Forum is hereto attached as **Annex C-III**

**The Sectoral Council took note of the progress made in operationalization of EAC Regional Centre of Excellence for Vaccines, Immunization and Health Supply Chain Management and in implementation of the interventions and**

- a) approved the 10-Year Strategic and Sustainability Plan (SSP) 2020-29 for the EAC Regional Centre of Excellence for Vaccines, Immunization and Health Supply Chain Management **(EAC/SCHealth/17/Decision/001).**

### **3.1.1.3 Updates on the status of operationalization of the East African Kidney Institute (EAKI)/East African Center of Excellence for Urology and Nephrology - Republic of Kenya**

The Sectoral Council received the current update on the status of implementation of the East African Kidney Institute (EAKI)/East African Center of Excellence for Urology and Nephrology, as indicated below:

<b>Domain of operationalization</b>	<b>East African Kidney Institute (EAKI)/East African Center of Excellence for Urology and Nephrology</b>
<b>Executing Agency</b>	Ministry of Health
<b>Implementing agency</b>	Kenyatta National Hospital and University of Nairobi
<b>Total value of the project</b>	USD 42.55 Million
<b>Date of signing of the contract</b>	17 December 2014
<b>Date of loan effectiveness</b>	9 <sup>th</sup> July 2015
<b>Date of first disbursement</b>	9 <sup>th</sup> October 2015
<b>Project date of launch</b>	25 <sup>th</sup> November 2015
<b>Initial project closing date</b>	31 <sup>st</sup> December 2019
<b>Revised project closing date</b>	31 <sup>st</sup> December 2021
<b>Disbursement rate as of 31<sup>st</sup> August 2019 (amount of fund received / total funds provided for the project)</b>	Disbursed = USD 4,869,352 (12.59%)

<b>Domain of operationalization</b>	<b>East African Kidney Institute (EAKI)/East African Center of Excellence for Urology and Nephrology</b>
<b>Goals and objectives</b>	To develop a center of excellence that will provide training programmes to provide skilled workforce; conduct research and provide specialized services in nephrology and urology for the region.
<b>Operationalization of the National Project Steering Committee and Project Coordinating Unit</b>	The Project Steering Committee has been established; the committee is being reconstituted due to recent changes in Government and at MOH. The PCU is constituted and performing the defined roles.
<b>Development and adopt legal instruments for the CoEs in line with the recommendation of the 13th Ordinary Sectoral Council on Health (legal instruments for designation of the facility as an EAC regional center of excellence)</b>	A team was appointed to develop the operational plan for the CoE; draft proposals have been developed and will be discussed in a stakeholder workshop before being presented to the Steering Committee.
<b>Summary progress/results attained to date for all the component areas</b>	<b>Comp 1: Establishment of the CoE</b> <ul style="list-style-type: none"> <li>• Construction of the complex: the contract for the construction has been signed; the site has been handed over to the contractor and is now mobilizing. Actual work planned to commence in October 2019 with construction period of two years.</li> <li>• Training in progress at preceptorship, diploma, masters and fellowship levels. The ministry has approved sponsorship for 3 PHD students; in the year 2019 40 students are being trained for diploma in renal nursing, 4 students in masters in renal nursing and 2 students in fellowship in nephrology.</li> <li>•The MOU for research was developed and submitted to AfDB for approval; this is being revised in line with comments from AfDB. A number of research proposals have been developed and will be implemented once funding is approved.</li> </ul>

Domain of operationalization	East African Kidney Institute (EAKI)/East African Center of Excellence for Urology and Nephrology
	<ul style="list-style-type: none"> <li>•Equipment batch 1 to support the existing renal unit at Kenyatta National Hospital has been procured and delivered.</li> <li>•Equipment batch 2: to be installed in the complex to be constructed. An individual biomedical consultant has been procured to guide the development of the list and specifications. The consultant has submitted the inception report and is being reviewed by the committee appointed to supervise the consultancy.</li> </ul> <p><b>Comp 2: Regional Integration</b></p> <ul style="list-style-type: none"> <li>•Tools for the labour market survey have been developed; the TORs for the procurement of a firm to carry out the survey have been developed. Procurement to commence once the TORs are approved by MOH and AfDB.</li> <li>• An individual consultant has been procured to facilitate the establishment of an integrated nephrology and urology health information system in Kenya, with flexibility to integrate regional data.</li> </ul> <p><b>Comp 3 – Project Management</b></p> <ul style="list-style-type: none"> <li>•The Project Coordinating Unit is in place and implementation is in progress.</li> <li>•The Project Steering Committee has been established; additionally, three subcommittees were set up to deal with Academic &amp; Research; Sustainability and Infrastructure &amp; Equipment.</li> <li>•The government has allocated counterpart funds.</li> </ul>
<p><b>Describe how the other EAC Partner States are currently participating in and or benefiting from the activities of the regional centers of excellence (provide figures where available)</b></p>	<ul style="list-style-type: none"> <li>• The labour force tools developed by Kenya were shared and adopted by the other Partner States.</li> <li>• The labour force survey will be cutting across the states.</li> <li>• The proposed registry is being designed in a way it can collect, share data and reports based on agreed protocols within all the Partner States.</li> </ul>
<p><b>Lessons learnt</b></p>	

<b>Domain of operationalization</b>	<b>East African Kidney Institute (EAKI)/East African Center of Excellence for Urology and Nephrology</b>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>i. Some courses have not attracted the target numbers in the intake.</li> <li>ii. The procurement process of the contractor is lengthy and has taken long to be concluded.</li> <li>iii. The approval by the relevant authorities for the construction to commence is also causing some delays.</li> </ul>

**The Sectoral Council took note of the progress in the implementation of interventions under the RCoE for Urology and Nephrology.**

**3.1.1.4 Update on the status of operationalization of the East African Community Regional Centre of Biomedical Engineering and e-Health (CEBE) - Republic of Rwanda**

The Sectoral Council was updated on the status of implementation of the East African operationalization of the East African Community Regional Centre of Biomedical Engineering and e-Health (CEBE) as below:

<b>Project Title</b>	<b>Regional Centre of Excellence for Biomedical Engineering and e-Health</b>
<b>Project Code</b>	P-ZI-IBO-025
<b>Country</b>	Rwanda
<b>Sector</b>	Education
<b>Executing Agency</b>	University of Rwanda (UR)
<b>Project Development Objective</b>	The objective of the project is to contribute to development of a relevant and quality skilled workforce in biomedical sciences to meet immediate labour market needs of East African Community
<b>Project Components</b>	<ul style="list-style-type: none"> <li>1. Establish the infrastructure, equipment and systems of a network of centres of excellence in the East Africa region</li> <li>2. Support EAC Regional Integration agenda in Higher Education to respond Labour Market needs</li> <li>3. Finance project management coordination and evaluation</li> </ul>

<b>Date of signing of the contract</b>	December 2014
<b>Date of loan effectiveness</b>	May 2015
<b>Original disbursement deadline</b>	31 <sup>st</sup> December 2019
<b>Revised disbursement deadline</b>	29 <sup>th</sup> December 2021

The Sectoral Council was informed that CEBE was established to build a critical mass of qualified workforce in priority areas such as biomedical engineering and e-Health with the aim of meeting East African Community (EAC) immediate and long-term labour market needs in the health sector. Specifically, the projects aim to:

- i. Enhance technology integration in biomedical sector for efficient and cost-effective healthcare service delivery in the region;
- ii. Create an enabling environment for CEBE to become an anchor for linking biomedical sector industry development and regional economic transformation;
- iii. Build a critical mass of labour-intensive support personnel through development of both hands-on and R&D skills; and
- iv. Create conditions for attracting local investment & FDI to grow and sustain a regional industry/business in the areas of biomedical engineering and e-health.

## Progress

<b>Component</b>	<b>Status</b>	<b>Way forward</b>
1. Establish the infrastructure, equipment and systems of a network of centres of excellence in the East Africa region	<b>Centre's complex construction:</b> Contract for construction is already negotiated and obtained No objection from the AfBD.	➤ Construction works starts early November 2019, and will take 18 months
	<b>Goods:</b> Books acquisition- The books are already purchased and delivered.	
	<b>Goods:</b> <i>Specialized Equipment batch 1-Lot 1:</i> The movable lab. Equipment (for Biomedical Labs). The successful bidder delayed to provide performance guarantee as required, and both parties will sign the contract once the bidder presents the performance guarantee.	➤ After the performance guarantee is provided, the contract will be signed ➤ Delivery expected January, 2020
	<b>Goods:</b> Specialized Equipment batch 1-Lot 2: Acquisition of Equipment, Materials and	➤ Bid evaluation ➤ Request the no objection to bid

Component	Status	Way forward
	<p>Tools for Rehabilitation and Mobility Sciences Laboratories-CEBE.</p> <p>First tender was advertised and cancelled because there was no successful bidder.</p> <p>Tender was re-advertised and the opening session was done on 13<sup>th</sup> September 2019.</p> <p>The bid evaluation is ongoing.</p>	<p>evaluation report</p> <ul style="list-style-type: none"> <li>➤ Notification</li> <li>➤ Negotiation</li> <li>➤ Request the performance guarantee</li> <li>➤ Request for No objection from AfDB</li> <li>➤ Sign the contract</li> </ul>
	<p><b>Technical Assistance:</b></p> <ul style="list-style-type: none"> <li>- First part of building design was completed and paid for</li> <li>- The second part of the contract will start when construction starts.</li> </ul>	<p>Start the construction supervision.</p>
	<p><b>Recruitment of trainers</b></p> <p>The pull of consultants has been constituted, as recommended in the bank no objection. Trainings with Advanced professional short courses in November, 2019.</p>	<p>First cohort starts 4<sup>th</sup> November, 2019.</p>
	<p><b>Development of strategic documents</b></p> <p>There was no successful bidder for the first tender. Thus, on 27 September 2019, the Bank granted the no objection to re-advertise the tender.</p>	<p>The tender to be re-advertised in November 2019 after no objection from the bank on the RFP (Request For Proposal)</p>
	<p><b>Scholarships (Staff capacity development):</b></p> <p><b>1. Post doctorate training level (3 staff)</b></p> <ul style="list-style-type: none"> <li>➤ <b>2 in Biomedical Engineering:</b> one has already started and the second will start this Nov. 2019 from <i>Texas A&amp;M University</i>, for two years.</li> <li>➤ <b>1 in e-health:</b> will start in October 2019 in the mentioned Program in Sweden (<i>Stockholm</i></li> </ul>	

Component	Status	Way forward
	<p><i>University</i>) for two years</p> <p><b>2. PhD level (11 staff)</b></p> <ul style="list-style-type: none"> <li>➤ <b>3 in Biomedical Engineering:</b> The 3 staff have been given scholarship and started the training in Malaysia.</li> <li>➤ <b>6 in e-health: 2</b> have already started at Oslo in Norway and in Belgium. 4 staff are in the process to secure admissions to start their PhD programs</li> <li>➤ <b>2 in Rehabilitation and Mobility Sciences:</b> all have already started the training: One in UR and another in Canada.</li> </ul> <p><b>3. Masters level (9)</b></p> <p>CEBE Project has supported the applicants in master level for the project intervention areas that don't exist in Rwanda: Biomedical engineering and Rehabilitation sciences.</p> <p><b>Achievements:</b></p> <ul style="list-style-type: none"> <li>➤ 3 in <b>Biomedical Engineering</b> already graduated in Master of Sciences in Biomedical Engineering (MSc BME) from India</li> <li>➤ 3 already graduated in Master of Sciences in <b>Rehabilitation (MSc Rehab) and mobility sciences</b>, from India (2) and UK (1).</li> <li>➤ 1 UR staff will be graduated with Master in rehabilitation and mobility sciences in December, 2019 from UK</li> <li>➤ 1 UR staff will graduate in Master in rehabilitation from UK, by September, 2020</li> <li>➤ 2 UR staff are still following the training in Master of rehabilitation sciences (distance learning) and expected to graduate 2020.</li> </ul> <p><b>4. Bachelor level (upgrading programs):</b></p> <p>CEBE Project has supported the applicants in Bachelor level (BSc P&amp;O) (Upgrading programme), only for Prosthetics and Orthotics and Ophthalmology as UR-CMHS trains the students in the mentioned area at advance diploma (A1) level.</p> <p>2 already graduated in Bachelor (upgrading) of</p>	

Component	Status	Way forward
	<p>Prosthetics and Orthotics, from Thailand 3 are still going on with the training in Thailand (2) and India (1).</p> <p><b>Curricula development:</b>  Master's program in Biomedical Engineering has been developed and accreditation process is going on.  The Master of Science in Health Informatics program reviewed and has been approved by UR senate.</p>	<p>Accreditation process to be completed.</p>
	<p>The program related to rehabilitation and mobility science is still under development.</p>	<p>To be finalized in December, 2019 and be submitted for approval process</p>
	<p><b>Advanced Professional short courses:</b></p> <ul style="list-style-type: none"> <li>➤ Various professional courses have been developed in Biomedical engineering and eHealth; these include;</li> <li>➤ Biomedical Engineering; <ul style="list-style-type: none"> <li>○ Health Technology Management (HTM)</li> <li>○ Hospital Design</li> <li>○ Service, Repair and Maintenance of Medical Equipment:</li> </ul> </li> <li>➤ <i>Hospital DesignRespiratory, monitoring and cardiac equipment</i></li> <li>➤ <i>Laboratory equipment</i></li> <li>➤ <i>Maternity and neonatology equipment</i></li> <li>➤ <i>Medical imaging equipment</i></li> <li>➤ <i>Dental equipment</i></li> <li>➤ <i>Ophthalmology equipment</i></li> <li>➤ <i>Medical gases system</i></li> </ul> <p>ii) eHealth</p> <ul style="list-style-type: none"> <li>- Electronic Medical Record (EMR) Use and Management</li> <li>- Medical Coding</li> <li>- E-Health Software Development and Implementation</li> <li>- Security, Privacy and Legal Framework or e-Health Information Systems</li> </ul>	<p>4 advanced professional courses have been advertised are starting from Nov – Dec, 2019. These include;</p> <p><b>Biomedical Engineering</b></p> <ul style="list-style-type: none"> <li>- Healthcare Technology Management from <b>4<sup>th</sup> to 18<sup>th</sup> Nov. 2019</b></li> </ul> <p><b>eHealth;</b></p> <ul style="list-style-type: none"> <li>- Security, Privacy and Legal Framework in Health Information Systems, from 18<sup>th</sup> to 29<sup>th</sup> Nov. 2019</li> <li>- Medical Coding; from 18<sup>th</sup> to 29<sup>th</sup> Nov. 2019</li> <li>- Telemedicine Applications from 2<sup>nd</sup> to 13<sup>th</sup> Dec 2019.</li> </ul>

Component	Status	Way forward
	<ul style="list-style-type: none"> <li>- Telemedicine Applications</li> </ul>	<ul style="list-style-type: none"> <li>- The rest are planned January – June 2020.</li> </ul>
<p>2. Support EAC Regional Integration agenda in Higher Education to respond Labour Market needs</p>	<ul style="list-style-type: none"> <li>➤ All the academic programs both for the professional and postgraduate training have been developed in consultation and participation of regional experts including the validation of the programs.</li> <li>➤ The experts were invited and supported in all the workshops conducted during the curricula development process.</li> <li>➤ CEBE has participated in various regional meetings and conferences, to discuss and contribute for solutions to the regional challenges in Healthcare, e.g. the Centre sends PIU leaders to participates in;</li> <li>➤ EAC meetings concerning the RCoEs, such the EAC sectoral Council of ministers of Health that looks at health issues in the region.</li> <li>➤ Digital health conferences and development of frameworks for the region,</li> <li>➤ RCoEs steering committee meetings and is expected to host the next regional steering committee meeting,</li> <li>➤ Development of framework for prevention and control of Non- communicable diseases,</li> <li>➤ Regional Harmonization of eHealth curricula</li> <li>➤ The Centre co-hosted the 2<sup>nd</sup> Regional Conference on e-Health and Telemedicine, together with EASTECO.</li> <li>➤ The centre currently collaborates with EAC Secretariat and other RCoEs of excellence regarding communication and provision of information about available trainings and other related activities.</li> <li>➤ CEBE will finance the 2<sup>nd</sup> RCoE steering committee meeting,</li> </ul>	<ul style="list-style-type: none"> <li>- Program advertisement, information sharing and recruitment of trainees will be across the region</li> <li>- Recommendation to the EAC Partner States to send their professionals for the trainings advertised; Nov 4<sup>th</sup> 2019.</li> </ul> <p>The meeting was planned for September, 2019 but was postponed 2 days prior to the meeting. Waiting for another planning from EAC secretariat</p>
<p>3. Financial project management coordination and evaluation</p>	<p>Project Coordination Unit (PCU) secretariat already equipped.</p> <p>The Office of the Auditor General (OAG) conducts audits annually. All the audit reports were submitted to the Bank.</p>	<p>The audit of 2018/2019 fiscal year is being conducted and the report will be submitted the bank</p>

Component	Status	Way forward
		before 31 December 2019.
	4 staff recruited: Project Coordinator, Project Engineer, Finance Management Specialist and Procurement specialist.	
	<b>CEBE Administrator:</b> the request for hiring the staff was already introduced to the bank, as recommended in the aide-memoire of the last supervision mission. The Bank has approved the terms of reference.	<ul style="list-style-type: none"> <li>➤ Advertisement</li> <li>➤ Pre-selection</li> <li>➤ Selection</li> <li>➤ No objection</li> <li>➤ Sign the contact</li> </ul>
	<b>The revised new procurement plan</b> The Bank approved the revised procurement plan on 19 <sup>th</sup> September 2019.	<ul style="list-style-type: none"> <li>➤ Implement the revised procurement plan</li> </ul>
	<b>Project Implementation Period:</b> the project's period extension has been granted. The is end period is 29 December 2021.	<ul style="list-style-type: none"> <li>➤ Speed up the Project implementation to ensure all activities are done in the right time.</li> </ul>
Operational costs	<b>Project Budget Reallocation:</b> The AfDB approved the budget reallocating in order to finance the gap in construction and equipment budget.	<ul style="list-style-type: none"> <li>➤ Implement the revised budget</li> </ul>

The Sectoral Council took note of the progress in implementation of interventions under the EAC Regional Center of Excellence for Biomedical Engineering and e- Health (CEBE) and;

- a) directed Partner States to support their health professionals to undertake the professional short courses in Biomedical Engineering and e-Health. **(EAC/SCHealth/19/Directive/008).**

### 3.1.1.5 Updates on the status of operationalization East African Heart Institute (EAHI)/East African Regional Center of Excellence for Cardiovascular Sciences – The United Republic of Tanzania

The Sectoral Council was updated on the status of implementation of the East African operationalization of the East African Heart Institute (EAHI)/East African Center of Excellence for Cardiovascular Sciences as below:

<b>Executing Agency:</b> Ministry of Education, Sciences and Technology
<b>Implementation Agency:</b> Muhimbili University of Health and Allied Sciences
<b>Total value of the project:</b> USD 10.2 Million
<b>Date of signing of the contract:</b> 12 <sup>nd</sup> December 2014
<b>Date of Loan effectiveness:</b> 7 <sup>th</sup> July 2015
<p>The Centre of Excellence in Cardiovascular Sciences Phase one was effective on 28<sup>th</sup>April 2015. The Ministry of Education, Sciences and Technology (MEST) Tanzania is still the executing agency responsible. The implementing agency is MUHAS. Various activities were coordinated by the MUHAS and MEST during the previous quarter with the activities being carried out by component of the project as follows:</p> <p><b>COMPONENT 1: Construction of phase one of the cardiovascular center of excellence at MUHAS Mloganzila campus</b></p> <p><b>Procurement of Consultant and develop architectural drawings, preparation of tender documents for procurement of contractor and supervision of construction,</b></p> <ul style="list-style-type: none"> <li>➤ During reporting period, 67% of the construction works was completed. The contractor has completed structure works that include block works plastering and skimming of the entire building. Cabling for ICT and electrical installation was ongoing.</li> </ul> <p><b>Training of thirty-four (34) faculty in cardiovascular sciences (CVS)</b></p> <ul style="list-style-type: none"> <li>➤ Training is progressing well;</li> <li>➤ Out of thirty four (34) trainees, 24 were completed training while ten (10) candidates are continuing with training in various Institutions worldwide. Project has a plan to train short courses to more faculties before end of project. Among the plan, is to train two ICT faculties on data base management to support research component and 1 faculty on nutrition.</li> </ul> <p><b>Curriculum Development for Masters, Super-specialty and PhD training programs in the field of Cardiovascular Sciences for Skills and Technology transfer</b></p> <ul style="list-style-type: none"> <li>➤ Six curricula were reviewed in the University level and received inputs from the relevance professional bodies for more improvement awaiting stakeholders meeting for more inputs before approval by the Tanzania Commission for Universities (TCU). These curricula are; MSc. Cardiothoracic Surgery, MSc. Cardiothoracic Anesthesiology, MSc. Cardiac Intensive Care Medicine, MSc. Cardiovascular Perfusion, MSc. Cardiovascular Critical Care Nursing and MSc. Cardiac Catheterization Nursing.</li> </ul> <p><b>To conduct research in CVS to improve the quality of care of patients with cardiovascular diseases</b></p> <ul style="list-style-type: none"> <li>➤ A research on Rheumatic Heart Disease prevalence in the community is</li> </ul>

ongoing to three sampled regions out of four in Tanzania after one Region been completed in November, 2018. The data collection in the Manyara Region is scheduled for Mid October, 2019.

- Two research proposals; “A prospective Study of Maternal Cardiovascular Diseases in Tanzania. Understanding of the Etiological Patterns, Pathophysiological Progression and Prognosis; Prospective exploration of the effect of adiposity and associated microbial factors on the healing and progresion of diabetic foot ulcers in Tanzania; were finalized procurement procedures and had started to collect data from patients. A proposal on “Assessing levels of trans-fatty acids in street foods and edible oils to inform and spur action to replace unhealthy oils in Tanzania” was finalized and approved by WHO for funding.

**COMPONENT 2: Support East Africa Regional Integration Agenda in higher education to respond to labour market needs. Provisional of support to regional integration**

- No meeting or conferences attended during reporting period.

**COMPONENT 3: Project Management, Coordination Monitoring and Evaluation**

**i) Effectively manage the project**

Three PCU/Implementers meetings were held as planned and minutes of the meetings were recorded for future references. No Steering committee meeting was held during reporting period.

