EAST AFRICAN COMMUNITY

9TH ORDINARY MEETING OF THE EAC SECTORAL COUNCIL OF MINISTERS OF HEALTH

ZANZIBAR, TANZANIA
17TH APRIL 2014

REPORT OF THE MEETING

EAC/SCM/HEALTH/001/2014

EAC Secretariat,
Arusha, Tanzania.
April 2014
REPORT OF THE MEETING

1.0 INTRODUCTION

INTRODUCTION

1.1 Convening of the Meeting

The 9th Sectoral Council for Health was convened in accordance with the EAC Calendar of Activities for the period January to June 2014. Zanzibar, Tanzania on 17th April 2014.

The meeting was attended by Hon. James W. Macharia, Cabinet Secretary, Ministry of Health, Republic of Kenya, Hon. Dr. Kebwe Stephen Kebwe (MP), Deputy Minister for Health and Social Welfare, United Republic of Tanzania, Dr. Elioda Tumwesigye, Minister of State, Ministry of Health, Republic of Uganda, Hon. Dr. Sabine Ntakarutimana, Minister, Minister of Health, Republic of Burundi and Hon. Dr Agnes Binagwaho Minister of Health Republic of Rwanda was represented by the Permanent Secretary Dr. Uzziel Ndagijimana. The meeting was also attended by the Principal/Permanent Secretaries, Senior Officials from the Partner States Ministries responsible for Health, EAC Affairs, National Statutory Regulatory and Services Authorities, National Food and Drug Agencies, Boards and Councils.

The list of participants is hereto attached as Annex I.

1.2 Constitution of the Bureau

In accordance with the EAC Rules of Procedure governing the chairing of EAC meetings, Hon. James Macharia, Cabinet Secretary, Ministry of Health, Republic of Kenya chaired the meeting, while Dr. Mohammed Jiddawi, Permanent Secretary, Ministry of Health, Zanzibar, United Republic of Tanzania was the rapporteur.

1.3 Adoption of the Agenda

The Agenda of the meeting was adopted and is attached hereto as Annex II.
1.4 Opening Statements and Welcome Remarks

1.4.1 Welcome Statement by the Chairperson, Hon. James W. Macharia, Cabinet Secretary, Ministry of Health, Republic of Kenya

Hon. James W. Macharia welcomed the Ministers to the 9th Ordinary Meeting of the EAC Sectoral Council on Health and affirmed Kenya’s commitment to support the vision and mission of the Community. The Chairperson acknowledged the efforts of the Senior Officials and the Permanent Secretaries respectively for their tireless efforts that led to the preparation of the reports for consideration by the Ministers of Health. He also appreciated the entire EAC secretariat staff for their dedication and efforts in preparing the background papers on the various agenda items.

Hon. Macharia further called upon the region to embrace and make the necessary steps to realize the vision of universal health coverage for the people of East Africa while appreciating the great strides that Partner States have made in this field. He encouraged the Partner States delegations to share freely, their success stories, best practices and lessons learned in their progression, especially towards Universal Health Coverage.

Access to health products, in particular essential medicines and anti-retroviral therapy, is of paramount importance to all people in the African Continent, he noted. The East African region has not been spared the high socio-economic burden caused by communicable diseases that include HIV/AIDS, TB, Malaria and other neglected tropical diseases while Non-Communicable diseases are on the rise.

The Chairperson concluded his remarks by urging Partner States and the EAC Secretariat to move with speed to realize the vision of the East African Community Regional Pharmaceutical Manufacturing Plan of Action 2012-2016 in order to increase access of these essential commodities for the good of our people.

1.4.2 Remarks by Head of Delegation, Prof. Fred H.K Segor, Principal Secretary, Ministry of Health Republic of Kenya

Prof. Fred H.K Segor, Principal Secretary, Ministry of Health, Kenya, thanked the united Republic of Tanzania for hosting the 9th meeting of the Sectoral Council for Health and for the hospitality accorded to the Kenya delegation since their arrival in Zanzibar. He noted that the health of the people is crucial for the security and socio-economic development of the Region arguing that East Africans aspire to live long and better lives. He urged Partner States to develop structures that will overcome the challenges within the health sector in order to give citizens better healthcare services in view of the dwindling resource base for the health sector.

He concluded his remarks by wishing the meeting fruitful deliberations.
1.4.3 Remarks by Hon. Dr. Elioda Tumwesigye, Minister of State for Health (General Duties), Republic of Uganda

Hon. Dr. Elioda Tumwesigye conveyed warm and cordial greetings from the Ministry of Health and the People of Uganda to the 9th meeting of the Sectoral Council on Health. He further extended his gratitude to the EAC Secretariat for convening the meeting and thanked the United Republic of Tanzania for their hospitality and hosting the meeting in Zanzibar. Dr. Tumwesigye further congratulated the Republic of Kenya for taking over the rotational chairmanship of the Health Sectoral Council from the Republic of Uganda, and expressed optimism for Kenya’s leadership in spearheading the development of health sector in the region.

He further noted that a lot of progress have been made in the area of cooperation in Health sector as exemplified by the initiation of many Health related Projects by the EAC Secretariat in collaboration with the Partner States, including “the East African Medicines Registration Harmonization Project”, “the Aflatoxin control and improved Nutrition Project”, “HIV/AIDS related projects”, “The East African Public Health Laboratories Project”, “the Open Health Initiative to Improve Reproductive, Maternal, Newborn and Child Health”.

The Honourable Minister observed that despite achievements made in the health sector, the community still faces many challenges such as Human Resources for Health crisis; threats of emerging diseases and epidemic outbreaks; lack of sustainable Health care financing culminating in high out of pocket expenditures on health and inadequate access to appropriate technologies. As a region we need to develop innovative and appropriate ways of overcoming these challenges.

Dr. Tumwesigye called for stronger support and monitoring and evaluation of these projects, reiterated Uganda’s commitment to support efforts towards deepening and widening of cooperation in Health and reaffirmed the country’s commitment to timely implementation of Council decisions and directives.

1.4.4 Remarks by the Head of Delegation, Hon. Dr. Kebwe S. Kebwe, Deputy Minister, Ministry of Health and Social Welfare, United Republic of Tanzania

Hon. Dr. Kebwe, Head of Delegation, United Republic of Tanzania, welcomed the Hon. Ministers, Principal/Permanent Secretaries and Senior Officials to the 9th meeting of the Sectoral Council for Health and to Zanzibar. He further congratulated the Senior Officials and the Principal/Permanent Secretaries for the good work done in preparing the report for consideration by the Sectoral Council.

TheHon. Minister noted that the Health sector is important in the EAC integration process, particularly to a population that can afford and access
health services. He further noted that the meeting of the Sectoral Council is taking place at a time when the Community is implementing the EAC Common Market Protocol where the harmonisation of laws and policies is necessary to create a common health environment.

On behalf of the United Republic of Tanzania, Hon. Dr. Kebwe conveyed condolences to the Republic of Kenya for the recent terrorist attack in Mombasa and noted that the region was facing similar security challenges. He concluded his remarks by urging the EAC Secretariat to ensure that the Sectoral Council on Health is held regularly since health is a pertinent issue.

1.4.5 Remarks by the Head of Delegation, Dr. Uzziel Ndagijimana, Permanent Secretary, Ministry of Health, Republic of Rwanda.

Dr. Uzziel Ndagijimana, Head of Delegation, On behalf of the Hon Minister for Health, Republic of Rwanda, expressed his gratitude to the United Republic of Tanzania for the warm hospitality and for hosting the 9th meeting of the Sectoral Council on Health. He thanked the respective EAC Partner States for their solidarity with Rwanda during the 20th commemoration for the genocide against the Tutsi. He also appreciated the effective role played by EAC Secretariat in coordinating the regional integration agenda. He reiterated the inevitability of regional integration noting that if the EAC wants to progress together economically and politically and strengthen its position as a bloc in international relations, it is imperative that the region improves its competitiveness in the globalized world economy. It is important to find a preferential mechanism at regional level to promote investment and intra-regional trade in pharmaceuticals.