**ii) Monitoring and evaluation**

Monitoring and Evaluation Plan were developed and distributed to all activity leaders. M & E forms were filled in and reports are in place for references.

**iii) Audit report**

Procedures to engaged External Auditor to audit the project and prepare a report for 2018/2019 has started.

**PROJECT DISBURSEMENT RECORDS**

Category (add/delete rows as needed)	Total approved amount (UA)	Disbursed to date (Amount, UA)	Disbursed to date (%)
Goods	1,310,000.00		
Works	3,960,000.00	1,201,376.77	
Services	830,000.00	830,000.00	
Operation Costs	150,000.00	86,523.64	
Miscellaneous	Nil		
<b>TOTAL</b>	<b>6,250,000.00</b>	2,117,900.41	33.88%

**The Sectoral Council took note of the progress made in the implementation of interventions under the East African Community Regional Center of Excellence for Cardiovascular Sciences.**

### 3.1.1.5 Updates on the status of operationalization East African Center of Excellence for Nutrition Sciences – Republic of Burundi

The Sectoral Council was updated on the status of implementation of the East African operationalization of the East African Community Regional Center of Excellence for Nutrition Sciences, as below:

Domain of operationalization	East African Center of Excellence for Nutrition Sciences
Source of Funding	BAD (AfDB)
Type of funding	FAT
Executing Agency	Ministry of Higher Education and Scientific Research, University of Burundi
Implementing agency	CHUK- Centre Hospitalo-Universitaire de Kamenge
Total value of the project	6 million UC
Date of signing of the contract	By November 2019
Date of loan effectiveness	After signing the loan agreement
Date of first disbursement	After fulfilling the disbursement conditions
Project date of launch	Six months after the start

The Sectoral Council took note of the progress in the operationalization of the East African Community Regional Center of Excellence for Nutrition Sciences.

### 3.1.2 Convening of the 2<sup>nd</sup> Joint Ministerial, Development Partners' and Investors' Roundtable Meeting to mobilize resources to support the Implementation of the EAC Health Sector Investment Priorities

The Sectoral Council recalled the proceedings of the 19<sup>th</sup> Ordinary Summit of the EAC Heads of State of 23<sup>rd</sup> February 2018, that approved nine EAC regional Health Sector Investment Priorities in which among others, 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 (framework to operationalize the priorities); and
- d) Convene Heads of State Retreats on Health every two years
- e)

The Ministers noted that the 18<sup>th</sup> Ordinary Meeting of the Sectoral Council on Health gave more time for the EAC Secretariat to prepare adequately and mobilize resources for convening the 2<sup>nd</sup> Ministerial, Development Partners and Investor's Round Table meeting.

The Sectoral Council also observed that:

- i. In future, EAC Secretariat should review the approach of developing regional proposals/investment cases and adopt a regional approach - like the way RCoE received funding that benefits all Partner States;
- ii. EAC Secretariat was supposed to have worked with Partner States to develop investment cases instead of each Partner State developing separate investment cases which may lack regional solidarity;
- iii. EAC Secretariat had approached different partners like WHO, UNAIDS, HP+ to support the development of the regional investment cases but Secretariat did not get any funding;
- iv. The EAC Secretariat is going to present costed priorities framework during the 2<sup>nd</sup> EAC donors' roundtable which has both Regional and National Components;
- v. Some RCoE have developed investment cases which will be presented during the donors' roundtable thematic sessions;
- vi. The Regional Centres of Excellence will present investment cases based on their specific RCoE and aligned to the nine Health Sector Investment Priorities; and

The 2<sup>nd</sup> EAC Joint Ministerial, Development Partners', Investors' and Donors' Roundtable meeting was going to take place from 31<sup>st</sup> November to 1<sup>st</sup> November 2019 on the sidelines of the 19<sup>th</sup> Sectoral Council of Health. The background paper and programme for the 2<sup>nd</sup> Ministerial, Development Partners and Investor's Roundtable meeting under the theme: "***Enhancing health sector investments, wellbeing and wealth creation in the East African Community***" are hereto attached as **Annex C-IV and C-V respectively.**

**The Sectoral Council took note of the preparations undertaken to convene the 2<sup>nd</sup> EAC Joint Ministerial, Development Partners', Investors' and Donors' Roundtable and**

- a) directed the EAC Secretariat to ensure that future Regional Investment Cases are prepared using a standardised format, reviewed and approved by relevant EAC structures **(EAC/SCHealth/19/Directive/009)**;
- b) Endorsed the Communique of the 2<sup>nd</sup> Joint Ministerial, Development Partners' and Investors' Roundtable on investment in Health

### **3.1.3 Staffing of the Health Department at the EAC Secretariat**

The Sectoral Council was informed that **Dr. Rogers Ayiko** who worked as the Principal Health Systems and Policy Analysis Officer (PHSPAO since 2014 under the support of Norwegian Agency for Development Cooperation (Norad), resigned on 7<sup>th</sup> June 2019. The resignation by Dr. Ayiko came soon after the end of tenure of the Principal Health Officer, Dr. Stanley Sonoiya on the 28<sup>th</sup> February 2019. This created a gap of the technical workforce within the Health Department. Therefore, there is an urgent need to fill the two vacancies.

The Ministers were further informed that **Dr. Eric Nzeyimana** (Partnerships and Linkages officer) and **Mr. Itete Karagire** (Monitoring and Evaluation officer) under the EAC Integrated Health Programme (EIHP), joined the EAC Health team on 1<sup>st</sup> July 2019.

**The Sectoral Council took note of the two new staff in the Health Department recruited under the EIHP and;**

- a) commended Dr. Rogers Ayiko for his contribution to the regional integration agenda under health and wished him success in his future endeavours;**
- b) recommended to the EAC Council of Ministers to fast-track the recruitment of the appropriate health staff to fill the existing vacancies (EAC/SCHealth/19/Decision/002).**

#### **3.1.4 Convening of the 3<sup>rd</sup> EAC regional e-health & telemedicine workshop, ministerial conference and trade exhibition, (Kampala, Uganda, 8<sup>th</sup> - 10<sup>th</sup> September 2020)**

The Sectoral Council was informed that in line with the relevant directives from the EAC Sectoral Council on Health (EAC/Health/16SCM/Directive 014), the East African Science and Technology Commission (EASTECO), in collaboration with the EAC Secretariat, EAHRC and CEBE (EAC Regional Centre of Excellence in Biomedical Engineering and EHealth), plans to convene the **3<sup>rd</sup> EAC Regional e-Health & Telemedicine Workshop, Ministerial Conference and Trade Exhibition, from 8<sup>th</sup> to 10<sup>th</sup> September 2020, in Kampala, Uganda.**

The Sectoral Council recalled that during the joint EAC Heads of State Retreat on Infrastructure and Health Financing and Infrastructure Development held in Kampala in February 2018, the Heads of State considered and approved the EAC Health Sector Investment Priorities (2018-2028). Building on this political will from EAC Partner States that aims to improve and develop the health sector, EAC is now seeking to improve its healthcare delivery systems using newfound e-health and informatics initiatives. The expansion and integration of e-health systems throughout the EAC will offer substantial and growing opportunities with different stakeholders

that specialize in e-health solutions and ICT infrastructure, and create an enabling environment for e-health solutions.

The Sectoral Council was also informed that the 17<sup>th</sup> Meeting of the Sectoral Council on Health during the *2<sup>nd</sup> EAC Regional e-Health and Telemedicine Workshop, Ministerial Conference and International Trade Exhibition* (held in Kigali, Rwanda in May 2018) directed EASTECO to convene the EAC regional eHealth event every two years, with the third one to take place in Uganda by October 2020.

In this regard, the Ministers were informed that, the 3<sup>rd</sup> **EAC regional e-Health & Telemedicine Workshop, Ministerial Conference and Trade Exhibition** will take place from 8<sup>th</sup> to 10<sup>th</sup> September 2020 in Kampala, Uganda, under the theme: ***“Embracing Digital technologies to foster innovations in healthcare in East Africa”***.

The Workshop and Conference sessions will cover the following sub-themes:

- i) Enabling environment for e-healthcare in the EAC, including advancements in National eHealth Strategies and implementation of the Digital REACH Initiative;
- ii) Enhancing digital skills for healthcare personnel for improved service delivery; and
- iii) Digital technology development and innovation for healthcare services and systems.

The Sectoral Council was further informed that the event will also introduce the public and private sector’s decision-makers to solutions and showcase technologies that will enable the improvement of healthcare infrastructure and delivery through the use of ICTs.

#### **3.1.4.1 Objectives of the Workshop & Conference**

The Sectoral Council was further informed that the main objective of the Workshop and Ministerial Conference is to provide a dialogue platform for academia, researchers, technologists, developers and government decision makers, to present and discuss existing and new digital technologies for enhancing healthcare in the East Africa.

Specifically, the Conference will aim to:

- i. Review and share experiences on the progress made by EAC Partner States in implementing national strategies for eHealth,
- ii. Discuss appropriate enabling environment for e-healthcare, including policies, governance mechanisms and institutional capacity regionally and on national level, innovative collaborations and private-public partnerships to increase investment in eHealth technology and solutions, regulatory issues with focus on standardization of e-health systems and data protection and privacy regime

- for e-health;
- iii. Brainstorm on security of the digital-health care industry which is increasingly under cyber-attacks and patient unique identifiers
- iv. Discuss human capacity and skills development for digital health; and
- v. Showcase and discuss emerging technologies and their implications on access to e-health services (example: predictive analytics using big data, internet of things in health, etc.), accelerating and broadening access to efficient Health Systems through digital technology and Infrastructure.

#### **3.1.4.2 Expected Outputs**

By the end of the workshop, the following outputs will be achieved and sustained thereafter:

- i. The progress of the implementation of the resolutions from the 2<sup>nd</sup> EAC Regional e-Health and Telemedicine Workshop and Ministerial Conference evaluated;
- ii. Experiences, evidence and lessons from e-health interventions shared and actions agreed for scaling up the use of ICT for health;
- iii. A road map for regional collaboration in capacity building to enhance digital skills for healthcare personnel developed;
- iv. Stakeholders' commitments re-energized towards the achievement of the SDG-3 targets for the EAC region through e-health and informatics;
- v. Networking between e-health stakeholders in the Partner States enhanced;
- vi. Innovative and emerging digital solutions for health identified for adoption, adaptation and use in EAC Partner States;
- vii. Awareness raised on the application of available technologies, new and emerging e-Health and Telemedicine solutions;
- viii. Recommendations formulated on the contribution of Partner States, EAC organs & institutions in support of regional digital health initiatives.

#### **3.1.4.3 Expected Participants**

The Ministers were further informed that the third EAC Regional e-Health and Telemedicine Workshop will gather stakeholders from the EAC and beyond: i) public sector policy and decision makers including Ministries responsible for health, ICT and education; ii) medical professionals, pharmacy and health insurance sector; iii) private and business sector including Digital health innovators, entrepreneurs, ICT industry, Technology and ICT solutions vendors; iv) Academia, Research and Development institutions; v) EAC e-Health public and private organizations; vi) Development Partners and regional and international organizations; and vii) civil society to tap into and leverage their experiences in line with the mission of the EAC to improve coordination and cooperation among the Partner States in identifying and adoption digital technologies for health

A detailed concept note is hereto attached as **Annex C- V**.

The Sectoral Council took note of the Concept Paper on the organisation of the 3<sup>rd</sup> EAC Regional e-Health & Telemedicine Workshop, Ministerial Conference and Trade Exhibition to be held in Kampala, Uganda from 8<sup>th</sup> to 10<sup>th</sup> September 2020; and

- a) approved the themes and sub-themes of the 3<sup>rd</sup> EAC Regional e-Health & Telemedicine Workshop, Ministerial Conference and Trade Exhibition **(EAC/SCHealth/19/Decision/003)**;
- b) directed the EASTECO, in collaboration with the EAC Secretariat, EAHRC and CEBE to establish a Regional Steering Committee to coordinate preparatory activities and report progress to the 20<sup>th</sup> ordinary meeting of the Sectoral Council on Health for guidance **(EAC/SCHealth/19/Directive/010)**;
- c) Directed the Republic of Uganda to establish a Multi-sectoral National Organising Committee for the 3<sup>rd</sup> EAC Regional e-Health & Telemedicine Workshop, Ministerial Conference and Trade Exhibition **(EAC/SCHealth/19/Directive/011)**.

### **3.2 CONSIDERATION OF MATTERS UNDER THE EAC TECHNICAL WORKING GROUP ON REGULATION OF HEALTH PROFESSIONS**

The Sectoral Council was informed that the EAC Medical Boards and Councils have conducted 2 joint inspections of Medical and Dental schools in 2016 and 2017 in which a number of recommendations were made to improve medical training in the region. During the 18<sup>th</sup> Sectoral Council of Ministers of Health held on 26<sup>th</sup> March 2019 in Dar es salaam, the Ministers identified 13 New Medical and Dental Schools that need to be inspected in the Region. Among those identified for inspection is **Kampala International University (KIU) Dental School - Western Campus**, in Ishaka, Bushenyi, Republic of Uganda. The Sectoral Council subsequently directed the EAC Secretariat in collaboration with the Medical Boards and Councils to inspect the new Medical and Dental Training Schools in the Partner States, directive ***EAC/SCHealth/18/Directive***.

#### **3.2.1 Joint Re-Inspection of Makerere University College of Health Sciences and Kampala University Dental School- Western campus, Ishaka by the EAC Partner States' National Medical and Dental Boards and Councils**

The Sectoral Council was further informed that, the management of KIU wrote to the Secretary General requesting for inspection of the Ishaka Campus. The EAC Secretariat in collaboration with Medical Boards and Councils organized a Joint inspection of the New Dental School at Kampala International University Western

Campus, in Ishaka Bushenyi, Republic of Uganda, from **1st to 2nd July 2019**. This joint inspection covered Makerere Dental School, on the 1st July 2019, while KIU-Ishaka campus inspection was conducted on 2nd July 2019.

The re-inspection was done as a follow up of the recommendations of the EAC 2nd Joint Inspection of Medical and Dental Schools and Teaching Hospitals in Uganda conducted on 12th November, 2015. This was aimed at establishing the level of compliance with these recommendations in conformity with the standards and guidelines governing Medical and Dental Schools in the East African Community. It further aimed at improving the services and promotion of the harmonization of education and training in the Community.

The re-inspection was focusing on improvements in the major areas of Governance and Management, Academic Programs, Human Resources, Student Affairs, Infrastructure, Monitoring and Evaluation of programs and Research and Innovation. The joint team interacted with both University Management teams and the students and also inspected all the facilities in the department of Dentistry.

### **Inspection Team**

The Joint Re-inspection of Makerere University College of Sciences in Uganda was carried out by Chairpersons, Registrars/CEO, Chairpersons of Education Committee, Dental Specialists from the EAC Partner States, Representatives from the National Council for Higher Education, Uganda Medical and Dental Practitioners Council and Staff of East African Community Secretariat headed by Dr. Michael J. Katende, Principal Health Officer and Ag. Head of Health Department. Representative from the Ministry of East African Community Affairs, Republic of Uganda were observers during the re-inspection exercise.

The official chair of the inspection team was **Dr. Tharcisse Ngambe**, Rwanda Medical and Dental Council, Republic of Rwanda whereas **Mr. Daniel Yumbya**, Chief Executive Officer, Kenya Medical Practitioners and Dentists Council was the Rapporteur assisted by the staff of the East African Community Secretariat. **Prof. David Ngassapa**, representing the Medical Council of Tanganyika, United Republic of Tanzania was nominated to lead the re-inspection and provided overall guidance during the exercise.

### **Objective of the Re-Inspection**

The Sectoral Council was informed that the objective of the Re-Inspection was to ascertain whether Makerere University Dental School has implemented the recommendations of the 2nd Joint Inspection conducted in 2015.

**3.2.1.1 Makerere University, College of Health Sciences**

The EAC Joint Inspection Team carried out a verification exercise based on the Deans' presentation and findings are as follows:

	<b>PREVIOUS RECOMMENDATIONS</b>	<b>REPORTED IMPLEMENTATION STATUS</b>	<b>OBSERVATIONS</b>	<b>RECOMMENDATIONS/REMARKS OF THE TEAM</b>
1.	Employ adequate staff for the Dental department to bring the academic staff to student ratio 1:4	<p>a. Recruitment done to a ratio of 1:5</p> <p>b. The Dean reported that the school has sent three tutorial assistants for specialist training in Nairobi and Cairo. However, they noted that the university had scrapped the tutorial assistant positions, hence the designation of these three doctors was not defined.</p>	<p>i. The Dean reported that the school had recruited three new members of teaching staff. However, it was noted that one was hired on a one-year renewable contract and two were part time lecturers.</p> <p>ii. The school was not able to provide evidence that the University had sent them to study as part of staff development.</p> <p>iii. The school was not able to provide evidence that the tutorial fellows in training were bonded by the institution hence could not guarantee that they will re-join the faculty upon completion of training.</p> <p>iv. Not all staff</p>	<b>The University must fully comply with the establishment of academic staff to student ratio of 1:4 in the clinical areas and provide documentary and physical evidence of the recruited academic staff</b>

			<p>members were available to assist in the validation exercise. A list of staff was provided but the staff members could not be verified physically</p> <p>v. It was noted that the current student numbers in the clinical years were quite small. However, the current basic science level numbers were doubling. Without commensurate increase in staffing, these numbers were bound to raise the lecturer to student ratio.</p>	
2.	<p>The University must establish specialized academic units (oral and maxillofacial surgery, restorative dentistry, community dentistry, paediatric dentistry and periodontology) within the dentistry department and be ready for inspection at their own cost within one year.</p>	<p>The Dean reported that the University has complied with the recommendation</p>	<p>i. The University has set up various offices for the various unit heads.</p> <p>ii. There was no evidence of substantive heads of units and staff complement</p>	<p><b>The University must fully comply with the establishment of functional units that are adequately staffed, with substantive heads in line with the Regional Guidelines for Inspection and Recognition of Dental Schools and Teaching Hospitals in EAC Partner States</b></p>

	Failure to comply with the above recommendations will lead to non-recognition of Dental School and graduates of Dental School from Makerere University by Regional Medical/Dental Boards and Councils of the EAC Partner States.			
3.	As a Long term plan the University must consider upgrading the Dental Department to a Dental School.	The Dean reported that the University was in the process of upgrading the department to a school. He stated that the proposal was awaiting senate approval.	The University has not provided evidence to support this claim.	<ul style="list-style-type: none"> <li><b>The university shall provide a structured implementation plan / Roadmap and their approvals and supporting documents</b></li> </ul>

### General observations

- a) The University management has made some progress in complying with the recommendations arising from the 2nd Joint inspection of Medical and Dental Schools and Teaching Hospitals in November 2015. This is demonstrated by providing a designated premise for the department of Dentistry, purchase of new dental chairs, compressors and instruments. However, the equipment and facilities are not yet operational.
- b) Phantom Laboratory does not have running water and power hence it is not functional.
- c) The Don Bosco Dental Clinic is newly acquired and in the process of being operationalized. The working spaces have been partitioned into specialized units. The new dental chairs have been delivered but are not yet installed. The old chairs have not yet been transferred into the unit. It is however noted that the unit does not have:
  - i. a reception area and a room for patient triage
  - ii. adequate place for storage of the sterilized instruments in the Central Sterile Services Department (CSSD).

- iii. a dental compressor which is a key requirement.
  - iv. a proper waste management plan.
- d) The physiology laboratory did not have essential safety features such as a shower.
  - e) The library had been renovated and furnished and was well stocked with appropriate books in hard and soft copies. Further, there was online access to relevant publications.

### **General recommendations of the inspections**

The EAC Joint Inspection team recommended to:

- a) the University to **stop new admissions** in the Dental Programme until the above recommendations are complied with and a Re-Inspection by the EAC Partner States National Medical Boards and Councils is carried out at their own cost;
- b) the National Council for Higher Education and the Ministry of Education and Sports, Republic of Uganda to redistribute the newly enrolled students scheduled on September 2019 to other approved Dental Schools; and
- c) the National Council for Higher Education and the Ministry of Education and Sports, Republic of Uganda to prepare a mechanism of training for the existing students in order to meet the minimum requirements stipulated in the EAC Regional Guidelines for inspection of Dental Schools and Teaching Hospitals in the EAC Partner States.

A detailed inspection report is hereto attached **as Annex D - I**

Based on the observed non-compliance with the set recommendations for student population, staffing and physical facilities, the Makerere University Dental School did not meet the minimum requirements for training of students suitable for reciprocal recognition/registration as stipulated in the EAC guidelines.

**The Sectoral Council took note of the findings and recommendations of the joint inspection of Makerere University Dental School; and**

- a) **directed the Republic of Uganda to direct the management of Makerere University/College of Health Sciences in Kampala, to stop new admissions in the Dental Programme until the recommendations contained in the joint inspection report are complied with and thereafter invite the EAC Partner States National Medical Councils for a Re-Inspection exercise at the cost of the University (EAC/SCHHealth/19/Directive/012);**
- b) **directed the Republic of Uganda to direct the National Council for Higher Education in collaboration with the Ministry of Education and Sports to**

redistribute the newly enrolled students scheduled on September 2019 to other approved Dental Schools **(EAC/SCHealth/19/Directive/013)**;

- c) directed the Republic of Uganda to direct the National Council for Higher Education in collaboration with the Ministry of Education and Sports to prepare a mechanism of training for the existing students in order to meet the minimum requirements stipulated in the EAC Regional Guidelines for inspection of Dental Schools and Teaching Hospitals in the EAC Partner States **(EAC/SCHealth/19/Directive/014)**;
- d) approved the schedule of the 3rd Joint Inspection of Medical and Dental Schools in the EAC Partner States as follows:
  - i. Republic of Uganda - January, 2020
  - ii. Republic of Kenya - February, 2020
  - iii. United Republic of Tanzania - March 2020
  - iv. Republic of South Sudan - April, 2020
  - v. Republic of Rwanda - May, 2020
  - vi. Republic of Burundi - May, 2020

**(EAC/SCHealth/19/Decision/004)**;

- e) directed the EAC Partner States to direct the new and existing medical and dental schools to each contribute USD 2,500.00 as part-cost of facilitation of the scheduled 3rd Joint inspection **(EAC/SCHealth/19/Directive/015)**;
- f) took note that the meeting of experts to harmonize the post-graduate education in the EAC Region is yet to be convened, by the EAC Secretariat, as per directive No.: **(EAC/SCHealth/18/Directive13)** of the 18<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers of Health dated 26<sup>th</sup> March, 2019; and
- g) directed the EAC Secretariat, in conjunction with the EAC Partner States National Medical Councils, to mobilize resources and convene the above-mentioned meeting of experts in the Republic of Rwanda between 13<sup>th</sup> to 15<sup>th</sup> January, 2020 **(EAC/SCHealth/19/Directive/016)**.