More effort is needed to coordinate the prevention and control of communicable and non-communicable diseases and to adopt one health approach to prevent and to control zoonotic diseases and other events of public health concern in the EAC. He was happy to note that some of these issues are on the agenda of the 9th Ordinary meeting of the EAC Sectoral Council and have been discussed extensively by our Senior Officials and by the Coordination Committee of the Principal and Permanent Secretaries and recommendations have been submitted to Hon Ministers for approval.

Dr. Ndagijimana further noted that the EAC still has many areas to harmonise in the health sector, which include the need to strengthen health infrastructure, gaps in numbers and quality of health personnel, need to strengthen health financing systems and gaps in the universal health coverage. He pointed out that the region’s pharmaceutical industry is weak, uncompetitive, and not promoted enough to benefit from the regional market. As a consequence the East African region has become over dependent on importation of health commodities from overseas.
1.4.6 Hon. Dr. Sabine Ntakarutimana, Minister of Health and Fight against HIV/AIDS, Republic of Burundi

Hon. Dr. Ntakarutimana extended greetings from the Republic of Burundi to the Ministers responsible for Health and thanked the Principal/Permanent Secretaries and Senior Officials for their commendable efforts in preparing the report for consideration by the Sectoral Council. She further appreciated the efforts made by EAC Secretariat to convene the 9th meeting of the Sectoral Council of Health.

The Honorable Minister thanked the United Republic of Tanzania and the People of Zanzibar for their warm welcome and hospitality extended to the delegation of Burundi.

Hon. Dr. Ntakarutimana reiterated Burundi’s commitment to the achievement of the Community goals and objectives. She informed the meeting that, Burundi has significantly reduced the burden of diseases like malaria, tuberculosis, diarrheal diseases, Acute Severe Respiratory diseases, HIV&AIDS, High Blood Pressure, Diabetes as well as mortality rates among pregnant mothers and children under five. This is due to measures taken like access to free health care and sensitization for utilization of health facilities.

She called for equitable distribution of the advantages of the Community, especially through the operationalization of the East African Health Research Commission in Bujumbura, Burundi and for a financial solution to facilitate the undertaking of the HIV behavioural study in Burundi Universities.

The Honourable Minister concluded her remarks by wishing the meeting successful deliberations.

1.4.7 Official Opening Remarks by Hon. Jesca Eriyo, Deputy Secretary General (Productive and Social Sectors) EAC Secretariat

Hon. Jesca Eriyo Deputy Secretary General, EAC Secretariat conveyed greetings from the EAC Secretary General and on his behalf welcomed the honourable Ministers to the 9th Ordinary Meeting of the Sectoral Council on Health and to Zanzibar, the United Republic of Tanzania. She thanked the government and people of the United Republic of Tanzania for hosting the meeting and for the hospitality extended to Partner States delegations since their arrival in Zanzibar.

The Deputy Secretary General thanked the Session of Principal/Permanent Secretaries for having deliberated and made key recommendations to strengthen the health sector hoping that the implementation of these recommendations will be supported and guided by the Sectoral Council of Ministers of Health. The ministerial directives will go a long way to support the
development and implementation of effective regional health policies and high impact interventions, she noted. She called upon the Partner States to collectively work towards addressing the numerous challenges being faced in the health sector including the high burden of disease, inefficient health service delivery systems and inequitable access to quality medicines, medical devices/diagnostics and other health products and technologies.

Hon. Eriyo reiterated the need to continue pursuing the spirit of the Alma-Ata declaration of 1978, which among others, called for increased access to quality and equitable health services for all. She urged the Partners States to take stock of achievements made in view of the fast approaching deadline for the MDGs, identification of gaps and challenges and called for development of innovative approaches to accelerate progress.

She thanked the Principal/Permanent Secretaries for having endorsed the development of an EAC Health Scorecard to track implementation of commitments in line with EAC Common Market Protocol and agreeing on the way forward for implementation of various strategic regional projects including the operationalization of the EAC Health Research Commission. In doing this, she called for Partners State led and private sector supported processes.

She called upon the Partner States to strive to ensure that health remains central to the regional efforts to improve the quality of life of the people of the region and to create wealth.

1.4.8 Official Opening by the Hon. Mohamed Aboud Mohamed, Minister of State, 2nd Vice President’s Office, Revolutionary Government of Zanzibar, United Republic of Tanzania

Hon. Mohamed welcomed Honourable Ministers responsible for Health from EAC Partner States to the 9th meeting of the Sectoral Council on Health in Zanzibar. He thanked the delegates for the tremendous efforts shown over the past three days.

Hon. Mohamed noted that the key issues being addressed in this Sectoral Council such as development of the EAC Regional Scorecard for tracking the implementation of EAC health sector related policy decisions; finalization of the EAC Protocol on Regional Cooperation on Health; harmonization of Social Health Protection Systems towards Universal Health Coverage in the EAC; operationalization of the East African Health Research Commission; renewed efforts to control communicable and non-communicable diseases; harmonization of EAC Pharmaceutical Policy, Legal, Regulatory Frameworks and improved regulation of medicines; control of Aflatoxins; and operationalization of the Acceleration Fund to improve Reproductive, maternal, New born and Child Health shall improve the overall health sector in the region.
He urged the meeting to put more efforts in supporting the health sector in the region, given its central role in influencing the attainment of EAC’s mission to widen and deepen Economic, Political, Social and Culture integration in order to improve the quality of life of the people of the region. He urged the Partner States to keep pace with the rapid changes in the health sector as a way to maintain the region’s momentum towards improved health outcomes by focusing on changing needs and demands of the populations and innovations.

“We may not build the perfect health systems as envisioned by the Alma Ata declaration of 1978 now, but all the efforts we are putting together will surely get us there. I am hopeful that the growing movement of Universal Health Coverage, supported by scale up of healthcare innovations will help us attain affordable and quality healthcare for all”, he noted.

Hon Mohamed concluded his remarks by once again welcoming the Hon Ministers to Zanzibar and encouraged them to find time in their busy schedule to visit tourism sites.

2.0 CONSIDERATION OF THE REPORT OF PRINCIPAL/PERMANT SECRETARIES MEETING HELD ON 16TH APRIL, 2014 IN ZANZIBAR

The Sectoral Council considered various agenda items based on the report of the Principal/Permanent Secretaries meeting held in Zanzibar, United Republic of Tanzania from 16th April 2014 as indicated below.


The Sectoral Council considered the updated combined matrix and progress report on the implementation of previous decisions of the EAC Sectoral Council on Health and the EAC Council of Ministers from 2011 to 2013 that is here-to attached as Annex III.

The Sectoral Council:

a) took note of the progress of implementation of the previous decisions of the 7th and 8th EAC Sectoral Council of Ministers of Health; and
b) directed the EAC Secretariat to develop an EAC Regional Health sector Scorecard and expedite the implementation of the previous decisions of the EAC Sectoral Council of Ministers of Health and the EAC Council of Ministers. (EAC/SCM/Health/Directive 001)
2.2 CONSIDERATION OF MATTERS UNDER EAC REGIONAL COOPERATION ON HEALTH SYSTEMS, RESEARCH AND POLICY AMONG THE EAC PARTNER STATES

The Sectoral Council considered various agenda items under the EAC Regional Cooperation and integration on Health Systems, Research and Policy among the EAC Partner States in accordance with the report and recommendations of the Principal/Permanent Secretaries as indicated below.

2.2.1 Review and incorporation of Country Stakeholders meetings comments and recommendations on the final draft of the “EAC Regional Health Sector Strategic Plan: (2015-2019).

The Sectoral Council considered the report Principal/Permanent Secretaries” and noted that the EAC Secretariat had carried out National Stakeholders Consultative meetings on the final draft “EAC Regional Health Sector Strategic Plan: (2015-2019)” in all the EAC Partner States in the month of February 2014.

The Sectoral Council took note that the inputs given to EAC Secretariat by Partner States were not incorporated and circulated to all the stakeholders as expected.

The Sectoral Council directed the EAC Secretariat to incorporate all comments on the EAC Health Sector Strategic Plan from the EAC Partner States, circulate the revised version of the Strategic Plan and convene a Regional Multisectoral Stakeholders validation meeting by 15th August, 2014. (EAC/SCM/Health/Directive 002)

2.2.2 Review and incorporation of Country Stakeholders Meeting comments and recommendations on the final draft of the “Protocol on EAC Regional Cooperation on Health”

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted that the EAC Secretariat had carried out National Stakeholders Consultative meetings on the final draft of the “Protocol on EAC Regional Cooperation on Health” in all the EAC Partner States in the month of February 2014.

The Sectoral Council took note that the inputs given to EAC Secretariat by Partner States were not incorporated and circulated to all the stakeholders as expected.

The Sectoral Council further noted that the policy statement guiding the drafting of the Protocol that was adopted by the 8th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health in October 2012 had been approved by the 26th Ordinary Meeting of the EAC Council of Ministers to the EAC Sectoral Council on Legal and Judicial Affairs in November 2012. Subsequently, the 15th Ordinary Meeting of the EAC Sectoral Council on Legal
and Judicial Affairs that was held in Bujumbura, Burundi in July 2013 considered the draft “Protocol on EAC Regional Cooperation on Health” and directed the EAC Secretariat to convene National Stakeholders Consultative Meetings in the EAC Partner States to improve the draft Protocol by 31st October 2013. These Country Stakeholders meetings were held in each Partner State from 4th to 7th February 2014.

The Sectoral Council:-

a) directed the EAC Secretariat to incorporate comments from Partner States on the Protocol on EAC Regional Cooperation on Health, circulate to Partner States the revised version of the Protocol for further in puts by 15th May 2014 and convene a Regional Multi-sectoral Stakeholders validation meeting to validate the Protocol on EAC Regional Cooperation on Health by 31st July 2014; (EAC/SCM/Health/Directive 003); and

b) directed the Secretariat to present the revised Protocol on EAC Regional Cooperation on Health to the 10th Meeting of the Sectoral Council on Health for consideration and adoption. (EAC/SCM/Health/Directive 004).

2.2.3 Consideration of the report and recommendations of the 4th Annual East African Health and Scientific Conference held in Kigali, Rwanda from 27th to 29th March 2013, and consideration of the proposed main theme and sub-themes of the 5th East African Health and Scientific Conference to be held in Burundi in 2016.

The Sectoral Council considered the report and recommendations of the Principal/Permanent Secretaries and noted that the report and of the 4th Annual EAC Health and Scientific Conference that was held from 29th to 31st March 2013 in Kigali, Rwanda was not shared amongst the EAC Partners States.

The Sectoral Council also noted that the 5th EAC Annual Health and Scientific Conference is planned to be held in Bujumbura, Burundi from 30th March 2016 to 1st April, 2016 as per the rotational arrangements as agreed by the 12th Ordinary Meeting of the EAC Council of Ministers in September 2006. However this is subject to availability of funds from the EAC Secretariat and various international collaborating development partners and stakeholders. The estimated cost as indicated in the EAC MTEF recurrent budget for the next financial year 2014/2015 is USD.504,220.

The proposed Main Theme “5th Annual East African Health and Scientific Conference” will be “Investing in Health through strengthening regional health systems and institutions towards the prevention and control of communicable and non-communicable diseases”.

The Sectoral Council noted that the 1st Annual East African Health and Scientific Conference was hosted by the Government of the Republic of

The report and the recommendations of the 4th Annual East African Health and Scientific Conference held in Kigali, Rwanda from 27th to 29th March 2013 is here-to attached as Annex IV.

The Sectoral Council:

a) adopted the report and the recommendations of the 4th Annual East African Health and Scientific Conference held in Kigali, Rwanda from 27th to 29th March 2013 and direct the EAC Secretariat and the Partner States to implement the recommendations of the Conference;
   (EAC/SCM/Health/Directive 005)

b) directed the EAC Secretariat to work with the Republic of Uganda to explore hosting the 5th Annual Health and Scientific Conference in 2015

c) considered and endorsed 30th March – 1st April, 2016 as the dates for the 6th Annual East African Health and Scientific Conference to be held in Bujumbura, Burundi; (EAC/SCM/Health/Directive 006)

d) directed EAC Secretariat to mobilize additional resources for the 6th EAC Health Scientific Conference to be held in the Republic for Burundi 2016; (EAC/SCM/Health/Directive 007); and

e) directed the EAC Secretariat to circulate the proposed themes and sub themes to EAC Partner States and request them to give feedback by 31st December 2014. (EAC/SCM/Health/Decision 008).

2.2.4 Consideration of the Draft Memorandum of Understanding (MOU) between the East Africa Community (EAC) and East, Central and Southern Africa Health Community (ECSA-HC) on the implementation of various regional health projects and programmes in the East Africa Community region.

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted that the Secretariat had identified a need to collaborate with the East, Central and Southern Africa Health Community (ECSA – HC). The Coordination Committee are expected to deliberate on the purpose and areas of collaboration in which the “purpose is to facilitate effective and efficient health systems and initiatives in Partner States in order to achieve good health and lifestyles for the people of the region”.

The Sectoral Council took note of the proposed MOU between the EAC and ECSA-HC and the proposed areas of collaboration, and directed the EAC
Secretariat to finalise the MOU and legal framework.
(EAC/SCM/Health/Decision 009)

2.2.5 Consideration of the proposed implementation of EAC Regional Projects through the “Network for the Coordination and Advancement of Sub-Saharan Africa-EU Science and Technology Cooperation (CAAST-Net PluS)”. 

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the request from the EAC Secretariat to organize an EAC Regional Stakeholders Forum to discuss the proposals on possible joint EAC regional projects and programmes under the “Network for the Coordination and Advancement of Sub-Saharan Africa-EU Science and Technology Cooperation (CAAST-Net PluS)”. The project is already running in the Republics of Kenya and the Republic of Uganda under the Ministries responsible for Education Science and Technology and now it needs to be extended to other EAC Partner States and also to involve the Health Sector. The

The Sectoral Council further noted that the proposed EAC Regional Stakeholders Forum is expected to explore the best scenarios or opportunities for joint EAC-EU-AU projects activities to strengthen bi-regional (Africa and Europe) research and innovation cooperation in three societal challenges (health, food security, and climate change) through both the East African Community Health Research Commission (EACHRC) and the East African Community Science and Technology Commission (EACSTC).

The Sectoral Council took note of this Development; and

a) directed the EAC Secretariat to convene an EAC regional stakeholder’s forum at the EAC Headquarters in Arusha, Tanzania to discuss proposals on EAC regional projects and programs through the Network for the Coordination and Advancement of Sub-Saharan Africa-EU Science and Technology Cooperation (CAAST-Net PluS) funded by the European Commission (EC) from 2013 - 2017, with following expected outputs, among others:-

i) explore the best scenarios or opportunities for joint EAC-EU-AU projects activities to strengthen bi-regional (Africa and Europe) research and innovation cooperation in three societal challenges (health, food security, and climate change) through the East African Health Research Commission (EAHRC) and the East African Science and Technology Commission (EASTECO).

ii) take proposals on possible EAC-EU-AU health research cooperation on joint priorities and health outcomes through the East African Health Research Commission (EAHRC) and the East African Science and Technology Commission (EASTECO).

(EAC/SCM/Health/Decision 010)
2.2.6 Consideration of the Draft Memorandum of Understanding (MoU) on collaboration between the EAC and the London School of Hygiene and Tropical Medicine (LSHTM) on the Development and Implementation of the “East African Community Regional Project on the Harmonization and Strengthening of the Regulation and Quality Assurance of the Medical Devices and Diagnostics”.