### **3.2.1.2 Kampala University Dental School- Western campus, Ishaka**

The Sectoral Council was informed that the University was inspected on the 2<sup>nd</sup> July 2019 and the following were the key findings:

#### **i. Governance, and management**

- a) The university has a well-established leadership and management structure in place, with an organogram, with the Dean as the head, with heads of department as part of the leadership structure.
- b) The university has a Strategic plan 2018 – 2022, with a clear vision, mission and philosophy.
- c) There are standing committees on Curriculum, examinations, timetabling, quality assurance and research and innovation.

- d) There is a school board established, with membership from the departments, and has student representation.
- ii. Academic programme
  - a) Curriculum is available, and is already approved by UMDPC and National Council of Higher Education
  - b) They have an admission policy and a selection criterion
- iii. Physical Infrastructure
  - a) The land is owned by Kampala International University and has a title deed
  - b) The university has established teaching / tutorial rooms (shared between MBCHB and Dentistry)
  - c) Two shared staff offices with open floor workstations
  - d) learning resource center with two libraries, with e-books, computer laboratories (2), equipped with Wi-Fi and fibre optic internet
  - e) Teaching clinics OPD, wards, all units are equipped to meet the minimum standards
  - f) Laboratories: Biomedical sciences labs, anatomy, biochemistry; physiology; hospital laboratories, radiology, new phantom laboratories with “6 new heads
  - g) University has its own Teaching hospital with a 400-bed capacity. The University has MoUs with Kiryandongo, Hoima, Mubende, Fortportal, and other local hospitals to offer space for clinical training.
- iv. Human resource
  - a) Appointment letters and promotion guidelines are available,
  - b) Clear policy of staff recruitment and development
  - c) The staffing for internal medicine, surgery, anesthesia, pathology, radiology and allied health science departments has been boosted and improved;
  - d) University has specialists (10) in orthodontics, Pediatric dentistry, oral maxillofacial surgery, periodontics, prosthodontics, oral pathology and community dentistry.
  - e) There is an MOU with university of Nairobi to offer support as visiting faculty and to provide clinical electives
  - f) There is an existing partnership with the Nigerian Technical Aid Corp (TAC) to assist in critical staffing needs,
  - g) The university also has a Dental Technical and a biomedical engineer for Dentistry

### **General Observation**

The joint inspection team noted that KIU management had made adequate preparations towards the establishment of a new dental school in the region and made the following recommendations:

- a) The university management should continue with the projected recruitment of clinical staff in readiness for the clinical years.

- b) The university management should provide a roadmap for the establishment of a dental school with fully fledged departments within the next five years from the date thereof and
- c) The university should put in place resources to accommodate the students in the clinical years as per recommendations of the EAC guidelines

## **Conclusion**

The Joint EAC Partner States Medical and Dental Boards and Councils approved Kampala International University to start training of dental surgery to a maximum of Fifty (50) students per academic year and ensure that their numbers continuously correspond with the approved EAC ratios.

A detailed inspection report is hereto attached as **Annex D -II**

**The Sectoral Council took note of the findings and recommendations of the joint inspection of Kampala University Dental School- Western campus, Ishaka; and**

- a) **approved Kampala International University to commence training in Bachelor of Dental Surgery (BDS) to a maximum of Fifty (50) students per academic year and ensure that their numbers continuously correspond with the approved EAC ratios (EAC/SCHealth/19/Decision/005);**
- b) **directed the EAC Partner States National Medical Councils to include Kampala International University Dental School in the list of institutions that qualify for reciprocal recognition of the EAC Partner States (EAC/SCHealth/19/Directive/017);**
- c) **directed the Republic of Uganda to direct the Kampala International University management to continue with the projected recruitment of clinical staff in readiness for the clinical years (EAC/SCHealth/19/Directive/018).**
- d) **directed the Republic of Uganda to direct the Kampala International University management to provide a roadmap for the establishment of a dental school with fully fledged departments within the next five years from the date thereof (EAC/SCHealth/19/Directive/019); and**
- e) **directed the Republic of Uganda to direct the Kampala International University to put in place resources to accommodate the students in the clinical years as per recommendations of the EAC guidelines (EAC/SCHealth/19/Directive/020).**

### **3.3 CONSIDERATION OF MATTERS UNDER THE EAC TECHNICAL WORKING GROUP ON THE PREVENTION AND CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES**

#### **3.3.1 Great Lakes Malaria Initiative Strategic Plan 2020-2024**

The Sectoral Council received an update on the implementation of the **Great Lakes Malaria Initiative** and recalled that the 9<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers of Health had:

- a) directed the EAC Secretariat to finalise the development of the Malaria Action Framework for the East African region; (EAC/SCM/Health/Decision 041);
- b) directed the EAC Secretariat to develop a funding proposal to Global Fund on HIV, Malaria and Tuberculosis and to other Partners to support implementation of the Malaria Framework; (EAC/SCM/Health/Decision 042) and
- c) nominated the Minister responsible for Health, of the Partner State Chairing the Council as a member to the WHO/RBM Partnership Board to represent EAC on rotational basis. (EAC/SCM/Health/Decision 043).

In this regard, the EAC Secretariat convened the 1<sup>st</sup> sub-regional meeting bringing together the six (6) East African Community Partner States and also the Democratic Republic of Congo (DRC) in Kigali **from 22<sup>nd</sup> to 24<sup>th</sup> April 2019**. This meeting was jointly convened by the EAC Secretariat, Rwanda Ministry of Health and the Society for Family Health Rwanda (SFHR). The key recommendations from the meeting were to develop a regional cross border malaria programme which brings together the 6 EAC Partner States and the DRC and agreed to call it the “**Great Lakes Malaria Initiative**” (**GLMI**). The experts further resolved to develop **(i) GLMI Strategic Plan, (ii) Collaboration Framework (iii) Memorandum of Understanding** between EAC and DRC to facilitate implementation of malaria interventions within the Great Lakes Region in a synchronized manner. A detailed meeting report is attached as **ANNEX E -I**.

The Sectoral Council noted that, based on the recommendations, the EAC Secretariat has developed a partnership with WHO, RBM partnership to end malaria and the National Malaria Control Program (NMCP) of Rwanda to kickstart the process of developing The **Great Lakes Malaria Initiative Strategic Plan 2020-2024** and the **Great Lakes Malaria Initiative Collaboration Framework**. To date, the draft collaborative framework is now at country consultation process while the strategic plan development is ongoing with country level data collection nearly complete. The EAC Secretariat convened in October a regional meeting to review and validate the draft the **Great Lakes Malaria Initiative Strategic Plan 2020-2024** and the **Great Lakes Malaria Initiative Collaboration Framework** and to develop an MOU to guide the collaboration. The draft the **Great Lakes Malaria Initiative Strategic Plan 2020-2024** and the **Great Lakes Malaria Initiative Collaboration Framework** are attached hereto as **Annex E-II and E-III**.

In addition, during the discussion, the meeting advised that the title of the programme be renamed to “**EAC cross border malaria initiative**” as a more appropriate name to indicate actual ownership and improve coordination and accountability mechanisms.

**The Sectoral Council took note of the progress made in establishing the Great Lakes Malaria Initiative (GLMI); and**

- a) **directed the EAC Secretariat to conclude discussions on the initiative and submit the finalised proposed programme documents to the 20<sup>th</sup> Sectoral Council in March 2020 (EAC/SCHealth/19/Directive/021).**

### **3.3.2 Regional Meeting to Develop a Regional Framework for Prevention and Control of Non-Communicable Diseases (NCDs)**

The Sectoral Council was informed that, the EAC Secretariat in collaboration with the EAC Partner States and with the support of NCD Alliance East Africa, Civil Society in Development (Denmark) and the Coalition for Access, in 2018, during the 1st round table, the EAC Health Department had two engagements with representatives from EANCDA in Kampala and in Arusha. Through discussion in these meetings, it was unanimously agreed that NCDs are a major health and development problem that need to be addressed, especially at the regional EAC level. The East African Community (EAC) Health Department and the NCD Alliance East Africa (EANCDA) – with support from the Danish NCD Alliance convened EAC Regional Experts’ meeting on development of a regional framework for control of NCDs at the Arusha Palace Hotel in the Republic of Tanzania, from 19<sup>th</sup> to 20<sup>th</sup> July, 2019.

The Sectoral Council was further informed that a regional meeting was conducted and brought together stakeholders to discuss Non-communicable Diseases (NCDs) and develop a roadmap for developing a regional collaborative framework to address NCDs in the region. Specifically the meeting aimed to:

- a) Develop a regional guidance document on NCDs, that will guarantee effective prevention and control of NCDs at the primary health care (PHC) level, under the universal health coverage pillar;
- b) establish regional collaboration framework on NCDs between EANCDA, WHO-AFRO and EAC; and
- c) Map out activities for joint implementation among partners and establish communication channels for sharing information.

The meeting was attended by EAC Partner States’ experts from the National NCDs programmes or units/divisions, representatives from the East African Regional Center of Excellence (RCoE) on Nutrition Sciences, Regional Centre of Excellence in Biomedical Engineering and eHealth (CEBE), Regional Centre of Excellence on Nephrology and Urology and Regional Centre of Excellence on Cardiovascular Health Sciences, representatives from the National NCDs Alliances, the NCD Alliance East Africa, members of Coalition for Access (to NCD medicines) and experts from the EAC Secretariat.

#### **Key observations made during the meeting**

- i. All Partner States are making efforts to prevent, control and manage NCDs and related complications;

- ii. The Partner States have developed many policy, legal and other policy frameworks that are available to guide the prevention, management and control of NCDs however there is no regionally agreed upon framework for a harmonized and coordinated response to prevent, manage and control NCDs in the region;
- iii. There are Political Declaration of the UN High-Level Meeting on the Prevention and Control of Non-communicable Diseases (2011 and 2018) that were agreed to and signed off by the heads of state in New York. To streamline the Political Declaration, the WHO developed the Global Monitoring Framework for NCDs (2012) in which Member States agreed a comprehensive set of nine global voluntary targets, including 25 indicators, which balance between prevention and treatment. And in 2013 the WHO developed the Global Action Plan for NCDs 2013-2020 (GAP) to provide an action plan for the political declarations. However, these have not been adapted to with targets for the EAC region hence making it difficult to monitor impact of efforts by Partner States. This also has made it difficult to report in progress in implementation of the global frameworks;
- iv. Limited resources / funding for NCD programming in the region;
- v. Limited capacity among health works to diagnose and manage NCDs and related complications;
- vi. There is a general limited research in on NCDs, lack of reliable and readily available for data on the NCDs in all partner states on disease burden;
- vii. Inadequate human resources especially in the rural areas since most of the specialists and well-trained staff are in the urban areas; and
- viii. Limited community awareness on the risk factors for NCDS, and generally the NCDs and need to seek regular screening for NCDs.
- ix. The Coalition for Access to NCD Medicines and Products and other partners that want to support addressing these issues can assist in the following ways: helping create awareness within communities; help with training/ health worker capacity building; addressing barriers to access to NCD medicines and products to avoid stockouts at the primary healthcare level; offering screening opportunities in the community; supporting advocacy efforts with political leaders and decision makers to invest in health and prevention; supporting regional centers of excellence to build capacity and mentorship; addressing data gaps such as lack of registries

### **Next steps**

- i. The meeting established an EWG on NCDs composed of Heads of NCDs units in the Partner States, and representatives from the Regional Centres of Excellence, to oversee the development of a regional framework for prevention, management and Control of Non communicable Disease. The main goal of this EWG is to:
  - a. quantify the NCD problem in East Africa and use the already set Global NCD Targets to determine the targets for the EAC Region.

- b. establish a monitoring and reporting mechanism on the set regional targets.
  - c. Use the existing study / survey reports to develop a situation on NCDs in the region which will develop a comprehensive **NCD Issue Paper** for the EAC region for submission to Councils of Ministers in October, 2019, through the laid down EAC structures (i.e. EAC Secretariat and TWG on communicable and non-communicable diseases). The Issue Paper will be developed on the following four thematic areas namely: Governance, Risk factors, Prevention & Management of NCDs and Monitoring & Evaluation.
  - d. Use the issue paper to develop the NCD regional prevention and control framework.
- ii. Develop TORs for the EWG
  - iii. Review the ToRs for the TWG on communicable and Non-communicable diseases to include stakeholders on NCDs and resubmit to the 19<sup>th</sup> sectoral council for consideration and approval.

The meeting established four special working groups of the EWG on NCDs guided by the thematic areas above as indicated below:

**Conveners:**

1. Governance: Kenya leads
  - a) Prof Mungai (Kenya)
  - b) Dr Mwangi (Kenya)
  - c) Dr Omary Ubuguyu (Tanzania)
  - d) Dr Frank Mugabe (Uganda)
  - e) Dr Onwar A Nyibong (South Sudan)
  - f) Ms Zuhura Amour (Zanzibar)
2. Health Promotion & Risk factors reduction: Rwanda leads
  - a) Dr Ntaganda E (Rwanda)
  - b) Dr Mary Mayige (Tanzania)
  - c) Dr Gerald Mutungi (Uganda)
  - d) Dr Bakari (PORALG-Tanzania)
  - e) Mr Omar Abdallah (Zanzibar)
  - f) Dr Ntunzwenimana Melance (Burundi)
3. Health system strengthening: Tanzania leads
  - a) Dr Sarah Maongezi (Tanzania)
  - b) Prof Joseph Mucumbitsi (Rwanda)
  - c) Prof Kaushik Ramaiya (Tanzania)
  - d) Dr Sanaa Said (Zanzibar)
4. Surveillance, Monitoring & Evaluation and Research: Zanzibar leads
  - a) Mr Omar Mwalim (Zanzibar)

- b) Dr Azma Simba (Tanzania)
- c) Dr Eunice Gathitu (Kenya)
- d) Dr Tumusime David (Rwanda)
- e) Dr Gerald Mutungi (Uganda)

Each group will synthesize all available information from meeting presentations and obtain other information in individual countries and prepare a report by end of March 2020.

A detailed report of the meeting is hereto attached as **Annex E-IV**.

#### **The Sectoral Council:**

- a) directed the EAC Partner States, EAC Secretariat and East African Health Research Commission to mobilize resources and technical support to strengthen research on NCDs and data management systems in the EAC region **(EAC/SCHealth/19/Directive/022)**;
- b) directed the EAC Secretariat to develop a Regional framework on prevention management and control of Noncommunicable Diseases in the region **(EAC/SCHealth/19/Directive/023)**;
- c) directed EAC Partner States to Include essential NCDs services as part of Universal Health Coverage initiatives and National Health Insurance Schemes **(EAC/SCHealth/19/Directive/024)**;
- d) directed the EAC Secretariat to develop Terms of Reference (ToRs) for Technical Working Group (TWG) on non-communicable diseases and report to the 20<sup>th</sup> Sectoral Council of Ministers of Health **(EAC/SCHealth/19/Directive/025)**; and
- e) directed the EAC Secretariat to establish an EAC Expert Working Group on Non-Communicable Diseases to oversee NCD matters in the region **(EAC/SCHealth/19/Directive/026)**.

#### **3.3.3 Consideration of the Status of Operationalization of the EAC Regional Network of Public Health Reference Laboratories for Communicable Diseases**

The Sectoral Council recalled that the Federal Government of Germany through the German Development Bank (KfW) signed a 10 million Euro financing agreement with the EAC Secretariat on 28<sup>th</sup> November 2016 to support the establishment of an EAC Regional Network of Public Health Reference Laboratories for Communicable Diseases with the aim of strengthening Partner States' capacity to rapidly diagnose and respond to pathogens of biosafety level 3 and 4. To achieve this, the project among others, will facilitate the procurement and supply of nine (9) biosafety level 3 and 4 mobile medical laboratory units and test consumables; training of laboratory experts on diagnosis of highly infectious pathogens; exchange of knowledge among

Partner States and development of instruments (SOPs and guidelines) on handling highly pathogenic organisms.

The Sectoral Council was informed that one of the mobile medical laboratory units was deployed on 23<sup>rd</sup> October 2019 in Kisoro District in the Republic Uganda along the border with the Democratic Republic of Congo (DRC). The Session was further informed that the EAC Secretariat with support from KfW identified and is receiving technical support from the Bernhard-Nocht Institute for Tropical Medicine (BNITM) a WHO Collaborating Centre for Arbovirus and Hemorrhagic Fever Reference and Research (WHOCC) with specific expertise in implementing a similar project in West Africa.

The Ministers were also informed that in an effort to further bolster the region's laboratory diagnostic capability as part of the broader pandemic preparedness and response agenda and in celebration of 20 years of EAC – German Government Cooperation, the Federal Government of Germany during an intergovernmental negotiations held with the EAC Secretariat Secretary General committed and additional 13 million euros for phase 2 of mobile laboratory project that would focus on strengthening Antimicrobial resistance (AMR) in addition to sustaining priority actions under phase I.

The Sectoral Council noted that the 4<sup>th</sup> Ordinary Meeting of the Regional Steering Committee for the East African Regional Network of National Public Health Reference Laboratories for Communicable Diseases was convened at the EAC Headquarters, Arusha, Tanzania on 30<sup>th</sup> January 2019. The meeting of the steering committee followed a successful 4<sup>th</sup> Meeting of the project's Expert Working Group held at the Kenya National Public Health Reference Laboratory from 21<sup>st</sup> to 24<sup>th</sup> January 2019 that among others:

- i. prepared the proposal and budget for Phase II of the East African Regional Network of Public Health Reference Laboratories with special emphasis of Antimicrobial Resistance Surveillance and Response;
- ii. prepared a proposal and budget for a Joint EAC – Democratic Republic of Congo (DRC) Response to the on-going Ebola Virus Diseases in DRC
- iii. reviewed the existing Laboratory Management Information Systems being used in the region with a view of identifying a harmonized LMIS facility to be used for the mobile laboratory project
- iv. reviewed the Monitoring Evaluation and Learning (MEL) Plan for both Phase I and Phase II of the East African Network of Public Health Reference Laboratories
- v. developed Terms of Reference for Advocacy and Communication for the Mobile Medical Laboratories for Communicable Diseases project

The key items considered by the steering committee are further described below.

### **3.3.3.1 Consideration of the report of the Steering Committee for the Mobile Lab Project.**

#### **i. Update on progress on implementation of the EAC Regional Network of Public Health Reference Laboratories for Communicable Diseases (Phase I)**

The Sectoral Council noted that the project had trained 24 experts from the EAC Partner States on Biological safety including sample reception, sample inactivation in glove box and appropriate use of PPE (donning and doffing). The Session also noted that the 12 ToT and the technical team from BNITM participated in the Field simulation exercise (FSX) held from 11th to 14th June 2019, at Namanga Border between Kenya and the United Republic of Tanzania. The Permanent/Principal/Under Secretaries were updated on current status of procurement of project equipment including the mobile laboratories, the project vehicle and the laboratory consumables. The meeting also took note of the progress in implementation of other aspects of the project including: Phase I Diagnostic Assays to be under taken, LIMS, support for EVD response in the region in lien with the requests submitted by partner states, Regional proficiency testing among others.

The Ministers further noted the following observations:

- i. The project was experiencing long delays in procurement and supply of project equipment and supplies. This was due to delays in signing of supplier's contracts required for supplies to deliver equipment;
- ii. 12 ToT have undergone accelerated EVD training and assessment which took place in August 2019. The ToTs are ready for deployment for field work in the Partner States.
- iii. The project has secured a no objection from KFW to use the project funds (contingency funds under phase I) to acquire additional glove boxes and PPE (which have already been dispatched to the Partner States), for the National public health laboratory and conduct training on IATA requirements on shipment of biological samples for laboratory / relevant personnel as part of the Ebola response prepared support to countries;
- iv. The United Republic of Tanzania has 3 centers with molecular biologists capable of conducting laboratory diagnosis of EVD organisms but are stationed at stationary laboratories. The staffs in static laboratories need to be considered for capacity building so that they acquire relevant skills to enable them support the mobile laboratories in the country by providing a buffer of laboratory personnel. There is need to ensure that in-country trainings target and select these existing staff as a means of building the laboratory teams in the different regions;
- v. Two mobile laboratories already available at the EAC Secretariat were deployed for training purposes at the EAC Secretariat.
- vi. The Republic of Kenya has not yet submitted signed project implementation

- agreement for Phase I to the EAC Secretariat.
- vii. The mobile laboratory deployed at the National public Health Laboratory in Dar es Salaam would still be available to support disease outbreak response and or surveillance activities in Zanzibar.

**The Sectoral Council directed the EAC Secretariat to fast track procurement and delivery of laboratory equipment and supplies before 31<sup>st</sup> December 2019 (EAC/SCHealth/19/Directive/027).**

**ii. Presentation on Field missions, Proficiency testing and Sustainability of Network**

The Steering Committee for the Mobile Lab Project. took note of the updates on the on-field missions, Proficiency testing and sustainability of Network which include the:

- Study design of Epidemiological Field Trainings (cross sectional and Hospital based studies)
- Introduction to Proficiency Testing scheme
- Introduction to a potential platform to ensure long-term sustainability of project
- Partner States outlined plans for utilization of laboratories apart from field exercises and real outbreak situations
- Conclusion of Study design of Epidemiological Field Trainings
- Develop Diagnostic Assay development strategy

The Steering Committee further noted the need to prepare study questions that would be implemented once the laboratories are imported and delivered to the Partner States. The committee further noted that many external partner organizations were interested to partner with the EAC Partner States and use the mobile laboratories to conduct research work. The meeting observed the need for clear strategies for ensuring that the laboratories are utilized in between the official study field missions for research, surveillance among others.

The Steering Committee made the following observations:

- i. All studies need to have Ethical approval for both Cross Sectional and hospital-based studies
- ii. Partner States agreed to come up with one big study question for the whole EAC region
- iii. Noted the possibility of using INSTAND (based in Germany) for External proficiency testing (BNITM shall follow) among other companies;
- iv. Whereas during project design, KEMRI and UVRI were selected for the Viral Pathogens. Production of category 3 and 4 proficiency test panels in East Africa is not possible due to difficulties in viral culture which requires BSL 4 Laboratories;
- v. The planned Epidemiological Symposium in 2019 should invite collaborators from the East Africa and from outside the region;

- vi. There are no clear guidelines for triggering and deployment of the mobile laboratories within the countries and in the region (across borders) and
- vii. Strategies to ensure that the mobile laboratories are put to use in the Partner States beyond the planned activities are not yet in place.

The detailed presentations are hereto attached as Annexes **E-II**.

**The Sectoral Council:**

- a) directed the EAC Secretariat and the Partner States to identify additional funding sources to support activities for the mobile laboratory project **(EAC/SCHealth/19/Directive/028)**; and
- b) directed the EAC Secretariat to consider to set up or upgrade one of the BSL 3/4 Lab to undertake viral culture **(EAC/SCHealth/19/Directive/029)**.

**iii. Laboratory Information Management System implementation**

The Sectoral Council recalled that during the 18<sup>th</sup> meeting of the EAC Sectoral Council on Health, the EAC Secretariat was directed to conduct Partner States' consultations on operationalization of the C4G BLIS systems with a view of generating regional consensus on the type and level of indicators to be transmitted through the systems as well as data security and privacy concerns by 30<sup>th</sup> June 2019 **(EAC/SCHealth/18/Directive 20)**.

The Ministers were informed that country consultation meetings on LIMS were held from 10<sup>th</sup> to 21<sup>st</sup> June 2019 in order to implement the directive of the 18<sup>th</sup> Sectoral Council on Health.

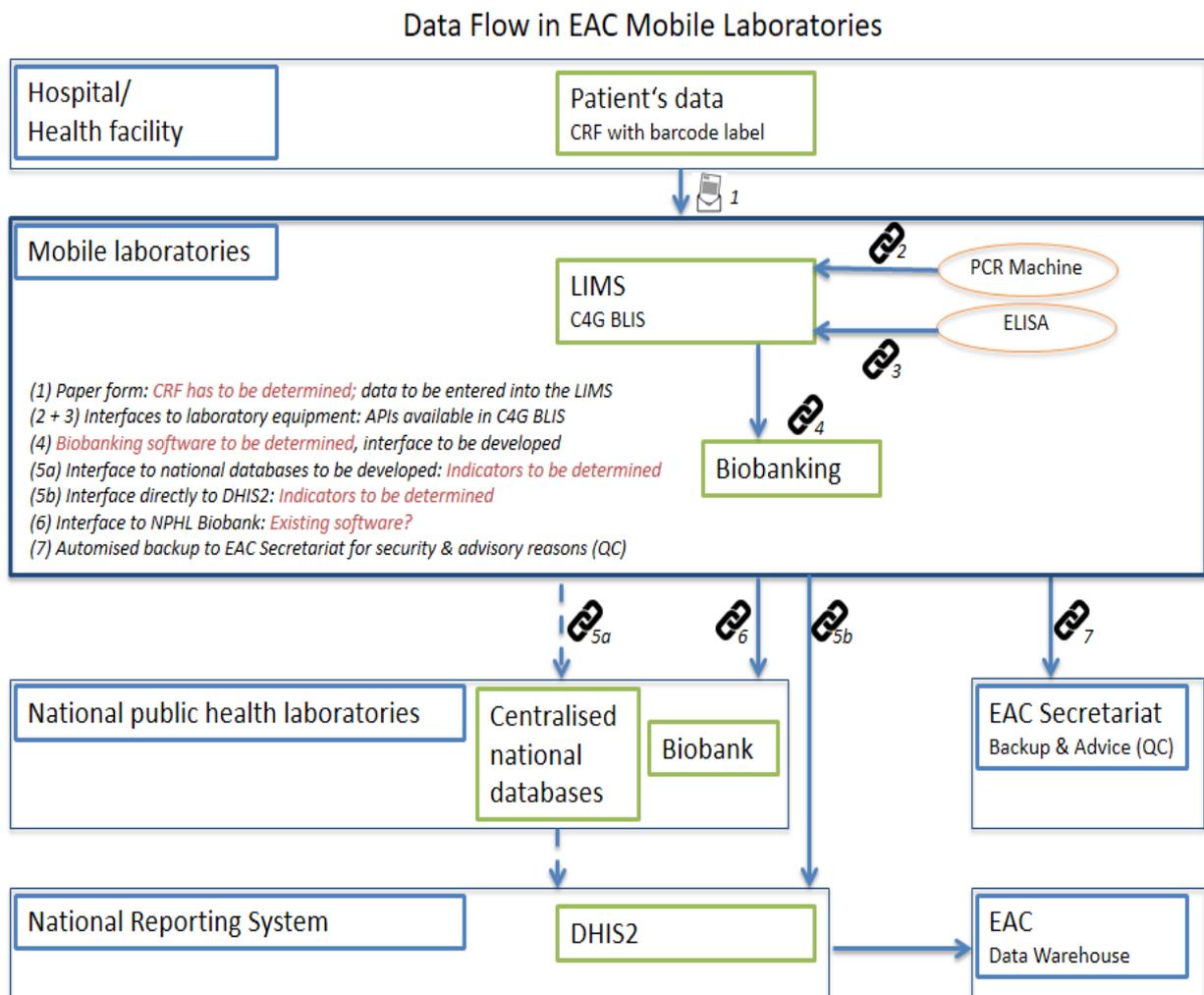
The Sectoral Council was further informed that the meetings generated the regional consensus on LIMS with regard to data sharing, security and confidentiality and thereafter recommended the adoption and use of C4G BLIS for the EAC Mobile Labs. The detailed consolidated matrix is hereto attached as **Annex E-III** and the country consultation reports from Partner States are hereto attached as **Annex E – IV (a - f)**.

The Sectoral Council also noted the following key points regarding implementation of LIMS under the project:

- i. Data and or information generated under the mobile laboratory project will remain the property of the individual Partner States, and the EAC secretariat will host a server of backup
- ii. The EWG will agree on a few selected indicators with regards to selected disease condition under the project. Data on these will be shared on a quarterly basis, that will be shared with the EAC secretariat data warehouse for purposes of producing score cards, and quarterly / monthly regional and or national reports

- iii. All data from the Partner States will be received from the DHIS2 system except that from back up
- iv. Proposed for a dedicated server separate from the data entry computer
- v. Specifications for server computer (Hard disk storage 4TB, 16GB RAM, Quad-Core 3.8GHz Processor speed) and specifications for the data entry computer (Hard disk storage 500GB, 4GB RAM, I-Core 7 with at least 3.6GHz Processor

Below is a pictorial presentation of how data will flow between the different levels in the country, between the Partner States and the EAC Secretariat



The detailed presentation is hereto attached as **Annex E-V**

The Sectoral Council took note of the following observations made by the technical team:

- i. For purpose of quality control (QC), trouble shooting and to monitor performance of the Partner States, the Technical team at the EAC will only see the result data of the Laboratory test;

- ii. A dedicated Server for each of the Mobile Laboratory which is separate from the data entry Computer is provided for in the ongoing procurement under Phase I;
- iii. Partner States shall retain their existing tools (case report form) and shall only be modified if there are missing variables as guided by the regional indicators;
- iv. The LIMS should work according to Health Quality Management System (ISO 15189:2012). The lab request form should include all demographic data such as full patient ID on the request form such as, sex, age, number of samples, Type of epidemic disease, geographical location, time, result and test done, the reviewer, approval person;
- v. Manual(s) for documenting the selection, verification and validation of the LIMS system are not available; and
- vi. Need to guarantee the security and confidentiality of data shared with the EAC Secretariat.

### **Roadmap for implementation of C4G BLIS LIMS**

- i. Preliminary customizations of the prototype LIMS for EAC Mobile Labs to be done using the training laboratories in EAC HQ, Arusha. Developer to customize system by 30<sup>th</sup> September 2019. ICT experts from Partner States, particularly those from the Republic of Uganda, to support this process.
- ii. BNITM ICT experts in collaboration with Partner States ICT experts, particularly those from the Republic of Uganda, to explore options for the integration of **Open Specimen proposed as biobanking module** for integration into the prototype LIMS due to using the compatible system architecture
- iii. Testing and further refinement of the customized prototype LIMS for EAC Mobile Labs by EAC regional LIMS team in consultation with BNITM consultants by 31<sup>st</sup> October 2019. All regional LIMS team members will be provided with remote access to test the system.
- iv. Final Installation of the validated LIMS to the EAC Mobile Labs stationed in Arusha, beginning of November 2019.
- v. Partner States and/or Regional ICT experts technical level trainings about the LIMS installed in the EAC Mobile Labs and development of User manual(s), November 2019, Republic of Uganda.
- vi. Partner States and/or Regional Users level trainings about the LIMS installed in the EAC Mobile Labs, November 2019, Republic of Uganda.

### **Proposed Modalities of ensuring that the proposed C4G BLIS LIMS is up-to date and reliable**

- i. There should be regular detailed trainings of the super LIMS users who will provide technical support including having a training hub

- ii. Each Partner State should designate a dedicated BLIS developer for updating the system in case of any changes
- iii. A BLIS community of practice should be formed comprising of developers, users and managers
- iv. LIMS should be updated according to the ISO15189: 2012 and ISO 15190, ISO17025
- v. For interoperability, the LIMS should be compatible with the existing Information Systems in the Partner States (e.g. open clinic, DHIS2);
- vi. Scheduled updates with version controls and
- vii. Automated and manual backup options.

A detailed matrix showing summary of the country consultations on the LIMS is hereto attached as **ANNEX E-VI**.

#### **The Sectoral Council:**

- a) approved the use of C4G BLIS Laboratory Information Management System (LIMS) to be used the EAC Regional Network of Public Health Reference Laboratories for Communicable Diseases to ensure interoperability with the national and regional DHIS2 reporting systems (EAC/SCHealth/19/Decision/006);**
- b) directed the EAC Expert working Group for the mobile Laboratory to develop a regional Case Report Form (CRF) on a need basis and be customized by Partner States (EAC/SCHealth/19/Directive/030);**
- c) directed the EAC Secretariat to conduct a User's training for LIMS at Regional and National Levels including having a training hub (EAC/SCHealth/19/Directive/031);**
- d) directed the Partner States to designate a dedicated BLIS expert for to regularly update the system in case of any changes in the C4G BLIS software (EAC/SCHealth/19/Directive/032);**
- e) directed the EAC Secretariat in collaboration with the Partner States to develop SOPs/guidelines on data sharing, security and confidentiality in the region (EAC/SCHealth/19/Directive/033); and**
- f) directed the Partner States to work with relevant Ministries, Departments and agencies (MDAs) and R&D institutions to ensure proper implementation and sustainability of the LIMS during and after the duration of the project (EAC/SCHealth/19/Directive/034).**

#### **iv. Consideration of Concept Note for Phase II of the mobile Laboratory Project**

The Sectoral Council took note of the draft concept note for phase II of the project, whose aim is to strengthen and sustain the EAC Partner States' structures and capacities for Anti-microbial resistance surveillance, rapid detection and identification

of infectious disease outbreaks for timely effective response through the EAC Mobile Laboratory Network. The session noted that the project Phase II would focus on Anti - Microbial Resistance (AMR) while building on the Phase one which focused on the hemorrhagic fevers.

The proposed project period is 2020 – 2023 (Three years) with funding of 13Million Euros from KfW.

### ***Project Goals***

The overall objective of the project is to strengthen the capacities of EAC Partner States to respond to outbreaks of infectious diseases, including bacterial diseases, prone to cause cross-border epidemics, by rapid diagnostic capacities that enable a timely institution of control measures. A further objective is to build up AMR capacities in the EAC Partner States.

### ***Objectives***

- i. Strengthen and consolidate the capacity of EAC Partner States to rapidly detect and identify pathogens of biosafety level (BSL) 3 and 4 nature and other priority epidemic prone pathogens prone to cause cross-border outbreaks
- ii. Establish the “EAC Regional Network of Anti-Microbial Resistance (AMR) Surveillance and Response”
- iii. Promote knowledge management, learning and innovation among the EAC Partner States National Public Reference Laboratories and relevant internal and regional partners
- iv. Strengthen quality management in the Network of National Public Health Reference Laboratories

### **The Ministers took note of the following:**

- i. the capital development budget form each Partner State had been increased from USD 600,000 to USD 900,000
- ii. whereas the Sectoral Council recommended inclusion of ICT officers in this second phase of the project, the KfW rules did not allow use of project funds to covers personnel costs such as staff salaries;

The detailed report of the 5<sup>th</sup> regional steering committee for the Mobile Laboratory project is attached as **Annex E -VII**.

### **The Sectoral Council:**

- a) approved the **Concept Note for Phase II and Project Design for the Mobile Laboratory Project to facilitate finalization of negotiations with KfW and the Germany Government (EAC/SCHealth/19/Decision/ 007)**; and
- b) directed the EAC Secretariat to finalize signing of the Implementation Agreement for Phase II **(EAC/SCHealth/19/Directive/035)**.

### **3.3.4 East Africa Public Health Laboratory Networking Project (EAPHLNP)**

#### **3.3.4.1 Implementation Progress**

The Sectoral Council was informed that the East Central and Southern Africa – Health Commission (ECSA-HC) is implementing the East Africa Public Health Laboratory Networking Project in collaboration with the EAC Secretariat. The project was initiated in 2010 to establish a network of efficient, high quality, accessible public health laboratories for the diagnosis and surveillance of tuberculosis and other communicable diseases. The Sectoral Council was further informed that the project was established out of the need identified during the implementation of the East African Integrated Disease Surveillance and Response Network (EAIDSNet) which was created to support countries strengthen cross-border disease surveillance, among others. The Sectoral Council noted that ECSA-HC in collaboration with partners convened a cross border meeting involving Uganda, South Sudan and Kenya at Elegu to assess the level of emergency preparedness and response capacity for communicable diseases at the Kenya-South Sudan-Uganda border and identify gaps so as to strengthen the surveillance and response systems in the border areas.

The Ministers also noted that Under EAPHLN Project, 41 laboratories are supported and distributed in peri-border areas where vulnerable populations are served. To date the project has invested in construction/rehabilitation of the laboratories, procurement, provision and maintenance of equipment; training of personnel; improvement in ICT systems and provision of essential; reagents and supplies. Through the AFRO SLIPTA initiative, laboratory performance has improved:

- i. 23% of labs scored =>2 Stars in 2011 compared to =>81% in 2018. By April 2019, 94% of the laboratories were at 3 stars or higher.
- ii. Fifteen laboratories have been accredited or are in advanced stages of accreditation by international standard setting bodies, one of which is the Supranational TB Referral Laboratory of Uganda which is now supervising over 20 countries in sub-Saharan Africa.
- iii. Only 11% of outbreaks were confirmed by Lab etiologically in 2011. Since 2016, all outbreaks are now confirmed by laboratory.
- iv. The 11 projects have supported the training of over 13,000 staff and also developed eLearning platform, and trained health workers on Fine Needle Aspirate/Biopsy (FNA/B) to support cancer diagnosis.
- v. Research on three main themes of malaria, TB and enteropathogens was completed and offshoot studies are now in progress.

The Sectoral Council was further informed that if additional funding becomes available, the laboratories will be developed into Centers of Excellence to supervise other laboratories within their catchment areas and also offer External Quality Assurance (EQA). The project has a component to support disease surveillance and

through this, the project has supported the development of the framework of cross-border disease surveillance, selection of priority diseases for surveillance and development of the regional contingency plan for acute public health events. The main purpose of cross-border surveillance initiatives is to improve cross-country exchange of surveillance information.

#### **The Sectoral Council:**

- a) directed Partner States to explore and establish a mechanism to sustain the initiatives supported by the project even after its lifespan **(EAC/SCHealth/19/Directive/036)**;
- b) directed the EAC Secretariat in collaboration with ECSA-HC mobilize resources to develop a regional accreditation body/system to ease the burden of accreditation of laboratories **(EAC/SCHealth/19/Directive/037)**; and
- c) directed the EAC Secretariat to develop a regional framework to guide information sharing to address restrictions of sharing disease surveillance information across borders in order to realize the vision of Article 118 of the Treaty for establishment of EAC, and the International Health regulations **(EAC/SCHealth/19/Directive/038)**.

#### **3.3.4.2 Ebola Virus Disease (EVD) Preparedness and Response**

The Sectoral Council was informed that challenges related to EVD Preparedness included inadequate resources and skilled personnel. The Ministries responsible for health in the EAC Partner States have advanced plans for resource mobilization, trainings, mentorship, SIMEX for frontline health workers and community mobilization. The Ministers noted that:

- i. EVD outbreaks are occurring more frequently over time. The region should beware of the risk at all times
- ii. Commendable effort for EVD preparedness has been initiated in each Partner State
- iii. Cross-border collaboration in EVD surveillance is very important
- iv. EVD screening is inadequately conducted at points of entry in some countries
- v. There is very limited cross-border collaboration on EVD surveillance and response between DRC and South Sudan and Uganda.

#### **Ebola Vaccine**

The Sectoral Council was further informed that the use of vaccines is one of the strategies applicable in the control of EVD. It should be considered along with:

- i. Risk communication, social mobilization and community engagement
- ii. Early detection and isolation
- iii. Water and Sanitation and Hygiene/Infection Prevention and Control (WASH/IPC) measures
- iv. Safe and dignified burial

The Sectoral Council was informed that rVSV-ZEBOV-GP is a recombinant antigen, which has been genetically engineered to contain a protein from the Zaire Ebola virus so that it can provoke immune response to Ebola Zaire virus. Therefore, a person cannot get Ebola virus infection from the vaccine. However, if one was already infected with the Ebola virus before getting the vaccine, the vaccine would not protect them from the infection. Currently not licensed, but the vaccine is used for compassionate reasons, under strict good clinical practice conditions and approvals of country and international ethics bodies. It is 97% effective, takes 10 days to mount protective immunity and, according to some preliminary evidence, may confer protection for one year though this needs more research to confirm.

The meeting noted that many people in the region lack detailed information about the EVD vaccine

A detailed report of the cross-border meeting on Ebola at ELEGU is hereto attached as **Annex E – VIII**.

#### **The Sectoral Council:**

- a) directed Partner States to strengthen and sustain Port Health Services with emphasis on Ebola Virus Disease screening **(EAC/SCHealth/19/Directive/039)**;
- b) directed Partner States to strengthen their national vaccine advisory committees **(EAC/SCHealth/19/Directive/040)**; and
- c) Urged Partner States to strengthen cross border surveillance and exchange/ sharing of information of information on cross movement for timely containment in case of any Ebola Virus Disease threat

#### **3.3.5 Consideration of the Status of Implementation of the EAC/GIZ “Support to Pandemic Preparedness in the EAC Region” Project**

The Sectoral Council recalled that the “Support to Pandemic Preparedness in the EAC Region” (Pan Prep) project started on 1 March 2017 and came to an end on 31<sup>st</sup> August 2019. The project is implemented by GIZ on behalf of the German Government and supports the EAC Secretariat in strengthening its advisory and coordinating role for the Partner States in Pandemic Preparedness. It covers three fields of activity:

- Pandemic Preparedness and One Health;
- Risk and Crisis Communication;
- Human Capacity Development.

The project pursues a participatory approach that involves stakeholders from all EAC Partner States in its activities. Its overall objective is to improve the health of the people in the EAC region

The Ministers were further was informed that between October 2018 and March 2019 the project:

- i. Finalized the development and validated the curriculum for the postgraduate short course “Pandemic preparedness under a One Health approach”
- ii. Finalized the Regional risk and crisis communication (RCC) strategy that reflects the One Health approach and five (5) SOPs to operationalize the strategy; and
- iii. Made preparations for the Field simulation exercise at Namanga.

### **3.3.5.1 Consideration of the Status of Implementation of the EAC/GIZ “Support to Pandemic Preparedness in the EAC Region” Project**

#### **Field of activity 1: Pandemic Preparedness/One Health**

- i. The regional contingency plan and related Standard Operating Procedures (SOP) were successfully tested for their practicability during the cross-border field simulation exercise in June 2019.
- ii. The regional contingency plan and SOPs were designed and printed and are available on the EAC Website (EAC Health/Pandemic Preparedness). Printed copies were shared with the Partner States.
- iii. The postgraduate short course on Pandemic Preparedness under a One Health approach was successfully piloted at Egerton University in cooperation with Moi University in Kenya from 1 to 12 July 2019. A report is attached as **Annex E -IX**.

#### **Field of activity 2: Risk and crisis communication**

- i. Three-day risk and crisis communication training was provided to the members of the RCC sub-working group of the Technical Working Group on communicable and Non-communicable diseases from 16 to 18 April 2019. The report of the meeting is attached as **Annex E-X**;
- ii. The regional risk and crisis communication strategy (RCC Strategy) and related Standard Operating Procedures were put to the test during the FSX;
- iii. Strategy and SOPs were designed and printed and are also available online on the EAC Website (EAC Health/Pandemic Preparedness). Printed copies were shared with the Partner States.

#### **Field of activity 3: Capacity building**

- i. Planning and preparation of the cross-border field simulation exercise (FSX) were finalized by 9 June 2019. The field simulation took place from 11-14 June 2019 and was followed by a final evaluation meeting of the FSX Steering Group (SG) and Exercise Management Group (EMG) on 17 and 18 June 2019 in Arusha. The EAC FSX Report is attached as **Annex E-XI**, the EAC Evaluation Report of the SG and EMG as **Annex E-XII**.
- ii. The results were made public. This includes a WHO Evaluation Report, an EAC Lessons Learned Report, pictures on the FSX, a Highlights Film that outlines the FSX and small films that cover selected special topics. All reports, pictures and films have been disseminated widely to all participants and are available on the EAC Website (EAC Health/Pandemic Preparedness).

### **3.3.5.1.1 Piloting the Postgraduate Short Course on Pandemic Preparedness with a One Health Approach (PPOHC)**

The Sectoral Council recalled that during the 18<sup>th</sup> Meeting of the EAC Sectoral Council of Health a generic curriculum for a regional short course curriculum on pandemic preparedness with a One Health Approach (PPOH) was adopted **decision EAC/SCHealth/18/Decision 11** and the EAC Secretariat (was directed to conduct regular assessment on implementation of the curriculum and report progress to the Sectoral Council of Health for guidance (EAC/SCHealth/18/Directive 24).