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted that the 7th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health that was held in March 2012 approved that the EAC Secretariat and the EAC Partner States, the World Health Organization (WHO), the London School of Hygiene and Tropical Medicine (LSHTM), the African Union/NEPAD Planning and Coordinating Agency and the African Society for Laboratory Medicine (ASLM) jointly collaborate in the development and resource mobilization for the implementation of the “East African Community Regional Project on the Harmonization and Strengthening of the Regulation and Quality Assurance of the Medical Devices and Diagnostics”.

The purpose of the “East African Community Regional Project on Strengthening and Harmonization of the Regulation of Medical Devices and Diagnostics” is to improve diagnosis and treatment of communicable and non-communicable diseases in the EAC by increasing access to safe and effective medical devices and diagnostics though the enhancement of regulatory capacity and supporting the use of collaborative mechanisms for regulatory approval in the region in accordance with the mandate provided by Article 118 of the Treaty on the establishment of the EAC.

The implementation of this project will focus on the EAC regional and national coordination, capacity strengthening and harmonization of regional policies, laws, regulations, standards, guidelines and procedures for the regulation and post-market surveillance of medical devices and diagnostics through the organizational and institutional strengthening of the existing EAC Partner States’ National Medicines Regulatory Authorities (NMRAs) and the establishment of the proposed “East African Community Medicines and Food Safety Commission (EACMFSC)”.

The Draft MoU for the “East African Community Regional Project on Strengthening and Harmonization of the Regulation of Medical Devices and Diagnostics” between the EAC and the London School of Hygiene and Tropical Medicine is hereto attached as Annex V.

The Sectoral Council:

a) took note of the Draft Memorandum of Understanding (MoU) and;
b) directed the EAC Secretariat to work with the London School of Hygiene and Tropical Medicine to identify the priority areas of collaboration with NMRAs and ensure that the implementation of the project is done through the respective Ministries and the National Medicines
Regulatory Authorities. (EAC/SCM/Health/Decision 011) and
c) directed the EAC Secretariat to conclude the MoU taking account
recommendation (b) above. (EAC/SCM/Health/Decision 012)

2.2.7 Review of the progress of the EAC Regional Situational Analysis and Feasibility Study on Options for Harmonization of Social Health Protection Systems towards Universal Health Coverage to ensure Maximum Access to Health Services in the East African Community Partner States.

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted that following approval of the Terms of Reference (TORs) by the 26th Ordinary Meeting of the EAC Council of Ministers that was held in Nairobi, Kenya on 26th November 2012, the first phase of the “EAC Regional Situational Analysis and Feasibility Study on Options for Harmonization of Social Health Protection Systems towards Universal Health Coverage to ensure Maximum Access to Health Services in the East African Community Partner States” has commenced with technical and financial support from the Federal Government of Germany through the German Technical Cooperation Agency (GIZ).

The Sectoral Council further noted that the Inception Report was reviewed and is here-to attached as Annex VI.

The Sectoral Council took note of on-going Study on EAC Regional Situational Analysis and Feasibility Study on Options for Harmonization of Social Health Protection Systems and directed the EAC Secretariat to present the Report to the next Sectoral Council.

2.2.8 Review of progress reports of professional Boards/Councils on strengthening and harmonization of various health professionals within the EAC region.

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted that Medical and Dental Councils/Boards have made remarkable progress since the year 2000 in the harmonization process with regard to training, registration and professional practice.

The Sectoral Council also took note that there has been much progress made by various EAC Partner States National Statutory Professional Regulatory Councils and Boards, namely; Nursing and Midwifery, Radiology and Imaging, Pharmacy, Clinical Officers, Allied, Medical Laboratory, Nutritionists, Optometrists, and Traditional and Alternative Health Practice, among others.

The Sectoral Council: -

a) directed the EAC Secretariat to incorporate the earlier adopted internationally recognised definitions and meanings of various titles, degrees, designations and related terminologies in the proposed
b) directed the EAC Secretariat to mobilise resources by 31st August 2014 in order to operationalize 2nd Joint inspection of Moi University Dental School in Kenya and International Medical and Technological University in the United Republic of Tanzania and the 2nd Joint inspection of all Medical and Dental Schools in East Africa; (EAC/SCM/Health/Decision 013)

c) urged EAC Partner States to establish Boards and Councils for Radiology and Imaging, Optometry, and Environmental Health Practice, where they do not have these Boards and Councils; (EAC/SCM/Health/Decision 014)

d) directed the EAC Secretariat to develop a Regional Policy and legal framework on Traditional and Alternative Health practice; (EAC/SCM/Health/Decision 015)

e) directed the EAC Secretariat to expedite the establishment of the East African Community Health Professional Regulatory Authority (EACHPRA) in line with the decisions of the 15th Ordinary Meetings of the EAC Council of Ministers; (EAC/SCM/Health/Decision 016) and

f) directed the EAC Secretariat to engage the services of a Legal and Health experts to prepare the draft Bill for the establishment of EACHPRA. (EAC/SCM/Health/Decision 017)

2.2.9 Consideration of the proposed Organizational structure, human resource requirements and budget for the operationalization of the East African Health Research Commission (EAHRC) in Bujumbura, Burundi during the 2014/2015 fiscal year.

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted that 24th Ordinary Meeting of the EAC Council of Ministers held on 26th November 2011 in Bujumbura, Burundi approved the hosting and operationalization of the East African Health Research Commission (EAHRC) in Bujumbura, Burundi.

The Sectoral Council considered the proposed organizational structure, human resource requirements and budget for the operationalization of the East African Health Research Commission (EAHRC) in Bujumbura, Burundi during the 2014/2015 fiscal year.

The Sectoral Council further considered the report of the Principal/Permanent Secretaries with regard to the report and recommendations of the Verification Mission on the operationalization of the “East African Health Research Commission (EAHRC)” in the Republic of Burundi as concerns the proposed organizational structure, human resources requirements and budget.

The Sectoral Council noted that it was necessary to align the proposed human resources to the proposed structure to enable the Health Commission to deliver its mandate. The Sectoral Council therefore en the adopted nogram as indicated below:-
The Sectoral Council observed that the proposed budget 2014/2015 has provided for the recruitment of only six initial staff to operationalize the commission. The remaining staff will be provided for in the budget cycle 2015/2016.

1. Executive Secretary – (One Post)
2. Deputy Executive Secretary (Finance and Administration) – (One Post)
3. Deputy Executive Secretary (Research) – (One Post)
4. Principal Health Officer Operational/Applied Research (One Post)
5. Principal Health Officer Clinical Research – (One Post)
6. Senior Information and Communication Technology Officer – (One Post)
7. Accountant – (One Post)
8. Human Resource and Administration Officer – (One Post)
9. Office secretary /Administrative Assistant – (One Post)
10. Driver/Messenger – (One Post)
11. Office Attendant – (One Post)
The Sectoral Council: -

a) approved the above proposed initial staffing requirements for the East African Health Research Commission; (EAC/SCM/Health/Decision 019)

b) approved the proposed Organisational structure, human resource requirements and budget for the operationalization of the East African Health Research Commission (EAHRC) in Bujumbura, Burundi during the 2014/2015 fiscal year; (EAC/SCM/Health/Decision 020)

c) directed EAC Secretariat to include all budgetary requirements for the East African Health Research Commission in the fiscal year 2015/2016. (EAC/SCM/Health/Decision 021)

2.2.10 Consideration of the strengthening and harmonization of the EAC regional and national policies, laws and regulations for the free movement, establishment, trade and provision of quality health services as well as the training and practice of various health professions in the East African Community Partner States under the “EAC Common Market”.

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted the decisions and directives of the 15th and 18th Ordinary Meetings of the EAC Council of Ministers and the operationalization of the “EAC Common Market Protocol” with regard to the strengthening and harmonization of the EAC regional and national policies, laws and regulations for the free movement, establishment, trade and provision of quality health services as well as the training and practice of various health professions in the East African Community Partner States.