Subsequent to the adoption of the curriculum, a team of experts together with the EWG members assessed selected Universities in all the Partner States' universities and with the potential to pilot the course, and endorsed **Egerton University, Njoro, Kenya**. The course was advertised regionally, each country was allowed a total of 3 slots, from different disciplines and sectors in line with the One Health approach. More than 100 post-graduate students applied. Eighteen (18) participants from EAC Partner States were selected, of which half were women, while Eight additional students were admitted and on self sponsorship.

The piloting course took place between 1<sup>st</sup> and 12<sup>th</sup> July, 2019 and was conducted jointly between Egerton and Moi University and received a positive response in a qualitative evaluation. During the qualitative evaluation, the value of the course for universities was underlined, but also for local delivery, to create the necessary networks to work successfully on One Health and preparedness for outbreaks/epidemics and pandemics. Participants emphasized that the length of the course should be enhanced and they all felt that a full master course would be highly beneficial for pandemic preparedness in the region.

The Ministers noted that all involved universities are planning to integrate the PPOHC into their syllabi. Egerton University and Moi University have already adopted the curriculum and the following are considering adopting the curriculum; University of Burundi, Juba University, University of Rwanda, University of Global Health Equity (UGHE) Rwanda, Sokoine University of Agriculture (SUA), Muhimbili University of Health and Allied Sciences (MHAS), Makerere University and University of Nairobi. The Permanent/Principal/Under Secretaries were further informed that key training materials developed include Slide series for facilitators, with an extended comment section; Slide series for course participants; Programme template and a facilitator's guide **Annex E- XIII**. These were revised in preparation for the course and updated during the piloting of the course.

The Ministers further noted that full analysis including the quantitative evaluation will be ready after a 2<sup>nd</sup> pilot is conducted at a university in a second Partner State, planned for February/March 2020. The 2<sup>nd</sup> pilot will be performed by a team

composed of the EAC, GIZ, EPOS members with the aim of the providing a broader basis for the evaluation. One of the main questions is to understand if the course meets the needs of the participants and is market-oriented, and to ensure understand its applicability in a different setting. The final course material is currently being designed.

**The Sectoral Council took note of the progress in piloting postgraduate short course on Pandemic Preparedness with a One Health approach (PPOHC) and directed the EAC Secretariat in collaboration with the Partner States to translate the course material into the official Partner States' languages as may be deemed necessary and report to the 20<sup>th</sup> Sectoral Council on Health (EAC/SCHealth/19/Directive/041).**

### **3.3.5.1.2 Convening and evaluation of the cross-border Field Simulation Exercise (FSX) and dissemination of results and lessons learned**

The Sectoral Council was informed that simulation exercises play a key role in assessing the strengths and gaps in capacities and can layout practical corrective actions needed to develop and implement preparedness and response at all levels (national, regional, community and global). The exercises contribute to a culture of continuous learning and improvement, and through the sharing of results to build mutual accountability and transparency between Partner States. The 18<sup>th</sup> ordinary meeting of the EAC Sectoral Council of Ministers of Health held on 26<sup>th</sup> March 2019 recalled the decision (**EAC/ Health/SCM-11/ Decision 021**) and directed the EAC Secretariat to conduct a cross-border simulation exercise at the Namanga border between the Republic of Kenya (Kajiado County) and the United Republic of Tanzania (Longido District, Arusha Region). The ministers also recalled the decision (**EAC/ Health/ SCM-11/ Decision 019**) for Partner States to establish and / or strengthen the Port Health Services on the “One Health” approach at the Points of Entry based on the internationally recommended standards.

The Ministers were further informed that the EAC Secretariat convened a cross-border field simulation exercise (FSX) with support from GIZ through the Pandemic Preparedness in the EAC Region (PanPrep) project; the World Health Organization (WHO) as the technical lead. The exercise was held from **11<sup>th</sup> to 14<sup>th</sup> June 2019 at the Namanga One Stop Border Post (OSBP)** and other field stations in Nairobi and Kajiado in the Republic of Kenya and in Dodoma, Arusha and Longido in the United Republic of Tanzania, including the Jomo Kenyatta International Airport (JKIA) and Kilimanjaro International Airport (KIA). The simulation exercise embraced One Health approach.

About 300 people participated in the exercise which involved a total of 16 regional and international organisations including the African Union CDC, German Bernhard-Nocht-Institute for Tropical Medicine (BNITM), US Defense Threats Reduction

Agency (DTRA), Eastern, Central, Southern Africa Health Community (ECSA-HC), EPOS Health Management, United Nations Food and Agriculture Organization (FAO), German Federal Friedrich-Loeffler-Institute for Animal Health (FLI), Chemonics HRH2030, Kenya Red Cross, German Development Bank (KfW), One Health Central, Eastern Africa (OHCEA), World Organization for Animal Health (OIE)USAID;WHO and GIZ.

The Sectoral Council noted that the exercise involved representatives from all EAC Partner States and from four Southern African countries. Participants came from various disciplines and sectors including human, animal and environmental health, agriculture, trade and tourism, meteorology, administration, military and police, civil society and media representatives. The FSX scenario was on a cross-border outbreak of Rift Valley Fever (RVF). It built on the scenario used during the TTX that is influenced by climate factors, affected human and animal health, agriculture, trade and tourism and provides an opportunity for risk and crisis communication aimed at empowering citizens to contribute to containing the outbreak and mitigating its impact. In the fictitious scenario the virus was transmitted between humans allowing the participants to also assess the region's preparedness for Ebola-like outbreaks.

The purpose of the FSX was to assess and further enhance multi-sectoral outbreak preparedness and response in the EAC region under a One Health approach. Specifically, the exercise was designed to:

- i. Test the regional and national contingency plans and standard operating procedures (SOPs);
- ii. Familiarize participants with the roles and responsibilities of stakeholders from different sectors and backgrounds involved in preparedness, mitigation and response to a regional public health emergency; and
- iii. Assess and identify strengths and weaknesses in coordination and collaboration mechanisms, emergency response deployment, logistics and administrative processes, risk and crisis communication (RCC) as well as emergency management and leadership.

The FSX was intended to identify achievements and challenges in preparedness and response for a public health event affecting the East African Community. Its exposed participants to a realistic scenario and to practice the roles they would carry out in a real emergency.

### **Testing and dissemination of the Regional Contingency Plan and related Standard Operating Procedures (SOPs)**

The Ministers were informed that the Regional Contingency Plan and 4 SOPs (including the SOP on "Establishing a regional pool of rapidly deployable experts") were jointly developed with EAC and Partner States and approved by the Sector Council. The FSX served to test the plan and SOPs, especially the one on "Reporting

Emergencies and Activating EAC Regional Emergency Response” in practice. The FSX showed that the plan and SOPs provide the necessary emergency structure and information and steps which need to be taken in an outbreak scenario.

The Sectoral Council was further informed that the FSX also made clear that the regional plan and its procedures and requirements and the SOPs have not been widely disseminated at the regional and Partner States’ levels. Furthermore, it showed that the SOPs should be accompanied by short 1-pager check lists, as time for reading is limited in an outbreak scenario. Therefore, the essential steps should be listed in an easy to access format.

### **Testing and dissemination of the Regional Risk Communication and Crisis Strategy and Standard Operating Procedures (SOPs)**

The Ministerial Session noted that the EAC Regional Risk and Crisis Communication (RCC) Strategy and corresponding SOPs were approved during the 18<sup>th</sup> Ordinary meeting of the Sectoral Council of Ministers of Health (***EAC/SCHealth/18/Decision 09***) and (***EAC/SCHealth/18/ Decision 10***). The strategy and SOPs aim at improving communication on risks related to diseases and other events of public health concern with the potential for cross border spread as well as crisis communication.

Both, the RCC strategy and SOPs were tested during the FSX. The strategy and SOPs are available for easy download on the EAC website (EAC Health/Pandemic Preparedness) and can serve as a basis for the development of national strategies and SOPs.

### **Risk and Crisis Communication Training**

In April 2019, the EAC Secretariat in cooperation with PanPrep provided a 3-day training workshop for the risk and crisis communication sub-working group of the TWG on CDs & NCDs in cooperation with the German Federal Institute for Risk Assessment. The latter has a legal mandate for and decades of experience in risk and crisis communication. Representatives from all EAC Partner States participated in the training which comprised

- Theoretical input on risk and crisis communication
- An overview on German experiences in RCC and on the cooperation between the national and regional level
- Practical training on writing press release and identifying key messages
- Practical training in radio interviews
- Practical training in TV statements and interviews.
- Training sessions were recorded and filmed and subsequently discussed among all course participants.

The training was based on the regional risk and crisis communication strategy and SOPs and experiences at the national levels. Further trainings are planned for the second project phase.

### **Simulation Exercise Evaluation**

The evaluation report of the field Simulation Exercise is attached as **Annex E - XIV** and the report developed by the representatives from all Partner States is attached as **Annex E- XV**. In addition, the FSX Steering Group and the Exercise Management Group met in Arusha to internally evaluate the exercise. Their recommendations are part of the EAC SG and EMG Evaluation meeting report that is attached as **Annex E - XVI**.

### **Lessons Learnt from the Simulation Exercise**

The Sectoral Council noted that a comprehensive Lessons Learned Report documenting the background of the FSX and summaries of all recommendations from the different participants has been prepared. The report is attached as **Annex E - XVII**. In addition, all reports, pictures and short films were made available publicly on the EAC Website (EAC Health/Pandemic Preparedness).

### **The Sectoral Council:**

- a) directed the EAC Secretariat and Partner States to implement in a timely manner the recommendations of the Namanga cross border field Simulation exercise arising from the WHO technical evaluation and the FSX field steering group, and develop the necessary action plans to enhance sustainability of the FSX (**EAC/SCHealth/19/Directive/042**);
- b) directed the EAC Secretariat to strengthen multi sectoral collaboration and coordination through the One Health approach by developing a regional strategy to guide the process by June 2021 (**EAC/SCHealth/19/Directive/043**);
- c) directed the Partner States to further promote and strengthen interdisciplinary collaboration to embrace the One Health approach in preparedness and response (**EAC/SCHealth/19/Directive/044**); and
- d) directed Partner States to conduct drills and Tabletop simulation exercises annually and Field Simulations at least once every 3 years, but in accordance with the provisions of the national contingency plans (**EAC/SCHealth/19/Directive/045**).

### **3.3.6 Phase II of the Pandemic Preparedness Project – 1<sup>st</sup> September 2019 to August to 2022**

The 2<sup>nd</sup> phase of the project started on 1 September 2019 and will end on 31 August 2022. It supports the EAC Secretariat in strengthening its advisory and coordinating role for the Partner States in Pandemic Preparedness. The project pursues a

participatory approach that involves stakeholders from all EAC Partner States in its activities. The 2<sup>nd</sup> phase will focus on consolidating the achievements of phase 1.

Faced with high mobility and mass migration, growing international trade, climate change and the increasingly close interaction between humans and animals due to shrinking rangeland, it is more than ever incumbent on the EAC Secretariat as a regional organisation to provide effective help to Partner States in epidemic preparedness. Again, there have been numerous outbreaks of infectious diseases in the region over the past 12 months that have claimed human lives and destroyed livelihoods. In different regions of Tanzania, almost 90 people have been infected with anthrax since February 2019, 7 of whom have died. In Kenya alone, 26 people died of Rift Valley fever last year. Four out of the six EAC Partner States have been affected by the outbreak. Many animals have died from zoonoses, which are communicable to humans, primarily through cattle, goats and sheep. This has led to a ban on slaughter and trade with major economic repercussions for the affected countries. Added to this is the ongoing threat of an Ebola epidemic in the Democratic Republic of the Congo (DRC). Over 1,600 people are now infected, and more than 1,000 have died. All these pathogens occur naturally in the region. The outbreaks of disease have a particularly severe effect on poor people and the rural population, who have limited access to health care. These diseases pose an ongoing threat to public health and the economy and hence to peace and security in the region. Because the disease surveillance and reporting systems have limited capability, the actual rates of infection and death are likely to be far higher than the official figures.

### **Phase I Achievements**

- a) Reviewed the EAC regional contingency to include the One Health approach and risk and crisis communication, and a crisis management structure. We also developed 4 Standard Operating Procedures operationalizing the plan;
- b) Lessons learned and recommendations for the local, national and regional level were developed from a regional conference with international participation on 'Lessons for the Future – What East African experts learned from fighting the Ebola epidemic in West Africa'.
- c) The Technical Working Group on Communicable and non-Communicable Diseases was expanded with multi-disciplinary risk and crisis communication experts in line with the One Health approach
- d) A single entrance visa form for the EAC Region that comprises immigration, customs and health was designed.
- e) A regional risk and crisis communication strategy and 5 Standard Operating Procedures for putting the strategy into practice were developed.
- f) A cross-border table top exercise was convened by the EAC Secretariat in September 2018. Regional plans, strategies, SOPs and the One Health approach were tested.
- g) A cross-border field simulation exercise was convened in June 2019 building on the lessons learned from the table top simulation. Regional strategies and

plans, standard operating procedures and the One Health approach were tested under real-life-conditions. Lessons learned were developed and published.

- h) All lessons learned including recommendations as well as plans and strategies and standard operating procedures produced under the PanPrep project were approved by the Sectoral Council of Ministers of Health.
- i) A short course curriculum on Pandemic Preparedness under a One Health approach was developed and piloted in the EAC region and included in the syllabi of two universities.

### **Areas of focus**

As guided by the 18<sup>th</sup> Sectoral Council, phase II of the project will focus on:

- i. Establishing a regional pool of rapidly deployable experts;
- ii. Strengthening the EAC Secretariat Corporate Communications Department to undertake risk and crisis communication functions for the region
- iii. Conducting a field simulation exercise at a border point between the Republic of Uganda and the Republic of South Sudan border (*EAC/SHealth/18/Decision 08*)

### **Objectives**

- i. Strengthen the capacity of the EAC region to rapidly respond to public Health emergencies
- ii. Strengthen the capacity of the EAC Secretariat Corporate Communications Department to undertake risk and crisis communication functions for the region

### **Key results / deliverables**

- 1. Strengthen the capacity of the EAC region to rapidly respond to public Health emergencies

### **Result areas**

**Result area 1:** The capacity of the EAC Secretariat and Partner States for epidemic preparedness and control is strengthened.

- i. A regional web-based pool of rapidly deployable experts from at least 3 sectors relevant to containment of the epidemic has been set up at the EAC Secretariat
- ii. Number of deployments undertaken during the project period
- iii. Annual Updates of the regional web-based pool of rapidly deployable experts
- iv. A total of 100 experts from the EAC Secretariat, the republic of South Sudan and Uganda are trained on emergency preparedness and response.
- v. The standard operating procedures (SOPs) developed by the previous project for the practical implementation of the Regional Contingency Plan

- for Epidemics are applied at national and regional level in the event of an epidemic.
- vi. Regional risk and crisis communication is conducted regularly and prompt by the EAC Secretariat to protect the people in the EAC from cross-border health risks.

## **2. Strengthen the capacity of the EAC Secretariat Corporate Communications Department to undertake risk and crisis communication functions for the region**

**Result 2:** The capacity at the EAC Secretariat for risk and crisis communication is strengthened

- i. Risk and crisis communication is institutionalised at the EAC Secretariat
- ii. An approved concept is available for the cooperation between the EAC Secretariat and the Partner States in risk and crisis communication.
- iii. An approved concept is available for the cooperation between the EAC Secretariat and the Partner States in risk and crisis communication.

### **A. PANPREP Phase II Budget estimates**

	<b>Activity Field</b>	<b>Budget Allocation EUROs</b>
1.	Risk and Crisis Communication	450,000
2.	Establishment of Rapidly Deployable Pool of Experts	500,000
3	Simulation exercises	
	i. Field Simulation Exercises (FSX)–at Uganda-South Sudan Border)	500,000
	ii. Dissemination of FSX Findings and Reports	100,000
4.	2 <sup>nd</sup> Pilot PPOH Course	120,000
5	Risk assessment Training	50,000
6	TWG CD&NCD	130,000
7	One Health Strategy	100,000
8	Consultancies	150,000
9	Project Over heads	900,000
	<b>Total</b>	<b>3,000,000</b>

The Sectoral Council was informed that the budget details are to be worked out during the planning meeting scheduled for 13<sup>th</sup> to 14<sup>th</sup> November 2019 between the Pan Prep project, Health Department and other Stakeholders.

The Sectoral Council approved the Phase II of the Pandemic Preparedness Project and directed the EAC Secretariat to regularly report the implementation status to the Sectoral Council **(EAC/SCHealth/19/Decision/008)**;

### **3.4 CONSIDERATION OF MATTERS UNDER THE EAC JOINT TECHNICAL WORKING GROUP (TWG) ON REPRODUCTIVE MATERNAL NEWBORN CHILD AND ADOLESCENT HEALTH AND HIV & AIDS & SEXUALLY TRANSMITTED INFECTIONS (STIs)**

The Sectoral Council was informed that the EAC Integrated Health Programme (EIHP-2016-2020), provides for the convening of meetings of the Joint EAC Technical Working Group on Reproductive Maternal Newborn Child and Adolescent Health and HIV/AIDS as one of the mechanisms for strengthening integration in the health sector. The Sectoral Council was further informed that the progress presented below has been reviewed by the Joint EAC Technical Working Group on Reproductive Maternal Newborn Child and Adolescent Health and HIV/AIDS.

#### **3.4.1 Progress on implementation of the “EAC Integrated Health Programme EIHP)” (2016-2020)**

The Sectoral Council noted that the EAC Secretariat in collaboration with Sida developed the EAC Integrated Health Programme - EIHP (2016-2020) to sustain the action and results from the EAC HIV/AIDS Programme and the EAC Open Health Initiative (OHI) for Reproductive Maternal Child and Adolescent Health, which ended in 30th September 2016 and 31st December 2016 respectively. Further, the Permanent/Principal Secretaries recalled that the Government of Sweden through SIDA signed a financing agreement of a grant of 45million Kronor (USD \$ 5.3M) representing 51.4% of the total budget for the full operationalization of the programme. Subsequently the 13th Ordinary Meeting of the Sectoral Council and the 35th Ordinary Meeting of the EAC Council of Ministers approved the commencement of the project in November 2016 and April 2017 respectively.

The goal of the EHIP is to contribute towards elimination of preventable maternal, new-born and child deaths, AIDS and improvement of wellbeing among women, children, adolescents and families in the EAC while the objectives are to:

- i. Harmonize and integrate SRHR/RMNCAH and HIV/AIDS Service Packages, Standards and Guidelines in the East African Community
- ii. Strengthen SRHR/RMNCAH and HIV and AIDS Research, Innovations and Knowledge Management in the EAC
- iii. Strengthen SRHR/RMNCAH and HIV and AIDS Leadership, Governance and Accountability in the EAC
- iv. Strengthen the EAC Regional and National Health Systems towards universal coverage of SRHR/RMNCAH and HIV and AIDS services

- v. Strengthen the capacity of EAC Secretariat and Partner States to coordinate and implement the project and related global and Africa regional Initiatives

### **3.4.2 Development of the EAC Integrated RMNCAH and HIV/AIDS Packages and Standards**

The Sectoral Council recalled that the 13<sup>th</sup> and 17<sup>th</sup> Sectoral Council meeting approved a regional drafting committee composed of the relevant experts from each Partner State was established to facilitate the development the EAC Integrated Reproductive Maternal, New-born, Child, and Adolescent Health and HIV/AIDS Service Packages and Standards, and the study protocol respectively.

To this end, the EAC Partner States undertook and conducted the study assessing the level of integration of RMNCAH and HIV/AIDS services in the East African Community from May to July 2019. Specifically, the study will:

- i. evaluate the extent of implementation of RMNCAH and HIV/AIDS integration policies, packages and standards in the East African Community;
- ii. assess the benefits/advantages and disadvantage of integrating RMNCAH and HIV/AIDS services in the East African Community; and
- iii. Explore the factors that enable or hinder integration of RMNCAH and HIV/AIDS services in the East African Community.

All Partner States secured approval from the relevant independent national Ethics Boards before the study was undertaken. Further, all Partner States conducted the study through dully constituted a national study teams, with two principal Investigators (PI) and 2 co-principal Investigators (Co-PIs); a national and deputy national facilitator and three research assistants. The draft national study reports are attached **as Annex F-I (a – g).**

The Ministers noted that the EAC Secretariat has scheduled a regional meeting during the first quarter of 2020 to consolidate the findings from the countries into a regional report that will inform policy change in the region. The consolidated regional report on assessment of the level of integration of RMNCAH and HIV/AIDS services in the East African Community is hereto attached as **Annex F-II (to be shared in after the regional meeting)**

**The Sectoral Council took note of the National Reports for the integration study; and**

- a) **directed the EAC Secretariat to submit the harmonized RMNCAH and HIV and AIDS Harmonized Service Packages, Standards and Guidelines to the 20<sup>th</sup> Sectoral Council for consideration and policy guidance (EAC/SCHealth/19/Directive/046).**

### 3.4.3 Development of Harmonized EAC Sexually Transmitted Infections (STI) Packages and Guidelines

The Sectoral Council was informed that as part of the implementation of the EAC Integrated Health Programme - EIHP (2016-2020), a Regional Drafting Committee for the harmonized EAC STI management guidelines and standards composed of the relevant experts from each Partner State was established to facilitate the development the Harmonized EAC Sexually Transmitted Infections (STI) Packages and Guidelines based on the TOR approved by the 13th Sectoral Council on Health.

The Sectoral Council was further informed that the regional experts in their meeting in June 2019 reviewed the protocol and the budget for the study. The purpose of the study is to estimate the burden of STIs and generate evidence to strengthen STIs programing within the EAC region and Partner States. Specifically, the study will:

1. Document the STIs prevalence by syndrome and/or causative agents within the EAC Partner States;
2. Document policies, strategies and guidelines in STIs management within the EAC Partner States;
3. Document STIs management practices including STIs surveillance systems within the EAC Partner States;
4. Establish microbial occurrence and antimicrobial susceptibility of *Neisseria gonorrhoea* (NG) in the EAC region;
5. Determine the phenotypic and molecular characteristics of organisms causing STIs and isolates of *Neisseria gonorrhoea* within the EAC region; and
6. identify key areas of harmonization in STIs management within the EAC Partner States.

The final generic Protocol for the study is attached as **Annex F-III**.