The Sectoral Council further took note that the EAC has received offers of technical and financial support from various international collaborating development partners in support of the identified priority areas on EAC regional cooperation and integration in the health sector under the “EAC Common Market”.

The Sectoral Council: -

a) approved the above proposed initial staffing requirements for the East African Health Research Commission; (EAC/SCM/Health/Decision 019)

b) approved the proposed Organisational structure, human resource requirements and budget for the operationalization of the East African Health Research Commission (EAHRC) in Bujumbura, Burundi during the 2014/2015 fiscal year; (EAC/SCM/Health/Decision 020)

c) directed EAC Secretariat to include all budgetary requirements for the East African Health Research Commission in the fiscal year 2015/2016. (EAC/SCM/Health/Decision 021)
The Sectoral Council further considered the report of the Principal/Permanent Secretaries with regard to the various priority areas for action and the proposed recommendations that particular activities be hosted and/or led by the respective EAC Partner States.

a) **The Republic of Uganda will Provide support in the following areas:**
    (i) Review and Harmonization of the EAC Partner States National Health Policies and Laws on the regulation of various health professions in each country
    (ii) Drafting of EAC Partner States' National Health Professions Authority Bills for each Country
    (iii) Drafting of the EAC Regional Health Professions Regulatory Authority (EACHPRA) Bill, 2014 in collaboration with the EAC Secretariat.

b) **The United Republic of Tanzania will Provide support in the following areas:**
    (i) Review and Harmonization of EAC Partner States’ National Pharmaceutical Policies, Laws and Regulations;
    (ii) Development of the EAC Regional Pharmaceutical Policies, Laws and Regulations;
    (iii) Review and Harmonization of EAC Partner States’ National Health Policies and Laws on the regulation of Medicines and Food Safety and the regulation of Medical Devices and Diagnostics through the strengthening and harmonization of the National Medicines Regulatory Authorities (NMRAs) of each country;
    (iv) Drafting of the East African Community Medicines and Food Safety Commission (EACMFSC) Bill.

c) **The Republic of Rwanda will Provide support in the following areas:**
    (i) Review and harmonization of EAC Partner States’ National Procurement Policies, Laws, Regulations and Guidelines (including Standard Treatment Guidelines and the essential Drugs List) for the procurement and use of essential medicines and health supplies;
    (ii) Operationalization of the “EAC Regional Pooled Bulk Procurement of essential medicines and health supplies through **Group Contracting Mechanism**” as approved by the 15th EAC Council of Ministers (Report Ref. Number: EAC/CM15/Decision 15 of 17th to 18th March 2008);
    (iii) Review and harmonization of EAC Partner States’ National Social Health Protection (SHP) Policies, Laws and Regulations in order to promote Universal Health Coverage (UHC) and facilitate portability of Pensions and Health insurance across the EAC region.

d) **The Republic of Burundi will Provide support in the following areas:**
    (i) **Health Scorecard** - Develop EAC Regional health scorecard for compliance with EAC regional health policies, laws and regulations
and guidelines in accordance with the “EAC Common Market Protocol”.

e) The Republic of Kenya will Provide support in the following areas:-

(i) Review and Harmonization of EAC Partner States’ National Policies, Laws, Regulations and Guidelines on various Health Professional Trainings and Practice with focus on basic trainings, internship, practice for priority Health professionals and the development of EAC regional policies, laws, regulations and guidelines for joint inspection of training and internship institutions.

(ii) Drafting process of proposed amendments to the “East African Community Standards, Quality, Metrology and Testing (SQMT) Act, 2006”

The Sectoral Council:-

a) approved the distribution of Partner States responsibilities as indicated above; (EAC/SCM/Health/Decision 022) and

b) directed the EAC Secretariat in collaboration with the Republic of Burundi to develop the EAC Regional Health Scorecard for compliance with EAC Regional Health policies, laws and regulations and guidelines in accordance with the “EAC Common Market Protocol”. (EAC/SCM/Health/Decision 023)

2.2.11 Consideration of the proposed establishment of the Multi-National East African Community Regional Centres of Excellence (CoE) for Skills and Tertiary Education in Higher Medical and Health Sciences Education Program in collaboration with the African Development Bank (AfB).

The Sectoral Council considered the report of the Principal/Permanent Secretaries and observed that since the year 2012, the East African Community (EAC) Partner States and the African Development Bank (AfDB) have been exploring opportunities for supporting the East African Community region in transforming medical and health sciences, bio-engineering, pharmaceutical sciences, eHealth and eLearning and other Information and Communication Technologies (ICTs) and research as well as health care delivery through the implementation of the proposed “Multi-National “East African Community Regional Centres of Excellence (CoE) for Skills and Tertiary Education in Higher Medical and Health Sciences Education Program”.

The Centres of Excellence (CoE) are distributed as follows:

(i) The Republic of Kenya to host the “East African Community Regional Kidney Institute (EACKI)”.

(ii) The United Republic of Tanzania to host the “East African Community Regional Heart Institute (EACHI)”.
The Republic of Uganda to host the “East African Community Regional Cancer Institute (EACCI)”. 

The Republic of Burundi to host the proposed “East African Community Regional Nutritional Sciences Institute (EACNSI)” 

The Republic of Rwanda to host the proposed “EAC Regional Centre of Excellence (RCE) for Health, Vaccines and Immunization Logistics in the East African Community Partner States”, in collaboration with LOGIVAC Reference Centre in West Africa, WHO, GAVI, AMP (France) and KfW (Germany).

The Sectoral Council:-

a) approved the distribution of the Partner States’ responsibilities as indicated; (EAC/SCM/Health/Decision 024) and

b) directed the EAC Secretariat to undertake and effect the proposed establishment and implementation arrangements of the “Multi-National “East African Community Regional Centers of Excellence (CoE) for Skills and Tertiary Education in Higher Medical and Health Sciences Education Program” that will be hosted by the respective EAC Partner States. (EAC/SCM/Health/Decision 025)

2.2.12 Consideration of the convening of the “Second East African Community Regional e-Health Workshop and Ministerial Conference” in Kigali, Rwanda: 4th to 6th November 2014

The Sectoral Council was informed that the EAC Regional e-Government Framework that was approved by the 13th regular meeting of the EAC Council of Ministers and the 8th Summit of the EAC Heads of States held in November 2006 and it identifies e-Health as one of the seven focus areas in the implementation of the e-Government Programme. Consequently, the East African Community has embarked on an e-Government regional programme under which e-Health and telemedicine practice are among the identified key areas. In addition, the Regional e-Government Policy and Framework for East African Community underscores the need for the installation of supporting Information Communication Technology (ICT) infrastructure at various levels, including the use of satellite–based communications.

The Sectoral Council further observed that the challenges facing this sector are many. The highlighted challenges include the following, among others: lack of health infrastructure and services, shortage of computer savvy healthcare personnel, lack of training facilities with regard to Information Communication Technologies (ICTs) in healthcare, absence of ICT based healthcare in medical curriculum, unstable communication services to facilitate e-Health services among others. In this regard, the “First East African Community Regional E-Health Workshop and Ministerial Conference” was held in Kigali, Rwanda from 8th to 10th November 2010. The workshop was meant to provide opportunities to share experiences and allow insight into policies, practices and technologies that can advance the E-Health capabilities in the East African Community
region. The primary aim of the workshop was to present a unique opportunity to exchange visions, ideas, views, know-how and experiences and to develop collaborative working relationships on e-health across sectors and borders.

The main goal of the workshop was to assess both policies and technical elements that can support an enabling environment for e-healthcare solutions, as well as discussions of e-health areas such as telemedicine, electronic medical records and healthcare information systems were discussed and best practices illustrated.

The recommendations of the first workshop included the following:

i. Creation of an EAC Regional e-Health Working Group
ii. Establishment of National Inter – Agency e Health Working Groups
iii. Development of legal and regulatory frameworks
iv. Implementation of the East African Community Regional Integrated Telemedicine and e-Health Program Technology and Infrastructure Improvements for e Health Systems
v. Consideration of the Proposed Financing Models for e-Health Implementation at national and regional levels in the East African Community region

The recommendations of the “1st East African Community Regional E-Health Workshop and Ministerial Conference” are hereto attached as Annex VII.