The Sectoral Council was further informed that the study is currently being conducted in the Partner States and all have secured approval from independent Ethics Review Boards (IRBs) to conduct the study in a phased manner. The budget for phase I is about SD\$ 400,000 and is covered under the EIHP while the total budget estimate for conducting phase II per Partner States is **US\$ 424,270.32 as shown in the table below.**

**Table: Budget estimate for one country**

Column1	Number of participants	TOTAL COST (UD\$)
---------	------------------------	-------------------

Sample collection	1700	49,789.91
Cepheid CT_NG	1700	77,865.98
Cepheid TV	1700	52,932.65
SpeeDX_MG	1700	77,865.98
Cepheid HPV	1700	49,789.91
HCV PCR	1700	46.17
HSV Serology	1700	53,220.13
HD PCR	0	-
HBV Rapid	1700	10,472.00
HBV Viral load	34	1,569.79
V_Culture	170	7,153.69
NG Sequencing	150	38,364.10
<b>TOTAL</b>		<b>419,070.32</b>
<b>TRAINING COST PER COUNTRY</b>		
	<b>Column1</b>	<b>Column2</b>
DSA	350	4200
Air Ticket	500	1000
<b>TOTAL</b>		<b>5200</b>
<b>TOTAL BUDGET</b>		<b>Column1</b>
Budget for one country	424,270.32	

Phase I has started and will focus on the programmatic component of STIs, while phase II which aims to start as soon as funds are available will mainly focus on the laboratory component. This is due to huge cost for undertaking the laboratory component of the study, and the need to register preliminary findings from the programmatic component.

**Phase I: (3 months) August – December, 2019**

Document the prevalence of STIs (syndromic and etiological), and management practices including existing STI surveillance systems employing: Meta- Analysis of existing / publications; Retrospective review of clients’ records, 12 months); Document Review Key informant interviews

**Phase II: (12 to 18 months)**

Establish STI prevalence by etiological agent, determine sensitivity patterns for Neisseria Gonorrhoea, Determine phenotypic and molecular characteristics of Neisseria Gonorrhoea isolates; Human Papilloma virus; Herpes simplex; Hepatitis B&C within the EAC region.

This component will involve Laboratory testing of Biological samples.

**The Sectoral Council took note of the progress made with regard to the STI study and;**

- a) directed Partner States to support phase II of the STI study **(EAC/SCHealth/19/Directive/046)**;
- b) directed the EAC Secretariat to continue mobilizing resources to support Partner States to undertake this study **(EAC/SCHealth/19/Directive/047)**.

#### **3.4.4 EAC Reproductive Health Cross-Border Supply Chain Solutions and Feasibility of Pooled Procurement Study**

The Sectoral Council recalled that during the 18<sup>th</sup> Meeting of the Sectoral Council on Health, the Ministers had taken note of the report and recommendations of the EAC Regional Situational Analysis and Feasibility Study on Cross Border Supply Chain Solution and Pooled Procurement Reproductive Health Supplies and had directed the Partner States to conduct further country consultations on the proposed procurement models i.e. group contracting and central pooled procurement and submit the reports to the EAC Secretariat by 31st August 2019 **(EAC/SCHealth/18/Directive 30)**. The Sectoral Council had further directed the EAC Secretariat in collaboration with the EAC Regional Centers of Excellence for Vaccines Immunization and Health Supply Chain Management (EAC RCoE-VIHSCM) to convene a regional meeting to build consensus on the procurement model for the region and submit the report to the 19<sup>th</sup> Sectoral Council of Ministers of Health for consideration and guidance *(EAC/SCHealth/18/Directive 31)*. These directives have not been implemented by EAC Secretariat and the Partner States to date.

The Sectoral Council further noted that during a joint meeting of EAC Partner States' RMNCAH and HIV and AIDS, TB and STI programme managers held in September, the experts made the following observations with regards to concluding the work:

- i. Country chapters of WHO and UNFPA were critical for supporting the in-country consultations but had not been mobilized to support implementation of the recommendations so as to build internal consensus then convene a regional meeting to build consensus on what comes to the public.
- ii. Civil society need to understand the report and the proposed models so as to facilitate advocacy on the agreed model, thus the need to facilitate CSO to further understand the model;
- iii. There is need to mobilize countries with the help of UNFPA country offices working together with other relevant partners and the ministries of health;
- iv. Procurement agencies were not adequately engaged during the study

#### **The Sectoral Council:**

- a) directed the EAC Secretariat to coordinate additional in-country consultations on the pooled bulk procurement model to be adopted and present the consolidated report to the 20<sup>th</sup> Ordinary Meeting of Sectoral Council of Ministers of Health for policy guidance **(EAC/SCHealth/19/Directive/047)**; and

- b) directed the EAC Secretariat to collaborate with UNFPA ESARO to coordinate and mobilize all UNFPA country teams to support the EAC Secretariat and Partner States to implement the directives of the Ministers, including further sensitization of the countries regarding the recommendations of the study ([EAC/SCHealth/19/Directive/048](#)).

### 3.4.5 International Conference on Population and Development (ICPD), Plus 25

The Sectoral Council was informed that 2019 marks the 25th anniversary of the International Conference on Population and Development (ICPD), which took place in Cairo in 1994. At that Cairo conference, 179 governments adopted a Programme of Action, recognizing that reproductive health, women's empowerment and gender equality are the pathway to sustainable development. To this end UNFPA Eastern and Southern Africa in collaboration with the governments of Kenya, Denmark and international partners has organized a high-level conference on ICPD25, in Nairobi, Kenya from 12<sup>th</sup> to 14<sup>th</sup> November 2019.

The Sectoral Council was further informed that during a joint meeting of EAC Partner States' RMNCAH and HIV and AIDS, TB and STI programme managers held from 24<sup>th</sup> to 27<sup>th</sup> September, the experts confirmed that Partner States were implementing various actions to fulfil their commitment to the **Programme of Action of the International Conference on Population and Development (ICPD)**; the Global Strategy on Women and Children's Health; the Sustainable Development Goals; Family Planning 2020; Agenda 2063: The Africa we want to see; the Maputo Plan of Action on Sexual and Reproductive Health; the Campaign to Accelerated Reduction of Maternal Mortality in Africa; the East and Southern Africa Ministerial Commitment on needs and rights of young people; EAC council Decisions and Directives.

The experts further noted the progress made by the EAC Partner States, particularly in reducing maternal mortality, increasing the number of safe deliveries in health facilities, commitment to of children receiving DPT vaccination, the prevention and treatment of HIV/AIDS and the Elimination of mother to child transmission of HIV through the expansion of Universal Health Coverage (UHC) as shown in the integrated EAC SRHR/RMNCAH Scorecard. Despite the progress and success registers in the health sector, the experts were concerned about:

- i. the persistent high levels of maternal deaths and newborn deaths due to complications of pregnancy and childbirth for which low cost and cost-effective interventions exist;
- ii. the need to meet the sexual, reproductive, maternal, child and adolescent health needs of people with disabilities, migrants, internally displaced persons, refugees and people affected by natural disasters and emergencies, and other vulnerable populations, through the life course;

- iii. many adolescent girls and women of all ages who continue to witness and bear the devastating effects of intimate partner violence, sexual and gender violence, harmful practices;
- iv. the challenges of accessing information, education and services on Sexual and Reproductive Health and Rights, assurance of equitable education and unemployment among the adolescents and young people who form the majority of the population in the East African Community.

The Sectoral Council was further informed of the need to harness the huge social and economic benefits of investing in the health of all people in particular women's, children's and adolescent health to ensure the attainment of the demographic dividend, which would in turn drive the economic growth and development of the region.

The Ministers observed that based on the detailed discussions and review of the integrated RMNCAH, HIV and AIDS, TB and STI scorecard 2018, the experts developed commitments for the EAC region to be presented by the **Chairperson of the EAC Sectoral Council of Ministers on Health** during the ICPD25 conference. The Draft Commitment is attached hereto as **Annex F-V**

**The Sectoral Council:**

- a) approved the presentation of the Commitment for the EAC Region on Maternal and Child Health during the ICPD25 conference, in Nairobi, Kenya from 12<sup>th</sup> to 14<sup>th</sup> November 2019 (**EAC/SCHealth/19/Decision/009**); and
- b) endorsed the Commitment for the EAC Region on Maternal and Child Health for the ICPD25 conference (**EAC/SCHealth/19/Decision/010**).

**3.5 CONSIDERATION OF MATTERS UNDER THE EAC TECHNICAL WORKING GROUP ON MEDICINES, FOOD SAFETY AND HEALTH TECHNOLOGIES**

**3.5.1 Progress Report on Implementation of EAC Joint Assessment and Registration Procedures for Medicinal Products**

The Sectoral Council was informed that EAC Secretariat in collaboration with Partner States National Medicines Regulatory Authority (NMRAs) with financial support from Bill and Melinda Gates Foundation (BMGF) have continued to implement joint scientific evaluation of safety, efficacy and quality of medicinal products dossiers. The aim is to promote collaboration and streamlined approach in evaluation and registration of medicinal products; reduce timelines for registration and costs for manufacturers and Governments; strengthen Partner States medicines regulatory systems and spearhead EAC harmonization and integration agenda by aligning the East African Community Medicines Regulatory Harmonization programme with

African Medicines Regulatory Harmonization (AMRH) as the continental initiatives of establishing African Medicines Agency (AMA).

The Sectoral Council noted that since the commencement of the EAC Joint Assessment Procedure, a total number of **106** medical products applications have been submitted to lead NMRA, Tanzania Medical Devices and Diagnostics Authority (TMDA) for joint review. Among these, **83** medicinal products have been assessed, **36** medicinal products have been recommended for registration, **47** applications have queries to be addressed, **21** medicinal products dossiers are under review and **2** medicinal product dossiers are pending payment.

The status of registration of 36 medicinal products is summarized below:

- (i) Tanzania: - **36** products with timeline of 30 - 90 days for granting market authorization following regional recommendations
- (ii) Kenya: - **23** products with timeline of 120 - 180 days for granting market authorization following regional recommendations
- (iii) Uganda: - **21** products with timeline of 120 - 180 days for granting market authorization following regional recommendations
- (iv) Rwanda: - **17** products with timeline of 120- 180 days for granting market authorization following regional recommendations
- (v) Burundi: - **2** products with timeline of 120 - 180 days for granting market authorization following regional recommendations
- (vi) Zanzibar: - **2** products with timeline of 180 days for granting market authorization following regional recommendations
- (vii) South Sudan: - None of the products have been registered

The overall process for 36 recommended products between 2015 to 2019 took 372 days, regulators time 202 days; manufacturers time to respond to queries 170 days.

However, the EAC-MRH initiative have significantly reduced the timelines of registration since the beginning of the year 2019 as summarized in the table below;

**Table I:** Timelines from January to September 2019, total applications 54, Finalized applications 8.

Partner States NMRAs	Number of Applications Registered	Time taken (days) to implement recommendations
TMDA- Tanzania	8	30
PPB- Kenya	3	30
NDA- Uganda	4	30

Submission to end of assessment for all products 240 days; regulators time 150 days; manufacturers time to respond to questions is 90 days. Overall time lines

have been reduced by 35%; regulatory and manufacturer's time lines have been reduced 26% and 47% respectively.

The table below provides summary of the medicinal products that were assessed by experts between March to September 2019 through EAC joint procedure and recommended by steering committee to be granted market authorization by EAC Partner States NMRAs;

**Table II: Eight Medicinal Products Recommended for Registration**

SNO	BRAND NAME, & DOSAGE FORM	GENERIC NAME	APPLICANT	OUTCOME OF ASSESSMENT
1	Cardisar HT 160/25, Tablets	Valsartan160mg/ Hydrochlorothiazide 25mg	Mylan Pharmaceuticals Pvt Ltd	Recommended for registration
2	Cardisar HT 160/12.5, Tablets	Valsartan80mg/ Hydrochlorothiazide 12.5mg	Mylan Pharmaceuticals Pvt Ltd	Recommended for registration
3	Cardisar HT 160/12.5, Tablets	Valsartan160mg/ Hydrochlorothiazide 12.5mg	Mylan Pharmaceuticals Pvt Ltd	Recommended for registration
4	Vemlidy	Tenofovir Alafenamide Fumarate 25mg Tablets	Gilead Sciences Inc, Ireland	Recommended for registration
5	Betaserc 24 mg	Betahistine dihydrochloride, orodispersible tablet, 24 mg	Abbot Laboratories (Pty) Limited, South Africa	Recommended for registration
6	Zavicefta Powder for Injection	Ceftazidime/Avibactam 2g/0.5g powder for injection	GlaxoSmithKline Manufacturing S.p.A, Italy	Recommended for registration
7	Abcrom eye drops, Ophthalmic solution	SODIUM CROMOGLYCATE  2%W/V	Abacus Parenteral Drugs Limited	Recommended for registration
8	Xtandi Soft Gelatin Capsules	Enzulatamide 40mg Capsules	Astellas Pharma (Pty) Ltd, South Africa	Recommended for registration

**The Sectoral Council took note of the positive outcome of the Joint Assessment Procedure and Reduction in Registration Timelines for Medicinal Products by Regulators and Manufacturers; and**

- a) directed the EAC NMRAs to Expedite National Administrative Procedure for Marketing Authorization of Eight (8) Medicinal Products within agreed timelines of 90 days ([EAC/SCHealth/19/Directive/049](#)).

### 3.5.2 EAC Harmonized Guidelines & Standard Operating Procedures for Registration of Medicinal Products

The Sectoral Council took note of the review of the EAC Compendium of guidelines for medicines evaluation and registration was concluded in April 2019. The EAC Expert Working Group for Medicines Evaluation and Registration (MER) included three (3) additional documents as part of the compendium namely EAC quality information summary (QIS), EAC Guide on Naming of Medicinal Products and EAC Policy/Procedure for Evaluation of Active Pharmaceutical Ingredient (API) Master File. The revised EAC Compendium is attached as **Annex G-I** and the summary of the changes made to the Compendium is attached as **Annex G-II**. All additional guidelines were considered and approved by the steering committee for EAC-MRH program on 30<sup>th</sup> August 2019

The Sectoral Council further noted that the Steering Committee had considered and endorsed the following guidelines, procedures and templates for assessment of safety, quality and efficacy of various product categories;

- (i) EAC procedure for Evaluation of Variation Application for Medicinal Products Registered through Joint Assessment Scheme- **Annex G- III**
- (ii) EAC Application Form for Variation to a Registered Pharmaceutical Product: - **Annex G- IV**
- (iii) EAC Application Guideline on Variations to Registered Vaccines: - **Annex G- V**
- (iv) EAC Application Form for Variations to Registered Vaccine: - **Annex G-VI**
- (v) EAC Evaluation Report Template for Variation: - **Annex G- VII**

**The Sectoral Council approved:**

- (a) the 2<sup>nd</sup> version of the EAC Compendium of guidelines for medicines evaluation and its annexes namely quality information summary (QIS), EAC Guide on Naming of Medicinal Products and EAC Policy/Procedure for API Master File and recommend for its implementation with immediate effect **(EAC/SCHealth/19/Decision/ 011)**;
- (b) EAC Guidelines for Variation to Registered Pharmaceutical Products and Vaccines to be Implemented by Partner States NMRA's with immediate effect **(EAC/SCHealth/19/Decision/012)**; and
- (c) EAC Procedures and Forms for Variation to Jointly Registered Pharmaceutical Products and Vaccines to be Implemented by January 2020 **(EAC/SCHealth/19/Decision/013)**.

### **3.5.3 Development of Metric Tools to Monitor and Track Timelines for EAC Joint Assessment Procedure**

The Sectoral Council was informed that the EAC Secretariat in collaboration with Lead NMRA for Registration and Evaluation (MER), and EAC Partner States Regional Technical Officers (RTO's) developed a Metric tool to be used to track and monitor efficiency of the EAC Joint Assessment Scheme, its performance and evaluate if it meets customers satisfaction. The steering committee for EAC-MRH

program considered and approved the metric tool to be used to track and monitor registration timelines for medicinal products at regional and national level. The tool has six major sections as summarized below and is attached as **Annex G-VIII**.

- (i) Section 1: - Application Details
- (ii) Section 2: - Screening Process
- (iii) Section 3: - Evaluation Process (Four cycle of evaluation)
- (iv) Section 4: - Final Recommendations
- (v) Section 5: - NMRAs Implementation Recommendations

The metric tool is being populated with data by RTO for Medicines Evaluation and Registration to capture information of all medicinal products assessed through EAC Joint Assessment Procedure pathway.

**The Sectoral Council approved the EAC Metric Tool to Track and Monitor Timelines for EAC Joint Assessment Procedure and recommended for implementation by 1<sup>st</sup> January 2020 (EAC/SCHealth/19/Decision/014).**

#### **3.5.4 Development of Advocacy and Communication Materials for the EAC Medicines Regulatory Harmonization Programme (EAC-MRH)**

The Sectoral Council was informed that the EAC Secretariat in collaboration with EAC Partner NMRAs and International Federation of Pharmaceutical Manufacturing and Associations (IFPMA) developed advocacy and communication materials to increase more visibility about the EAC Joint Regulatory Activities. The target includes Pharmaceutical Manufacturers, Development Partners and other stakeholders. The advocacy and communication materials include brochure (**Annex G-IX**), expression of interest (**Annex G-X**) and Info graphic of EAC Joint Assessment Procedure (**Annex G-XI**). The steering committee further recommend the communication materials should capture information on time period of two (2) years as validity of the positive outcome of the joint assessment in which an applicant can fulfill national requirements to obtain market authorization.

#### **The Sectoral Council:**

- (a) approved EAC-MRH brochure, expression of interest and info graphics and direct the EAC Secretariat to disseminate to various stakeholders by 30<sup>th</sup> November 2019 (EAC/SCHealth/19/Decision/015); and
- (b) directed the EWG for Medicines Evaluation and Registration (MER) to include in the Expression of Interest (EOI) and Brochure that the applicant to fulfill national requirements and obtain marketing authorization within two (2) years' in all EAC Partner States NMRAs following a positive outcome of the joint assessment (EAC/SCHealth/19/Directive/050).

### **3.5.5 Engagement with Pharmaceutical Industry Stakeholders**

The Sectoral Council noted that the EAC Secretariat has continued to engage Pharmaceutical Industry stakeholders in EAC-MRH initiative with the aim of receiving feedback about EAC Joint Regulatory Activities and continue to make process improvements. The industry stakeholders had discussions with medicines assessors and GMP inspectors during the 10<sup>th</sup> EAC Joint Dossier Assessment Session and it was attended by representatives from Lifeway Pharmaceutical Co, Bayer East Africa Ltd, International Federation of Pharmaceutical Manufacturers (IFPMA), Kenya Association of Pharmaceutical Industries, Abacus parenteral Ltd and Cipla Quality Chemical Ltd.

The Sectoral Council observed that the main issues raised by industry stakeholders include lack of information regarding the EAC joint regulatory activities which should be readily accessible in project website and Partner States NMRAs websites.

#### **Strengthening of the EAC Domestic Pharmaceutical Manufacturing Sector**

The Sectoral Council was informed that regional projects and programmes for the Pharmaceutical Manufacturing Sector are implemented by the Department of Industry in collaboration with the Health department and progress reports are considered by the Sectoral Council responsible for Trade, Industry, Finance and Investment (SCTIFI).

The Sectoral Council was further informed that the projects focus on investment to the sector by establishing coherence policy packages between the Trade, Industry and Health Sectors, Capacity building for the Pharmaceutical industry to ensure compliance to good manufacturing practice standards and monitoring of safety and quality of the medical products they place in the market.

**The Sectoral Council directed the EAC Secretariat to prepare a matrix of challenges/issues identified by the Pharmaceutical Industry stakeholders and share with Heads of Agencies for consideration and action by 30<sup>th</sup> December 2019 (EAC/SCHealth/19/Directive/051).**

### **3.5.6 Development of Fee Guideline for EAC Joint Regulatory Activities**

The Sectoral Council was informed that the EAC EWG for Policy, Legal and Regulatory Reforms was convened from 18<sup>th</sup> to 20<sup>th</sup> June 2019 to review and finalize draft fee guidelines and structure (**Annex G-XII**). The Partner States were urged to adopt the harmonized fees in their national legislations as and when it should be

agreed upon. The session noted that the experts proposed that, a cost analysis for joint regulatory activities should be conducted to inform development of EAC fee guide and structure. The cost analysis for the EAC joint activities will be conducted by the lead NMRAs for registration i.e. the United Republic of Tanzania and lead NMRA for Good Manufacturing Practices (GMP) i.e. Republic of Uganda.

**The Sectoral Council took note of the Progress on Development of Fee Guidelines for EAC Joint Regulatory Activities.**

**3.5.7 Coordination Fee for EAC Joint Regulatory Activities and Central Platform for Collection of Fees**

The Sectoral Council noted that the EAC-MRH Steering Committees met on 30th August 2019 and deliberate on coordination and sustainability of the EAC- MRH Program and members agreed to introduce a coordination fee to support and sustain joint regulatory activities at regional level. The meeting further took note of the 2016 report of End Term Evaluation of EAC-MRH Program by Boston Consulting Group (BCG) proposal based on cost analysis, of a fee of USD 3500 as top up fee to be paid directly to the EAC Secretariat to support joint regulatory activities.

The Ministers further noted that the Steering Committee had made the following observations:

- i. The key principles of the coordination fees for regional activities were agreed that it should demonstrate the benefit to applicants and individual NMRAs
- ii. The EAC Secretariat be the single point of collection of the fees for onward disbursement to the Partner States according to a formula to be agreed upon
- iii. As a way of encouraging applicants to participate in joint procedures, the EAC Secretariat may consider giving priority vouchers to applicants

**The Sectoral Council:**

- (a) approved the introduction of the coordination fee and directed the EAC Secretariat to conduct a further cost analysis to inform on the amount of the top up/coordination fee to be paid by applicant for EAC Joint Assessment Pathway and report back to the 20<sup>th</sup> EAC Sectoral Council of Ministers of Health **(EAC/SCHealth/19/Decision/016)**;
- (b) directed the EAC Secretariat to Conduct Stakeholder's Consultation to discuss on the need for a coordination fee to support Regional Coordination of Joint Regulatory Activities **(EAC/SCHealth/19/Directive/052)**; and
- (c) directed the EAC Secretariat and Partner States NMRAs to introduce Priority Voucher Mechanisms for Applicants who make timely payment of fees to all Partner States NMRAs **(EAC/SCHealth/19/Directive/053)**.