The Sectoral Council: -

a) took note of the upcoming Second East African Community Regional E-Health Workshop and Ministerial Conference” in Kigali, Rwanda: 4th to 6th November 2014;
b) directed Partner States to implement the recommendations of the “1st East African Community Regional E-Health Workshop and Ministerial Conference”; (EAC/SCM/Health/Decision 026) and
c) urged Partner States to participate in the upcoming Second East African Community Regional E-Health Workshop and Ministerial Conference.

2.3 CONSIDERATION OF MATTERS UNDER EAC REGIONAL COOPERATION ON THE PREVENTION AND CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES.

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the various agenda items under the EAC regional cooperation and integration on the Prevention and Control of Communicable and Non-Communicable Diseases as indicated below.
2.3.1 Progress Report of the implementation and the Mid-Term Review (MTR) of the East African Public Health Laboratory Networking Project (EAPHLNP) in the East African Community Partner States.

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the joint presentation from the EAC Secretariat and the East, Central and Southern Africa Health Community Secretariat (ECSA-HCS) on the progress of implementation and the "Mid-Term Review (MTR)" of the "East African Public Health Laboratory Networking Project (EAPHLNP)" as the regional coordination partner of the project in collaboration with the EAC Secretariat.

The main objective of the project is to establish a network of efficient, high quality and accessible public health laboratories for diagnosis and surveillance of Tuberculosis (TB) and other communicable diseases in the EAC Partner States. The Mid-Term Review has now been concluded in the United Republic of Tanzania, the Republics of Kenya, the Republic of Rwanda and the Republic of Uganda and the report will be shared among all the EAC Partner States upon completion. However, the Republic of Burundi is not yet due for the Midterm Review as the project commenced later than in the other EAC Partner States.

The Sectoral Council took note of the planned activities of the "East African Public Health Laboratory Networking Project (EAPHLNP)" which are on course in each Partner State. With the support of the EAPHLN project, the Uganda National TB Reference Laboratory has attained Supra-Reference Laboratory (SRL) Status, the only one in the East African region being the second in Africa. The SRL has also attained ISO Certification and WHO recognition as a reference laboratory and currently some African countries are utilising the SRL for accurate TB diagnosis.

The Annual Progress Report (2013) of the World Bank supported "East African Public Health Laboratory Networking Project (EAPHLNP)" is hereto attached as Annex VIII.

The Sectoral Council:

a) took note of the progress of the EAPHLN project in the improvement of laboratory diagnostic and surveillance capacity for TB and other communicable diseases;

b) urged Partner States to consider using the Uganda Supra Reference Laboratory (SRL) to strengthen their TB diagnosis management and care; (EAC/SCM/Health/Decision 027) and

c) directed the EAC Secretariat to implement the recommendations of the mid-term review of the EAPHLN Project. (EAC/SCM/Health/Decision 028)
2.3.2 Consideration of the Draft “EAC Regional Strategy on the Prevention and Control of Non-Communicable Diseases and Tobacco Control (2014-2018)”.

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the draft “EAC Regional Strategy on the Prevention and Control of Non-Communicable Diseases and Tobacco Control (2014-2018)” as presented.

The Sectoral Council noted that the details of the final draft Strategy were reviewed and considered by the Principal/Permanent Secretaries alongside the report and recommendations of the EAC Partner States’ National Health Experts Meeting that was held in Nairobi, Kenya from 23rd to 25th January 2014.

The “Draft EAC Regional Strategy on the Prevention and Control of Non-Communicable Diseases (2015-2020)” is here-to attached as Annex IX.

The Sectoral Council: -

a) took note that the title of the Strategy has been changed to read “EAC Regional Strategy on the Prevention and Control of Non-Communicable Diseases (2015-2020)”;  

b) directed the EAC Secretariat to ensure that the "EAC Regional Strategy on the Prevention and Control of Non-Communicable Diseases (2015-2020)" includes a clear implementation and monitoring and evaluation framework with feasible targets for the prevention and control of NCD and their risk factors and be costed to facilitate implementation; (EAC/SCM/Health/Decision 029)  

c) directed the EAC Secretariat to ensure the “EAC Regional Strategy on the Prevention and Control of Non-Communicable Diseases (2015-2020)” addresses other priority areas such as mental health, substance abuse, chronic obstructive respiratory diseases, chronic renal diseases, eye and dental conditions and healthy aging;  

(EAC/SCM/Health/Decision 030) and  

d) directed the EAC Secretariat to convene a meeting of experts to review and finalise the EAC Regional Strategy on the Prevention and Control of Non-Communicable Diseases (2015-2020).  
(EAC/SCM/Health/Decision 031) .


The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the progress, achievements and challenges of “WHO/EAC Project on Implementation of the WHO Framework Convention on the Tobacco Control (WHO-FCTC) by the EAC Partner States 2013-2015”.

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The Sectoral Council took note that the EAC Secretariat and WHO agreed to implement a five (5) year Project effective 2012: “WHO/EAC Project on Implementation of the Framework Convention on Tobacco Control by East African Community Partner States”. The 7th Ordinary Meeting of the EAC Sectoral Council on Health that was held on 29th March 2012 in Arusha, Tanzania approved the development of the Project and Plan of activities. The project was officially launched on 27th March 2013 during the Sectoral Council of Health Ministers held in Kigali, Rwanda. During the launch, the EAC Secretariat and WHO committed to implement priority activities under the Project (2013-2015). This project covers areas of tobacco taxation, curbing of illicit trade, tax administration systems and tobacco control, within a framework of ensuring a balance between public health, fiscal policy, trade and agriculture realities as well as revenue, livelihoods, and foreign exchange earnings of the EAC Partner States. WHO committed to provide technical assistance to EAC Partner States policy makers and experts in health, finance, trade and agriculture and other relevant governmental departments and WHO committed to work closely with the EAC Secretariat to complete studies on these agreed areas to inform policy.

Following the meeting of the EAC Sectoral Council on Trade, Industry, Finance and Investment (SCTIFI) held in Arusha, Tanzania on 2nd November 2012, Sectoral Council directed the EAC Secretariat to urgently convene a meeting of EAC Partner States’ national Ministries responsible for EAC Affairs, Health, Trade, Industry, Agriculture and Finance as well as to apply for observer status at the Conference of Parties (COP).

The progress on the achievements and challenges of the operationalization of the “Implementation Plan of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) in the East African Community Partner States” (2013 – 2015) is here-to attached as Annex X.

The Sectoral Council:-

a) took note and directed the EAC Secretariat to circulate to the Partner States for review and inputs, the Implementation Agreement for the “WHO/EAC Project on Implementation of the Framework Convention on the Tobacco Control by the EAC Partner States 2013-2015” by 30th April 2014 before signature by EAC and WHO;

b) directed Partner States to fully implement Article 5.3 of the FCTC which states that “in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with the national law”;

(EAC/SCM/Health/Decision 032) and

c) directed Partner States and EAC Secretariat to strengthen the Multi-sectoral coordination and harmonization for effective tobacco control policies. (EAC/SCM/Health/Decision 033)
2.3.4 Consideration of the report and recommendations of the EAC/WHO Meeting of Experts on Economics of Taxation for Tobacco Control in the EAC Partner States.

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the report and recommendations of the EAC/WHO regional meetings of experts on taxation for tobacco control that were held respectively in Nairobi, Kenya from 20th to 22nd January 2014 and also in Kigali, Rwanda from 24th to 28th February 2014.

The reports and recommendations of the EAC/CTFK Meeting of EAC Experts on Tobacco Tax held in Nairobi, Kenya, 20th – 22nd January 2014 and the EAC/WHO Meeting of Experts on The Economics of Taxation for Tobacco Control in the EAC Partner States in Kigali, Rwanda, 24th To 28th February 2014, are hereto attached as Annexes XI (a) and XI (b).