### 3.5.8 EAC Joint Inspections of Pharmaceutical Manufacturing Facilities to Assess Compliance to Good Manufacturing Standards (GMP)

The Sectoral Council noted that the 15<sup>th</sup> Steering Committee received a summary report of six (6) pharmaceutical manufacturing facilities that were inspected by experts from NMRAs of the Republic of Kenya, Republic of Uganda, United Republic of Tanzania Republic of Burundi and Republic Rwanda between April 2019 to June 2019. The sites were identified based on mapping of common applications submitted in the three Partner States. The table below summarize the list of sites inspected and findings;

S/N	Name of Manufacturer	Physical Address	Inspection Performed by	Comments
1.	Wockhardt Ltd- India	Biotech Park, H-14/2, MDC, Waluj Aurangabad-431136 Maharashtra India	Uganda	Inspection report adopted by all NMRAs
2	Dinias Pharma EPZ Limited- Kenya	Plot No 7149/121 Mombasa Road, Syokimau P.O.BOX 22661-00505, Nairobi, Kenya	Kenya and Uganda	Inspection report adopted with some amendments (re-classification of deficiencies and rephrasing of non-compliances)
3	Cipla Quality Chemical Industries Ltd, Uganda	Plot 1-7 Ringroad, Luzira Industrial Park , Uganda	Tanzania and Uganda	Inspection report adopted with some amendments (re-classification of deficiencies and rephrasing of non-compliances)
4	Ajanta Pharma Ltd	Mizra-Palashbari Road, Village-Kokjhar, Palashbari-781128 Kamrup (bR-Assam) India	Tanzania	Report adopted
5	Cipla Limited	Plot No D-7,D-22, D-27, M.I.D.C Industrial area, Kunkumbh 413802, District Pune, Maharashtra India	Kenya	The report was not adopted. Inspectors to revisit the report and align it to EAC format
6	Beacon Pharmaceutical Ltd- Bangladesh	Kathali, Bhaluka Mymensingh, Bangladesh	Kenya	Report adopted. Inspector to align it to EAC format
7	Jerusalem	P.O.BOX 3750	Tanzania and	Inspection

	Pharmaceutical Company, Palestine	Ramallah	Burundi	conducted between 19 <sup>th</sup> to 23 <sup>rd</sup> August 2019
--	-----------------------------------	----------	---------	--

**The Sectoral Council took note of the progress in conducting EAC Joint GMP Inspections and directed the EAC Partner States NMRAs to expedite finalization of the report and provide findings of the inspection to the management of the respective Pharmaceutical Manufacturing Facilities by 15<sup>th</sup> November 2019 (EAC/SCHealth/19/Directive/054);**

### **Status of Establishment of National Food and Drugs Authorities by Partner States**

The Sectoral council received the following updates:

- i. The Republic of Rwanda established the Rwanda Food and Drugs Authority and has been operational since February 2018;
- ii. The Republic of Kenya has sent experts for the Pharmacy and Poisons Board for a learning mission at the US Food and Drug Administration.
- iii. The Republic of Burundi, reported that the draft Bill is before Parliament for analysis
- iv. The United Republic of Tanzania has transformed the Tanzania Foods and Drugs Authority in the Tanzania Medicines and Medical Devices Authority. The food component is being handled by the Tanzania bureau of Standards since July 2019. Further, the Sectoral Council was informed that Zanzibar has the Zanzibar Food and Drugs Agency;
- v. The Republic of Uganda reported that the Bill for Establishment of the Food and Drug Authority is still under consultation and
- vi. The Republic of South Sudan has a Drug and Food Control Authority in place.

**The Sectoral Council directed the EAC Secretariat to prepare summary of previous Sectoral Council Decisions that Directed all EAC Partner States to establishment Food and Drug Regulatory Authorities (FDA's) and present for consideration and discussions during the 20<sup>th</sup> Sectoral Council of Ministers of Health (EAC/SCHealth/19/Directive/055)**

#### **3.5.9 EAC Procedure on Recognition of Regulatory Decisions on Good Manufacturing Practices (GMP) Issued by EAC Partner States NMRAs**

The Sectoral Council was informed that the purpose of the procedure is to ensure standardized procedure is followed by all EAC Partner States NMRAs on taking regulatory actions by adopting regulatory GMP outcome and inspections reports from other EAC NMRAs. Implementation of the procedure will promote reliance and convergence on regulatory decisions with respect to regulation of medicines and

health technologies among EAC NMRAs. The final procedure which was adopted and approved by the steering committee is attached as **Annex G- XIII**.

**The Sectoral Council approved the EAC Procedure on Recognition of Regulatory Decisions on Good Manufacturing Practices (GMP) Issued by EAC Partner States NMRAs and recommended the same for implementation by 1<sup>st</sup> January 2020 (EAC/SCHealth/19/Decision/017).**

#### **3.5.10 Development of the EAC Metric Tool to Track and monitor timelines for EAC Joint GMP Inspections**

The Sectoral Council noted that the EAC Secretariat in collaboration with the Lead NMRA for Good Manufacturing Practices (GMP), and EAC Partner States Regional Technical Officers (RTO's) developed a Metric tool to be used to track and monitor efficiency of the EAC Joint GMP Inspections Scheme, its performance and evaluate if it meets customer satisfaction. The steering committee for EAC-MRH program considered and approved the metric tool to be used to track and monitor timelines for EAC Joint GMP Inspections. The tool has five major sections as summarized below and is attached as **Annex G- XIV**.

- (i) Section 1: - Application Details
- (ii) Section 2: - Screening Process
- (iii) Section 3: - Scheduling
- (iv) Section 4: - Planning and Inspection
- (v) Section 5: - Review of CAPA

The metric tool is being populated with data by the Regional Technical Officer (RTO) for Good Manufacturing Practices to capture information of all EAC Joint GMP Inspections conducted since 2014.

**The Sectoral Council approved the EAC metric tool to track and monitor timelines for EAC Joint GMP Inspections and recommended its implementation by 1<sup>st</sup> January 2020 (EAC/SCHealth/19/Decision/018).**

#### **3.5.11 Sustainability of the EAC-MRH Program**

The Sectoral Council noted that the EAC Heads of EAC NMRAs committed to sustain the EAC joint regulatory activities by hosting the EAC joint assessment sessions, cover the cost of conference package and participation of the assessors in the in joint review sessions.

**The Sectoral Council took note that the EAC Partner States NMRAs have committed to support the joint activities by hosting joint sessions on rotational basis by providing conference facilities and covering the cost of experts participating in the EAC joint assessment sessions which include Daily**

**Subsistence Allowance (DSA) and EAC Secretariat to provide the air tickets for the experts and;**

- (a) approved the hosting of the 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> EAC joint assessment sessions by the United Republic of Tanzania, Republic of Kenya and Republic of Rwanda respectively ([EAC/SCHealth/19/Decisions/019](#)); and**
- (b) directed the EAC Secretariat in collaboration with the lead NMRAs to develop a schedule of joint activities and budget for sharing with all NMRAs for planning and budgeting by 15<sup>th</sup> of November 2019 ([EAC/SCHealth/19/Directive/056](#))**

### **3.5.12 Progress Report on Implementation of EAC Project on Strengthening and Harmonization of Pharmacovigilance (PV) Systems**

The Sectoral Council were informed that the EAC Secretariat submitted a proposal to USAID/KEA for funding for a period of one (1) year to support PV program activities for the second phase. The amount requested is at a tune of USD. 1 Million and it focus on strengthening pharmacovigilance and post market surveillance systems including border points to ensure the EAC population access safe and quality medicines and health technologies.

The final proposal is attached as ***Annex G- XV***

**The Sectoral Council approved the project proposal on Harmonization and Pharmacovigilance System Strengthening and Post Market Surveillance for implementation from December 2019 ([EAC/SCHealth/19/Decisions/020](#)).**

### **3.5.13 Progress Report on Implementation of the EAC Project on Strengthening Post Marketing Surveillance (PMS) System for Medical Products**

The Sectoral Council was informed that the EWG of PMS developed the EAC Strategic plan for post-market surveillance which aims to guide the region in establishing sustainable post market surveillance systems (PMS) in the region. The plan serves as a framework through which PMS infrastructure and information sharing will be strengthened through joint activities, reliance and recognition of regulatory decisions. The final draft plan is attached as ***Annex G -XVI***. The EWG of PMS is planning for a second joint study on cephalosporins and the lead NMRA. Pharmacy and Poisons Board (PPB) is currently developing a protocol to guide initiation of the study on cephalosporins and EAC Partner States NMRAs will conduct situational analysis on the identified cephalosporins and capacity to conduct laboratory tests.

**The Sectoral Council:**

- (a) approved the PMS Strategic Plan for implementation by the EAC Partner States NMRAs (EAC/SHealth/19/Decision/021);
- (b) directed all Partner States NMRAs to come up with situational analysis report on the identified cephalosporins and their capacity to undertake all Laboratory tests required, by 30<sup>th</sup> December 2019 (EAC/SHealth/19/Directive/057);
- (c) directed EAC Secretariat to mobilize resources to support the implementation of strategic plan and sustenance of the activities of the EWG for PMS (EAC/SHealth/19/Directive/058); and
- (d) directed EAC Secretariat to convene an EWG session to review the protocol for the second joint EAC PMS on selected cephalosporins (EAC/SHealth/19/Directive/059).

#### **3.5.14 Progress Report on Implementation of the EAC Project on Clinical Trials Control and Oversight**

The Sectoral Council was informed that the EAC Secretariat in collaboration with the World Health Organization, African Regional Office (WHO-AFRO), EAC Partner States NMRAs and EAC Partner States Ethics Committee have been collaborating to ensure harmonized and standardized approach in review of clinical trial protocols and monitoring of clinical trials which involves investigational drug products. In this regard, the WHO –AFRO and African Vaccine Regulatory Forum (AVAREF) organized for a regional workshop to orient EAC experts on various harmonized guidelines and tools for clinical trial submission and assessment, introduction to AVAREF clinical trials application form, overview of AVAREF quality assessment template, AVAREF nonclinical assessment template, AVAREF clinical assessment template, ICH E6R2 guideline on inspections and AVAREF Good Clinical Practice guide.

The workshop was organized from 20<sup>th</sup> to 22<sup>nd</sup> May 2019 in Johannesburg, South Africa and was attended by experts from EAC Partner States NMRAs with the exception of the Republic of Kenya and Republic of South Sudan.

The Sectoral Council further noted that the EAC Partner States NMRAs have guide and tools for clinical trial oversight and there is need to harmonize the technical requirements in line with AVAREF guides, tools and templates. The steering committee recommended for Expert Working Group (EWG) on Clinical Trials to ensure the region develops harmonized technical requirements, which suit the EAC region.

**The Sectoral Council directed the EAC Secretariat to organize a regional workshop to review existing EAC Partner States guidelines for submission and assessment of clinical trials, develop regional guidelines and tools and align it to AVAREF templates, by 30<sup>th</sup> November 2019 (EAC/SHealth/19/Directive/060).**

### 3.5.15 Ratification of African Medicines Agency (AMA) Treaty and Domestication of the African Union Model Law

The Sectoral Council observed that the Steering Committee had recommended the Heads of NMRAs to spearhead domestication of AU Model Law and ratification of AMA Treaty. AMA Treaty requires ratification by fifteen countries and so far, five countries have signed the Treaty, Republics of Rwanda, Morocco, Algeria, Madagascar and Sahrawi Arab Republic.

Below is the status of ratification of AMA Treaty, Domestication of AU Model Law.

Partner States	Action
Republic of Rwanda	1 <sup>st</sup> Country to Sign AMA Treaty and the Bill is in Parliament for debate
Republic of Kenya	To prepare a concept note on AMA Treaty ratification
Republic of Burundi	To prepare a concept note on AMA Treaty ratification
Republic of South Sudan	To follow up with Minister of Health and Ministry of Foreign Affairs on AMA Treaty Ratification
Republic of Uganda	To follow up with Ministry of Foreign Affairs and Ministry of East African Community Affairs on AMA Treaty Ratification
United Republic of Tanzania	Drafted a Supplemented Bill to be submitted to Attorney General Office for Consent on AMA Treaty Ratification After Consent, the agenda item will be presented in Parliament in November 2019, Bill for Parliamentarians is already drafted.

The Sectoral Council directed the EAC Partner States to:

- (a) Sign and ratify the AMA Treaty (EAC/SCHealth/19/Directive/061); and
- (b) Domesticate the AU Model Law on regulation of medical products (EAC/SCHealth/19/Directive/062).

## 4 CONSIDERATION OF THE REPORT AND RECOMMENDATIONS OF THE EAST AFRICAN HEALTH RESEARCH COMMISSION.

The Sectoral Council considered the report of the East African Health Research Commission as indicated below:

### 4.1 Institutional Capacity Development

#### 4.1.1 EAHRC Headquarters (HQ) – Republic of Burundi

The Ministers recalled that the EAHRC Secretariat is headquartered in rented premises at Quartier Kigobe, Avenue des Etats Unis, no 71, BP 350 Bujumbura, Burundi.

The Ministers further recalled that the EAHRC Secretariat started the process of having a permanent Headquarter and that the Government of Burundi is expected to avail a piece of land for EAHRC Headquarters as per Article 2 (1) (a) of the Headquarters Agreement between the Government of the Republic of Burundi and the EAC.

The Sectoral Council also recalled that the EAHRC Secretariat was requested to pay land service fees in order to acquire the plot and that the 17<sup>th</sup> Sectoral Council requested the Council to request the Government of Burundi to exempt the Commission from paying the land service fees for the allocated plot to build the EAHRC permanent headquarters (EAC/SC Health/17/Decision/020).

Following the declaration of the 1<sup>st</sup> Vice President of the Republic of Burundi who promised to handle the issue while he was officiating the ceremony of EAHRC HQ launch, the EAHRC Secretariat initiated talks with the Ministry to the Office of the President responsible for EAC Affairs and the Ministry of Public Health and Fight against HIV & AIDS.

The Sectoral Council was informed by the Republic of Burundi that the Ministry of Public Health and Fight against AIDS has secured from the Ministry of Finance the exemption of land services fees and that what is remaining is the process of transfer of the land to the EAHRC. However, the EAHRC is required to specify the size of land needed to host the headquarters.

**The Sectoral Council took note of the status of EAHRC Secretariat Headquarters directed the EAC Secretariat to support the EAHRC to develop an architectural plan for a permanent headquarters of the Commission (EAC/SCHealth/19/Directive/063).**

#### **4.1.2 EAHRC Organogram and Staffing**

The Sectoral Council recalled that the 13<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers of Health approved the EAHRC Organogram and staffing (EAC/Health/SCM13/Decision 20). The approved organogram comprises of 34 staff and was expected to be fully implemented during the period 2016 – 2021 to coincide with the period of the 1<sup>st</sup> EAHRC Strategic Plan.

The Sectoral Council also recalled that recruitment process of approved staff was prolonged and lagged behind the approved recruitment schedule under the EAHRC Strategic Plan 2016 – 2021. The session further recalled that all recruitment processes were suspended due the Workload Analysis and Job Evaluation Exercise of the EAC Organs and Institutions that started in 2018. This resulted into EAHRC not being able to fill in the established positions even those whose funds for their salaries and emoluments were already available e.g. Principal Health Officer in charge of

Knowledge Management, the Principal Officer in charge of Human Resources, and the Senior ICT Officer.

The Sectoral Council was also informed that the five-year term of the Executive Secretary is expected to end in July 2020; and that the second term of the Deputy Executive Secretary will end in August 2020 on the mandatory retirement policy based on 60-year age limit. In view of the above situation, the commission requires to commence the recruitment process of the above mentioned five positions to allow for continuity of activities under the EAHRC Strategic Plan 2016 – 2021.

**The Sectoral Council took note of the status of the implementation of the EAHRC Staffing Plan; and**

- a) Recommended to the EAC Council of Ministers to initiate the recruitment process of the Executive Secretary and the Deputy Executive Secretary of the EAHRC before July 2020 (EAC/SCHealth/19/Decision/022).**

#### **4.1.3 Amendment of the EAHRC Protocol**

The Sectoral recalled that the 12<sup>th</sup> EAC Sectoral Council of Ministers of Health considered the progress report of the operationalization of the East African Health Research Commission and directed the EAHRC Secretariat to prepare and submit a draft amendment of the Protocol establishing the EAHRC to the EAC/SG for onward submission to Partner States for comments and proposals as per the EAC rules and regulations.

The 34<sup>th</sup> Council of Ministers directed the EAC Secretariat to expedite the proposed amendment of the EAHRC Protocol and directed the Secretariat to circulate the proposals to Partner States for consultations in accordance to article 150 of the Treaty. The 35<sup>th</sup> meeting of the Council of Ministers held from 30<sup>th</sup> March - 4<sup>th</sup> April 2017, Arusha, Tanzania directed the EAC Secretary General to convene a meeting of senior health experts from the Partner States to re-align the roles, functions and mandate of the East African Health Research Commission and the EAC Health Department and report to the 36<sup>th</sup> Meeting of the Council (EAC/CM35/Directive 68).

The Ministers noted that EAHRC followed a process involving EAC Health and Legal Experts, CTC and EAHRC Commissioners and an amended EAHRC Protocol was circulated to Partner States for comments by EAC Secretary General in accordance to Article 150 of the Treaty. The comments from Partner States were incorporated in the draft amended Protocol that was edited by the Office of the CTC and endorsed by the 4<sup>th</sup> meeting of EAHRC Commissioners. The amended Protocol was considered by the 15<sup>th</sup> Sectoral Council of Ministers of Health held in Kampala, Uganda on 17<sup>th</sup> November 2017 and directed the EAC Secretariat in collaboration with the East Africa Health Research Commission to implement directive EAC/CM 35/Directive 68 to convene a meeting of senior Partner States' health experts to realign the roles,

functions, and mandates of the EAC Health Department and the EAHRC and submit a report to the 16<sup>th</sup> Sectoral Council of Ministers of Health for consideration and policy guidance (**EAC/Health/15SCM/Directive 41**). The meeting between the Commission and the Health Department has not yet been convened.

The 17<sup>th</sup> Sectoral Council took note of the status of the process to amend the Protocol establishing the EAHRC; reiterated the 35<sup>th</sup> EAC Council directive to the Secretary General to convene a meeting of Senior Health Experts from the Partner States to re-align the roles, functions and mandate of the East African Health Research Commission and the EAC Health Department and report to the 39<sup>th</sup> Meeting of the Council (EAC/SCHealth/17/Decision/022); and directed the EAC Secretariat to prepare a draft document proposing the re-aligned roles, functions and mandate of the East African Health Research Commission and the EAC Health Department and circulate to the Partner States for consultations and via Video Conference discuss and conclude the matters by 28<sup>th</sup> February 2019 (EAC/SCHealth/17/Directive/056). This directive is not implemented so far due to challenges to re-align a mandate and functions of an institution to a mandate and functions of a department.

The Sectoral Council further recalled that another reason for amendment of the EAHRC Protocol is Article 9 of the Protocol that provides for the review of the composition of the Commission Governing Board. Article 9 of the Protocol establishing EAHRC provides for 7 members of the Governing Board per Partner State (**Annex H-I**). The amended Protocol (**Annex H-II**) proposes 3 members per Partner State and is in conformity with the decision of the 12<sup>th</sup> Sectoral Council of Ministers of Health (**EAC/Health/12SCM/ Decision 067**) which approved the members of the East African Health Research Commission as follows:

- Head of National Health Research Institutions/Organization
- Technical Head of Health Services/ Director General for Health Services/ Chief Medical Officer of the Ministry responsible for health
- One (1) representative of Head of Universities of Medicine, Health and Allied Sciences
- Executive Secretary of the EAHRC
- EAC Secretary General (Ex officio)
- And any other co-opted member (s)

#### **The Sectoral Council:**

- a. directed EAC Secretariat and the EAHRC Secretariat to implement the directive EAC/CM 35/Directive 68 of the EAC Council of Ministers “that directed the EAC Secretary General to convene a meeting of senior health experts from the Partner States to re-align the roles, functions and mandate of the East African Health Research Commission and the EAC Health Department” and submit a report to the 20<sup>th</sup> Meeting of the EAC Sectoral Council for consideration (**EAC/SCHealth/19/Directive/064**); and
- b. direct EAC Partner States to facilitate Health and Research Experts to implement the directive EAC/CM 35/Directive 68 and submit a report for

**consideration by the 20<sup>th</sup> Sectoral Council of Ministers of Health (EAC/SCHealth/19/Directive/065).**

#### **4.1.4 Draft Bill on the Establishment of EAHRC**

The Sectoral Council recalled that the 32<sup>nd</sup> Council of Ministers considered the EAHRC Bill 2011 as adopted by the 6<sup>th</sup> Sectoral Council on Health in April 2011, noted that the Bill was drafted long ago and recommended that it be reviewed and updated to take into account the current needs of the Commission. The 32<sup>nd</sup> Council of Ministers directed the EAHRC Secretariat to convene a joint meeting of EAC Partner States Health and Legal Experts to review and update the draft EAHRC Bill (2011) and submit it to the 12<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers of Health for consideration. The joint meeting of EAC Partner States Health and Legal Experts was held in September 2015 and developed a draft Bill 2015.

The 16<sup>th</sup> Sectoral Council of Ministers of Health requested the Council of Ministers to defer any discussions on the draft Bill until the amendment of the Protocol establishing the EAHRC is concluded by the Sectoral Council.

**The Sectoral Council took note that the process of developing a draft Bill is delayed by amendment of the Protocol establishing the East African Health Research Commission.**

## **4.2 Research Collaboration and Capacity Development**

### **4.2.1 Baseline assessments**

The Sectoral recalled that the EAHRC Secretariat concluded two baseline assessments namely the baseline assessment of ethics review frameworks in health research for the purpose of harmonization of the frameworks and the baseline assessment and mapping of sources for domestic financing health research. The findings were presented to the 17<sup>th</sup> Sectoral Council and are informing EAHRC activities. In addition, the findings on ethics review frameworks were shared at national level in all EAC Partner States where the study was conducted and are informing activities at partner state level.

The Ministers were informed that the baseline assessment of clinical trials capacity in EAC Partner States was completed. The findings of the baseline assessment were validated at regional level; an implementation workplan to strengthen the clinical trial capacity in the region is under development.

**The Sectoral Council took note of the progress of the baseline assessments; and;**

- a) directed the EAHRC Secretariat to disseminate the findings of the baseline assessment of clinical trial capacity in EAC Partner States **(EAC/SCHealth/19/Directive/066)**.
- b) directed the EAHRC to implement the recommendations of the baseline assessment of ethics review frameworks in EAC Partner States related to harmonization of regional ethics review frameworks **(EAC/SCHealth/19/Directive/067)**.

#### **4.2.2 East Africa Cross Border Health Services (EA-CBHS) Pilot programme**

The Sectoral Council recalled that the 18<sup>th</sup> Sectoral Council approved the East Africa Cross Border Health Services (EA-CBHS) Pilot programme **(EAC/SCHealth/18/Decision 19)**; and directed the East African Health Research Commission in collaboration with the National Focal Points to implement the East Africa Cross Border Health Services (EA-CBHS) pilot programme and share progressive reports every six months, starting with 19<sup>th</sup> Sectoral Council **(EAC/SCHealth/18/Directive 42)**.

The Sectoral Council was informed that the approval of the EA-CBHS pilot programme coincided with the expiry date of the Implementation Letter APHN-1 (12<sup>th</sup> April 2019) which was implementing the East Africa Cross Border Health Services (EA-CBHS) Pilot programme.

In addition, the Ministers were informed that for the new Implementation Letter, the EAHRC Secretariat was requested to introduce the project according to the Fixed Amount Award (FAA) template required by United States Agency for International Development for all new Implementation Letters to be signed with EAC Secretariat. The EAHRC Secretariat submitted to USAID-KEA a complying document in August 2019. USAID/Kenya commented on the document and EAHRC Secretariat addressed the issues that were in the comments. The EAHRC is waiting for the Implementation Letter.

**The Sectoral Council took note of the status of the EA-CBHS pilot programme.**

#### **4.3. Digital Regional East African Community Health (Digital REACH) Strategic Plan 2019-2028**

The Sectoral Council recalled that the 15<sup>th</sup> Sectoral Council on Health **(EAC/Health/15SCM/Decision 21)** and subsequently the 35<sup>th</sup> Extra-ordinary Council of Ministers **(EAC/EX-CM/35/Decision 18)** approved the Digital Regional East African Community Health (Digital REACH) roadmap and recommended the EAHRC Secretariat to develop a strategic plan for its implementation.

The Sectoral Council also recalled that Digital Health was approved by the 19<sup>th</sup> Ordinary Summit of the EAC Heads of State as one component of the 9 health sector investment priorities for the region for the next 10 years.

The Sectoral Council further recalled that the 17<sup>th</sup> Sectoral Council of Ministers of Health approved the costed Digital REACH Strategic Plan 2019-2028 and its resource mobilization strategy (**EAC/SCHealth/17/Decision/024**); and directed the EAHRC Secretariat to mobilize resources to implement the Digital REACH strategic plan (**EAC/SCHealth/17/Directive/059**). Subsequently the 38<sup>th</sup> ordinary meeting of EAC Council of Ministers approved the costed Digital REACH Strategic Plan 2019-2028 and its resource mobilization strategy (**EAC/CM 38/Decision 58**); directed the EAHRC Secretariat to mobilize resources to implement the (**EAC/CM 38/Directive 60**); and directed the EAC Partner States to align their digital health strategies to the Digital Reach Initiative (**EAC/CM 38/Directive 61**). The Digital REACH strategic Plan was launched by Her Excellency Samia Suluhu Hassan, the Vice President of the United Republic of Tanzania, during the 7<sup>th</sup> East African Health and Scientific Conference held in Dar es Salaam in March 2019.

The Sectoral Council was informed that the EAHRC Secretariat solicited support and coordinated a Digital REACH Initiative resource mobilization workshop that took place at The Rockefeller Foundation Conference Center in Bellagio, Italy from 28<sup>th</sup> July to 2<sup>nd</sup> August 2019. The workshop was funded by the Rockefeller Foundation and aimed at creating strategies and actionable next steps for marshalling the financial and technical resources needed to implement Digital REACH Initiative over the next 5 to 10 years. The workshop was attended by Permanent/Principle Secretaries from the Ministries of Health of five EAC Partner States (Burundi, Kenya, Rwanda, Tanzania, and Uganda). The Deputy Secretary General from the EAC, the Executive Secretary of the East African Health Research Commission (EAHRC) and donors and implementing partners including the Bill & Melinda Gates Foundation, the World Bank, USAID, the Rockefeller Foundation, PATH/Digital Square, DIAL, WHO-AFRO, CDC, and Vital Wave. Other development partners who have expressed interest in supporting Digital REACH include the AfDB, OECD, and HP.

The workshop validated the areas of alignment between country-specific, regional, and donor strategies for digital health and agreed on the following priority workstreams and health programs for immediate implementation:

- a) Telemedicine Networks for East African Tertiary (**Telemed NEAT**) Health facilities; a programme that aims to link the East African Centres of Excellence (CoE) and specialized healthcare facilities with other health and academic facilities across the region through telemedicine technologies
- b) READSCoR; a digital mechanism for regional surveillance of diseases and health conditions e.g. disease outbreaks for early preparedness, including prediction, detection, and response
- c) The East African Health Cloud (EAHC); an interoperable health information system that will enable real-time capture, storage, analysis, and retrieval of health data across the region for better health services

- d) Workforce Development; a workstream focused on building the capacity of health workers in the region to facilitate the sharing of human resource and evidence-based best health practices across countries

The workshop identified other potential sources of financial and technical support to meet the needs of the four near-term priorities.

At the end of the workshop on resource mobilization strategies and the requirements for achieving goals for Digital REACH Initiative, the five Permanent Secretaries, the EAC Secretariat, and EAHRC Secretariat issued a joint statement announcing their strong support for Digital REACH Initiative and their intention to raise the funding required through a multi-faceted approach (**Annex H-III**).

Towards that end, they jointly agreed and issued to the group the following eight commitments to:

- (i) push for multi-stakeholder alignment to Digital REACH with an emphasis on the Ministries and agencies in charge of ICT, Education/academia, Statistics, Finance, and Regulation to ensure a conducive environment for Digital REACH's smooth implementation
- (ii) convene respective technical experts to dissect the 4 priorities of Digital REACH and the resulting action plan will be endorsed by the sectoral council of Ministers of Health scheduled in October 2019
- (iii) assess national plans across sectors related to Digital Health and align those existing plans and resources towards the Digital REACH Initiative
- (iv) engage existing in-country Development Partners to restructure the existing financing mechanism and scope to appropriately align interventions to Digital REACH
- (v) engage in-country private sector in possible ways including PPP, CSR, and negotiated prices to promote the Digital REACH initiative
- (vi) pursue loans as Partner States, and immediately, engage the Ministry of Finance and other institutions like WB, East African Development Bank (EADB), and AfDB to allocate resources to Digital REACH
- (vii) pursue grant applications as a region to potential donors, and target opportunities such as TICAD and the EU
- (viii) advocate for proper inclusion of Digital REACH initiative in the EAC Secretariat budget from the next financial cycle

The EAHRC is developing the implementation plan for the above eight points as part of the overall implementation of the Digital REACH Initiative.

The Sectoral Council observed that the Health Research Commission needs to review the above eight commitments and prioritize the actionable areas.

**The Sectoral Council took note of the progress of the process of the resource mobilization for implementation of the Digital REACH strategic Plan; and**

- a) directed the EAC Partner States to implement the commitments of the Permanent Secretaries' workshop held in Bellagio, Italy (EAC/SCHealth/19/Directive/068);
- b) directed the EAHRC Secretariat to provide technical support to the EAC Partner States in the implementation Bellagio workshop commitments (EAC/SCHealth/19/Directive/069); and
- c) directed the EAHRC to prioritize actionable areas from the eight commitments (EAC/SCHealth/19/Directive/070).

#### 4.4. East African Health Research Commission Fora

##### 4.4.1 Young East African Health Research Scientists' Forum (YEARS' Forum)

The Sectoral Council recalled that YEARS' FORUM, is an EAHRC initiative aiming to empower EAC young Researchers to be able to shape the future of research for health in the region, was approved by the 15th EAC Sectoral Council of Ministers of Health as one of the preconference meeting of the East African Health and Scientific Conference. Three workshops to build research capacities of Young East African Research Scientists have been organized since June 2018.

The Sectoral Council further recalled that the YEARS' Forum was officially launched by Her Excellency Samia Suluhu Hassan, the Vice President of the United Republic of Tanzania, during the 7<sup>th</sup> East African Health and Scientific Conference held in Dar es Salaam in March 2019.

The Sectoral Council was informed that during the period of June to July 2019, the launch of the national networks of YEARS was held in 5 EAC Partner States. Young East African Research Scientists have expressed the need to be supported by EAHRC National Focal Points for their network activities at national level.

The Sectoral Council was further noted that in the context of the Commemoration of the 20th EAC Anniversary 1999-2019, the EAHRC Secretariat is organizing a workshop to strengthen the Research Skills of the young East African health professionals as health research scientists and leaders under the theme: **'Readying the EAC next Generation Health Leaders and Scientists for the 4th World Industrial Revolution'**

The research skills that will be considered during the workshop are: (i) Application of ICT in Research (application of ICT in research, tools and services for research); (ii) Writing skills in research; (iii) Research communication skills; (iv) Reviews in health research; and (v) Data management.

**The Sectoral Council took note of the progress of the implementation of the YEARS Forum; and**

- a) directed Partner States to support Young East African Health Research Scientists' Forum (YEARS' Forum) network activities at national level (EAC/SCHealth/19/Directive/071).

#### **4.4.2. East African Government Leaders, Legislators, and Legal Executives' Forum (EAGLES' Forum)**

The Sectoral Council recalled that EAGLES' Forum was approved by the 15<sup>th</sup> EAC Sectoral Council of Ministers of Health as one of the preconference meeting of the East African Health and Scientific Conference to bring together East African Government Leaders, Parliamentarians, Legal Executives, Health Experts and other stakeholders to share views on critical issues pertaining to health in the region and the world in general. It provides a dialogue between bureaucrats and technocrats.

The Sectoral Council also recalled that the inaugural EAGLES' Forum was held in Dar es Salaam, United Republic of Tanzania, on 26<sup>th</sup> March 2019 after the 18<sup>th</sup> Sectoral Council of Ministers of Health. The inaugural EAGLES' Forum discussed aligning Digital REACH Initiative with Digital Health Initiatives in EAC Partner States and addressing issues of resources mobilization for the Digital REACH Initiative. The 1<sup>st</sup> EAGLES' Forum formulated a number of recommendations and resolutions to support the implementation of the Digital REACH initiative (**Annex H-IV**).

The 1<sup>st</sup> EAGLES' Forum resolved as follows:

- i. Digital Health Initiative has to be supported by EAC Partner States as it will contribute to reduce the cost of health services in the EAC region;
- ii. EAC Secretariat to officially request Ministries of Finance in Partner States to support Digital REACH Initiative;
- iii. EAC Partner States to write a letter of commitment to support Digital REACH Initiative to be used by EAC Secretariat during resources mobilization for Digital REACH;
- iv. Digital REACH to link not only Hospitals between EAC Partner States but also hospitals within Partner States;
- v. EAC Partner States to speed up the process of improving internet connectivity in remote areas;
- vi. Develop a business case for each Digital REACH Work streams;
- vii. EAHRC to make sure the resolutions/decisions of EAGLES' Forum feed into the Sectoral Council of Ministers of Health;
- viii. EAHRC to mobilise EALA Members for attendance of the next EAGLES' For a
- ix. EAHRC to visit EAC Partner States to brief them on Digital REACH implementation status and request support

**The Sectoral Council took note of the resolutions of the 1<sup>st</sup> EAGLES' Forum and the progress made under the initiative.**

#### **4.5. EAHRC Knowledge Management Platforms**

##### **4.5.1. East African Health Research Commission Journals**

The Sectoral Council was informed that the East African Health Research Journal (EAHRJ) and the Africa Science Journal (EASci) are peer reviewed journals which publish scientific health research conducted in the EAC Partner States. The EAHRJ, “**Basis for Better Health Policy and Practice**” was approved by the 12<sup>th</sup> ordinary meeting of the Sectoral Council of Ministers of Health (EAC/Health/12SCM/ Decision 071; EAC/Health/12SCM/ Decision 072). The EASci “**Search: Discover: Develop**” was approved by the 15<sup>th</sup> ordinary meeting of the Sectoral Council of Ministers (EAC/Health/15SCM/Decision 20) to promote innovation, discovery, and development in the region. The EASci was launched during the 7<sup>th</sup> East African Health and Scientific Conference held in Dar es Salaam, Tanzania from 27<sup>th</sup> -29<sup>th</sup> March 2019. One regular issue of the EASci and one supplementary issue have been published. The supplementary issue was dedicated to abstracts submitted for the 7<sup>th</sup> EAHSC.

The Ministers noted that the EAHRC has built the infrastructure as well as developed human capacity to run the journals. The two journals are currently using the East Africa web portal as infrastructure for the editorial system. This infrastructure can be used by other journals in the region. The EAHRC Secretariat is currently focusing on improving the review process and brainstorming on long term sustainability of the EAHRC journals.

**The Sectoral Council took note of the progress made in operationalizing the EAHRC Journals; and**

- a) **directed the EAHRC Secretariat to develop strategies for long term sustainability of the EAHRC journals (EAC/SCHealth/19/Directive/072)**

#### **4.5.2. East Africa Web Portal for Health Information ([www.eahealth.org](http://www.eahealth.org) )**

The Sectoral Council recalled that the concept note of the East Africa Web Portal for health information was approved by the 12<sup>th</sup> Sectoral Council of Health (EAC/Health/12SC-VI/ Decision 073). As a knowledge management platform for health, the East Africa web portal is the official East African Community comprehensive compendium of health information in East Africa. The EA web portal was launched by the Vice President of the United Republic of Tanzania during the 7<sup>th</sup> East African Health Science Conference held in Dar es Salaam, Tanzania from March 27<sup>th</sup> to 29<sup>th</sup> 2019. The EA web portal provides a platform for a single-point-of-access of health information by stakeholders in the region and globally and showcases the capacity in the health sector available in the region.

Since March, 2019, the monthly statistics show that the web has an average of more than 2,600 viewers. Viewers are from all over the world, however Tanzania, Kenya, Uganda, United States of America, and United Kingdom are the leading countries with most of the viewers. EAHRC Secretariat in collaboration with EAHRC National Focal Points and focal point persons appointed by the EAC Partner States Ministries of Health, update the portal regularly. Currently the EAHRC is developing additional

features for the Portal, this includes more detailed information on health financing, real-time alerts on disease outbreaks, etc. To optimize the benefits of the platform and to sustain it, there is a need to develop a business case for the portal to be a source of income generation.

**The Sectoral Council took note of the operationalization of the EA Web Portal for health information and direct the Commission to promote the web portal use and to develop a business strategy for it.**

#### **4.5.3 East African Health and Scientific Conference (EAHSC)**

##### **4.5.3.1 The 7<sup>th</sup> East African Health and Scientific Conference**

The Sectoral Council recalled that the 7<sup>th</sup> East African Health and Scientific Conference (EAHSC) was held from 27<sup>th</sup> to 29<sup>th</sup> March 2019 in Dar es Salaam, United Republic of Tanzania. It was attended by over 1,000 participants from all EAC Partner States, and other countries e.g. USA, UK, India, Chad, Ethiopia, South Africa, Canada, Nigeria, etc. The Opening Ceremony was officiated by Her Excellence Samia Suluhu Hassan, Vice President, of the United Republic of Tanzania.

At this occasion, the Vice President launched the Digital Regional East African Community Health (Digital REACH) 10-year strategic Plan, the East Africa Web Portal for Health Information, and the Young East African Health Research Scientists Forum (YEARS' FORUM).

The 7<sup>th</sup> East African Health and Scientific conference with the main theme 'Technology for health systems transformation and attainment of the UN-Sustainable Development Goals' resulted into nine (9) recommendations which will be further synthesized by the EAHRC Secretariat into implementable actions. The recommendations are:

- (i) Expedite development and application of innovative approaches (such as the cross-border health unit model) to cross border health, disease outbreak, preparedness and response in border areas while adding values to the national health system.
- (ii) Promote establishment of national bio banks and data repositories among the partner states and develop a regional policy for guiding the use and security of the repositories.
- (iii) Partner states should participate in development, evaluation and formalization of emerging technologies intended for promoting digital health.
- (iv) Harmonize regional intellectual property policies to guide development and uptake of digital health technologies.
- (v) Strengthen the platform for digital inclusion where communities have full access to information on surveillance and disease management.
- (vi) Fast track the adoption and implementation of evidence-based surveillance and enhance mechanisms of sharing information and best practice.

- (vii) Enhance coordination and collaboration between East African countries and international institutions involved in diseases control including the African CDC.
- (viii) Promote the involvement of frontline healthcare workers in the design of digital health tools to ensure readiness, for easy adoption, decreasing cost, and increased sustainability.
- (ix) Develop and adopt innovative regional public private partnership (PPP) policies and models specific to digital health technologies.

The Sectoral Council was informed that the report of the 7<sup>th</sup> EAHSC is under copy editing and that will be disseminated to EAC Partner States once printed.

**The Sectoral Council took note of the status of the preparation of the report of the 7<sup>th</sup> East African Health and Scientific Conference.**

#### **4.5.3.2 The 8<sup>th</sup> East African Health and Scientific Conference**

The Sectoral Council recalled that the 18<sup>th</sup> Sectoral Council decided that the 8<sup>th</sup> East African Health and Scientific Conference will be held from 24<sup>th</sup> to 26<sup>th</sup> March 2021 and will be hosted by the Republic of Kenya. The 18<sup>th</sup> Sectoral Council directed the Republic of Kenya and the East African Health Research Commission Secretariat to commence mobilization of the necessary resources for the convening of 8<sup>th</sup> East African Health and Scientific Conference.

The Sectoral Council noted that during the closing ceremony of the 7<sup>th</sup> EAHSC, the Torch symbolizing the EAHSC was handed over to the Representative of the Minister for Health of the Republic of Kenya by the Minister for Health, Community Development, Gender, Elderly and Children, United Republic of Tanzania. In addition, cards inviting scientists for the 8<sup>th</sup> EAHSC were distributed. The Scientific Committee of the EAHRC Secretariat has agreed on the main theme of the 8<sup>th</sup> EAHSC (**Annex H-V**) which is “ **East African Community Sustainable Development Goal on Health: Reflection and Path Ahead to 2030**”. The EAHRC Secretariat is working on a comprehensive concept note which will include the sub-themes and symposia.

The Ministers underscored that Universal Health Coverage should be a major focus of the scientific conference. The session was also informed that the process of building consensus and finalizing the theme and sub themes is ongoing and will involve the scientific subcommittee of the national steering committee of the host country before being submitted to the 7<sup>th</sup> meeting of EAHRC Commissioners.

**The Sectoral Council took note of the status of preparations for the 8<sup>th</sup> East African Health and Scientific Conference and**

- a) directed the EAHRC to activate the EAC Regional and National Organizing Committee of the East African Health and Scientific Conferences **(EAC/SCHealth/19/Directive/073)**.

#### **4.5.4 Monitoring & Evaluation of the implementation of the EAHRC Strategic Plan**

The Sectoral Council recalled that the 17th Sectoral Council directed the EAHRC to conduct a midterm review of the EAHRC strategic plan 2016-2021 and submit the review report to the 19th Sectoral Council on Health for consideration (EAC/SC Health/17/Directive/061).

The Sectoral Council also recalled that the mid-term review is expected to assess the relevance, efficiency and effectiveness in the implementation of the EAHRC strategic plan and the progress towards the achievement of the 6 strategic focus areas. It will inform the necessary revisions of the 5-year strategic plan and implementation of the remaining period of the strategic plan as well as the development of the 2nd strategic plan of the EAHRC.

Following a formal EAC procurement process, a consultant was hired to conduct the mid-term review.

The Sectoral Council was informed that the draft report of the mid-term review is available and under review. The report will be submitted during the 7th EAHRC Commissioners' meeting for consideration.

**The Sectoral Council took note of the progress of the mid-term review of the EAHRC Strategic Plan 2016-2021; and**

- a) directed the EAHRC Secretariat to submit the recommendations of the mid-term review of the EAHRC strategic plan 2016-2021 to the 20th Sectoral Council for policy guidance **(EAC/SCHealth/19/Directive/074)**.

## **5 CONFIRMATION OF THE DATES AND VENUE OF THE 20TH ORDINARY MEETING OF THE EAC SECTORAL COUNCIL OF MINISTERS OF HEALTH**

The Sectoral Council considered and agreed that the date and venue for the 20th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health be 30th March to 3rd April, 2020, in Arusha, Tanzania.

## **6 A.O.B**

### **NURSES AND MIDWIVES COUNCIL**

The Sectoral Council noted the slow implementation of recommendations for the nurses and status of the decisions made by the 12th, 14th and 15th Sectoral Council of

Health Ministers. With regard to the implementation of decisions made in the 12<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> Ordinary meeting of the Sectoral Council of Ministers, the Sectoral Council noted that no progress has been made. To ensure that there is proper implementation of the reciprocal recognition for nurses and midwives in the region there is an urgent need to undertake the harmonization of the Nurses / Midwives training and practice.

**The Sectoral Council directed the EAC Secretariat to prepare a summary of the previous directives and decisions on the Nursing and Midwives Boards and Councils and submit a report to the 20<sup>th</sup> Sectoral Council of Ministers for policy guidance (EAC/SCHealth/19/Directive/075).**

There being no other business the meeting was adjourned at 17.30 hrs

**Signed on this 1<sup>st</sup> Day of November 2019 by:**

..... <b>Hon. Dr. Patrick Ndimubanzi</b>	..... <b>Hon. Sicily Karuiki</b>	..... <b>Hon. Dr. Thaddee Ndikumana</b>	..... <b>Hon. Ummy Ally Mwalimu</b>	.....	..... <b>Hon. Sarah Opendi</b>
Minister of State in-charge Public Health and Primary Health care Ministry of Health	Cabinet Secretary Ministry of Health	Minister of Public Health and Fight against HIV &AIDS Ministry of Public Health and Fight against HIV &AIDS	Minister of Health Ministry of Health, Community Development, Gender, Elderly and Children		Minister of State for Health, General Duties Ministry of Health
<b>REPUBLIC OF RWANDA</b>	<b>REPUBLIC OF KENYA</b>	<b>REPUBLIC OF BURUNDI</b>	<b>THE UNITED REPUBLIC OF TANZANIA</b>	<b>REPUBLIC OF SOUTH SUDAN</b>	<b>REPUBLIC OF UGANDA</b>