The Sectoral Council:-

a) directed Partner States to introduce and/or implement fully comprehensive WHO Framework Convention on the Tobacco Control (WHO-FCTC)-compliant tobacco control laws; (EAC/SCM/Health/Decision 033)
b) directed Partner States to review the draft guidelines for the implementation of the Article 6 of the WHO Framework Convention on the Tobacco Control (WHO-FCTC) and support its adoption in COP 6; (EAC/SCM/Health/Decision 034)
c) committed themselves to strengthen Regional Multi-Sectoral Collaboration on WHO Framework Convention on the Tobacco Control (WHO-FCTC) and take a lead role in its implementation;
d) recommended to Sectoral Council on Trade, Industry, Finance and Investment (SCTIFI) to urge EAC Partner States to increase tobacco taxes starting with their next budget cycles;
e) recommended to SCTIFI to urge EAC Partner States to adopt a uniform specific tax structure towards attaining an average excise tax rate on cigarettes to at least PPP $ 1.35 per pack by 2016/17;
f) directed the EAC Partner States to ratify of the Protocol to Eliminate Illicit Trade in Tobacco Products; (EAC/SCM/Health/Decision 035) and
g) directed the EAC Secretariat to work with relevant Partners and Stakeholders to devise mechanisms to build the capacity of the Revenue Authorities and the Ministries of Finance on taxation models and best practices on implementation of Article 6 of the WHO Framework Convention on the Tobacco Control (WHO-FCTC) in particular tax and price as a measure for tobacco control. (EAC/SCM/Health/Decision 036).
2.3.5 Progress report on the implementation of decision of the EAC Sectoral Council on Trade, Industry, Finance and Investment (SCTIFI) of 2nd November 2012 and the application process of the East African Community (EAC) for an observer status at the Conference of Parties (COP) of the WHO Framework Convention on Tobacco Control (WHO-FCTC)

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the progress report on the implementation of decision of the EAC Sectoral Council on Trade, Industry, Finance and Investment (SCTIFI) of 2nd November 2012. The meeting of SCTIFI had directed the EAC Secretariat to urgently convene a meeting of EAC Partner States' national Ministries responsible for EAC Affairs, Health, Trade, Industry, Agriculture and Finance as well as to apply for observer status at the Conference of Parties (COP).

The Sectoral Council noted that the EAC had applied for observer status at the Conference of Parties (COP) in accordance with the directive. The application is in line with existing practice and there are several regional and sub-regional organizations that have observer status with the Conference of Parties (COP) of the WHO Framework Convention on Tobacco Control (WHO-FCTC).

In addition, the Sectoral Council noted that while it is important for the EAC to apply and join the Conference of Parties (COP) of the WHO Framework Convention on Tobacco Control (WHO-FCTC) as an Observer, the Ministers responsible for Health have not been involved in the process of the application of EAC as an observer in the WHO-FCTC COP.

The Sectoral Council further observed that SCTIFI in 2012 had directed the EAC secretariat to convene a Regional Multi-Sectoral meeting on Tobacco Control bringing together the EAC Partner States' National Ministries and Institutions responsible for EAC affairs, health, trade, revenue authorities, (excise duty), industry, environment, agriculture and finance and other stakeholders but this meeting has not yet been convened.

The Sectoral Council:

a) directed the EAC Secretariat to delay any further progress on the on-going EAC’s application to the Observer Status at the Conference of Parties (COP) of the WHO Framework Convention on Tobacco Control (WHO-FCTC) pending consultations with the relevant Sectoral Councils until next Council; (EAC/SCM/Health/Decision 037)

b) directed the EAC Secretariat to ensure that the Ministers responsible for Health are brought on board and take lead generally on the overall implementation of the WHO Framework Convention on Tobacco Control (WHO-FCTC) and in particular, regarding the EAC’s application to the Observer Status at the Conference of Parties
2.3.6 Consideration of the proposed collaboration between the “East African Community (EAC)” and the “Inter-governmental Authority on Development (IGAD)” on the formulation and implementation of various regional health projects and programmes in the Eastern Africa region, including Malaria Prevention and Control under the Roll Back Malaria (RBM) Framework and other common priorities.

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard the on-going efforts by WHO and RBM to support development of an East African Community Regional Multi Action Framework for Malaria and the need to address the gap in terms of representation of the region at the RBM Board.

The Sectoral Council noted that The “East African Community (EAC)” and the “International Government Authority on Development (IGAD)” are among the recognized African Regional Economic Communities (RECs) under the African Union and some of the Member States of the IGAD are also Partner States of the EAC. In this regard, there is a need to jointly explore opportunities and agree on the scope of possible collaboration and thereafter develop and sign a Memorandum of Understanding (MoU) between the East African Community (EAC) and the International Government Authority on Development (IGAD) on the identification, design, formulation, resource mobilization and implementation of various regional health projects and programmes in the Eastern Africa region, including Malaria Prevention and Control under the Roll Back Malaria (RBM) Framework and other common priorities.

The RBM Partnership is the global framework to implement coordinated action against malaria. It mobilizes for action and resources and forges consensus among partners. RBM’s overall strategy aims to reduce malaria morbidity and mortality by reaching universal coverage and strengthening health systems. The Global Malaria Action Plan defines two stages of malaria control: (1) scaling-up for impact (SUFI) of preventive and therapeutic interventions, and (2) sustaining control over time.
The RBM Board is organized along seven constituencies i.e. Donors countries, Multilateral Development Partners, Malaria Endemic Countries, Private Sector, Foundations, Non Governmental Organizations, Research and Academia and Ex Officio members. Under Malaria Endemic countries constituency, there are eight categories i.e. Central Africa, East Africa also known as EARN (East African Roll Back Malaria Network), West Africa, Southern Africa, Latin America, South Asia and South East Asia.

The Sectoral Council:

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).

2.3.7 Consideration of the EAC regional response to the outbreak of Ebola Viral Haemorrhagic Fever in West Africa.

The Sectoral Council discussed the EAC regional response to the outbreak of Ebola Viral Haemorrhagic Fever in West Africa. The purpose was to come to a common understanding in the East African Region on how EAC Partner States are prepared to handle and protect their citizens from Ebola outbreaks.

The Sectoral Council noted that Ebola Viral Haemorrhagic Fever is one of the deadliest of a group of diseases called Viral Haemorrhagic Fevers (VHFs). They range in seriousness from relatively mild illnesses to severe and potentially fatal diseases. All forms of Viral Haemorrhagic Fever (VHFs) begin with fever and muscle aches. Depending on the virus, the disease can get worse until the patient becomes very ill with breathing problems, severe bleeding (haemorrhage), kidney problems, and shock. Viral haemorrhagic fevers that have been detected in East Africa include Ebola in Uganda in the year 2000 (Gulu, Masindi and Mbarara districts), 2007-2008 (Bundibugyo district), 2011 (Luwero District) and 2012 (Kibaale district). In 2007, two different outbreaks of Marburg virus were reported in Kamwenge district of Uganda. These outbreaks have led to high morbidity, mortality and economic loss. Rwanda and Burundi have not reported these viral haemorrhagic fevers.
During a Viral Haemorrhagic Fevers (VHFs) experts meeting held in Uganda in 2011 and also following a VHF table-top simulation exercise and VHF Field Simulation Exercise held in April and August 2012, respectively, it was noted that there was a weak response and coordination mechanism in cross-border settings among the EAC Partner States. It was therefore recommended that there is need to develop an EAC regional Viral Haemorrhagic Fevers (VHFs) strategy and emergency preparedness and contingency plan. However, the 8th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health that was held in Arusha, Tanzania on 11th October 2012 directed that the proposed strategy should be expanded to cover all communicable diseases of public health concern and not to be just limited to the Viral Haemorrhagic Fevers (VHFs) only.

The Sectoral Council further noted that the on going outbreak of the Ebola Viral Haemorrhagic Fever (EVHF) in West Africa poses a very high risk to the East African Community region as a whole due to the frequent international travel and interactions among the peoples of these two regions of Africa.

In view of the above, the EAC Secretariat in collaboration with the East, Central and Southern Africa Health Community Secretariat, through the East African Public Health Laboratory Networking Project are in the process of engage a reputable Consultancy Firm to develop an “EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern for the East African Community Region” and multi-year implementation plan, budget and monitoring and evaluation framework using the World Health Organization (WHO) template.

The Terms of Reference for the Consultancy to develop “EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern for the East African Community Region” is here-to attached as Annex XII.

The Sectoral Council:

a) directed the EAC Secretariat in collaboration with the EAC Partner States, the WHO and other international collaborating partners and stakeholders to finalise the development of the proposed “EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern for the East African Community Region”; (EAC/SCM/Health/Decision 044)

b) directed the Partner States to institute stringent surveillance and
prevention measures against the possible spread of the on-going outbreak of Ebola Viral Haemorrhagic Fever (VHF) in West Africa into the East African Region; (EAC/SCM/Health/Decision 045)
c) urged Partner States to build and strengthen national and regional institutional and infrastructure capacity to prevent, detect and respond to possible outbreaks of Ebola Viral Haemorrhagic Fever (VHF) and other Communicable Diseases, Conditions and Events of Public Health Concern in the East African Region; and
d) approved the Terms of Reference (ToR) for the Consultancy to develop an “EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern for the East African Community Region.

2. 3.8 Consideration of the institutionalisation of the One Health approach in the East African community to prevent and control zoonotic diseases and other events of Public Health concern.

The Sectoral Council observed that the latest scientific publications have shown that 61% of human pathogens are zoonotic and 75% of emerging diseases are zoonotic. The occurrence and spread of these emerging disease such as Severe Acute Respiratory Syndrome (SARS), Highly Pathogenic Avian influenza H5N1 & H1N1 pandemic (originate from wildlife), and cholera (climate related) has shown that multi-factors are contributing to the occurrence and the spread of these diseases worldwide. Additionally, free movement of persons and goods, climate change, expansion of agricultural land due to the rise in food demand has led to encroachment into new wild habitats. All the countries of the East African Community (EAC) are in a hot spot where those drivers are found. The Rift Valley Fever, Yellow Fever, Anthrax, Ebola and Marburg outbreaks are few examples of re-emerging infectious diseases, which have struck a few countries of EAC in the last decade, causing public health threats and seriously damaging the economy.

The Sectoral Council further observed that originating from wildlife and domestic animals, the lesson learnt on prevention and control of these diseases have highlighted the fact that no single discipline, no single sector, no single ministry and no single country can handle these public health events at the country and regional level in an effective and sustainable manner without collaboration. It is with this in mind that in 2000, the Ministers responsible for Health in the EAC decided to establish the East African Integrated Disease Surveillance Network (EAIaDSNet) and to implement activities of the network using One Health approach. Although this important step has been taken, the prerequisite for an effective and sustainable implementation of activities of the network and beyond should start by an engagement and commitment of each government to use One Health in order to attain optimal health for people in the region.
The main purpose of this proposal is to advocate for the institutionalization of One Health approach in the EAC Partner States by embedding One Health into the existing policies and to have a One Health approach Regional Strategy.

The Sectoral Council:

a) urged Partner States to adopt the One Health approach in their country health policies and plans;

b) directed EAC Secretariat to include One Health approach into the EAC Regional Health Strategic Plan; (EAC/SCM/Health/Decision 046) and
c) directed the EAC secretariat to monitor progress and advise on the implementation of One Health approach at regional and country level (EAC/SCM/Health/Decision 047).

2.4 CONSIDERATION OF MATTERS UNDER EAC REGIONAL COOPERATION ON MEDICINES AND FOOD SAFETY

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the various agenda items under the EAC regional cooperation and integration on Medicines and Food Safety as indicated below.

2.4.1 Development of Harmonized EAC Pharmaceutical Policy, Legal, Regulatory Frameworks and the Bill for Establishment of the East African Community Medicines and Food Safety Commission (EACMFSC)

The Sectoral Council considered the report of the Principal/Permanent Secretaries on the importance of strengthening of the EAC regional and national legal framework for the pharmaceutical sector to support enforcement of various harmonized technical requirements and standards to facilitate access to medicines and health products.

The Sectoral Council directed the EAC Secretariat to expedite the process of developing the EAC Pharmaceutical Policy, Law, Mutual Recognition Framework, Information Sharing Agreement between National Medicines Regulatory Authorities and the Bill for establishment of East African Community Medicines and Food Safety Commission. (EAC/SCM/Health/Decision 048)

2.4.2 Review of the Progress Report on the Implementation of the East African Medicines Regulatory Harmonization (EAC-MRH) Programme

The Sectoral Council considered the report of the Principal/Permanent Secretaries and took note of the progress made since the launch of the project on March 2012. The East African Community (EAC) through the Global Medicines Regulatory Harmonization Initiative Trust Fund and with technical support from the World Health Organization (WHO) and the African Union NEPAD Agency is currently implementing the East African Community
Medicines Regulatory Harmonization Programme (EAC-MRHP) in collaboration with the National Medicines Regulatory Authorities (NMRAs) of the respective East African Community Partner States. The Programme Vision is to have timely access to safe and effective medicines of good quality within the East Africa Community. The main goal of the programme is to have a harmonized and functioning Medicines Registration and Regulatory System established and operationalized within each of the East African Community Partner States in accordance with national and internationally recognized policies and standards. The benefits of harmonized medicines regulation scheme include among others, improving access to safe, efficacious, affordable and quality medicines to the patients, reduction of costs of registering medicines by manufacturers and reduction of cost by National Medicines Regulatory Authorities through joint dossier evaluation and joint GMP inspections.

The Sectoral Council noted that the guidelines for Medicine Evaluation and Registration (MER), Good Manufacturing Practices (GMP), and Quality Management System (QMS) have been developed in line with the existing international guidelines and best practices.

The Sectoral Council adopted the final EAC harmonized guidelines, standards and requirements for Medicines Evaluation and Registration (MER), Good Manufacturing Practices (GMP), Quality Management System (QMS) for National Medicines Regulatory Authorities and recommended the same to the EAC Council of Ministers for consideration and approval.

(EAC/SCM/Health/Decision 049)

2.4.3 Review of the Progress on Implementation of EAC Regional Pharmaceutical Manufacturing Plan of Action (RPMPoA 2012 – 2016).

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the report and decisions of the Meeting of the EAC Sectoral Council of Ministers of Trade, Industry, Finance and Investment held on 19th November 2013 in Arusha Tanzania (Report Ref. EAC/SR 167/2013).

The Sectoral Council took note that the EAC Sectoral Council of Ministers of Trade, Industry, Finance and Investment (SCTIFI) considered the draft Terms of Reference (ToR) of the EAC Regional Steering Committee on the implementation of the EAC Regional Pharmaceutical Plan of Action and referred them to the Sectoral Council of Ministers of Health for further consideration and approval.

The Sectoral Council also took note that the Ministers of Trade and Industry directed the EAC Secretariat to constitute a joint working group between health and industry to address issues of the development of Pharmaceutical Industry in the Region.

The Terms of Reference (ToR) of the “EAC Regional Steering Committee on the implementation of the EAC Regional Pharmaceutical Plan of Action” is hereto attached as Annex XIII.
The Sectoral Council: -

a) approved the Terms of Reference (ToR) as referred by the Sectoral Council Ministers of Trade, Industry, Finance and Investment (SCTIFI); (EAC/SCM/Health/Decision 050) and

b) directed the EAC Secretariat to expedite the implementation of the EAC Regional Pharmaceutical Plan of Action especially the promotion for Intra-Regional trade on pharmaceutical products. (EAC/SCM/Health/Decision 051)

2.4.4 Implementation of the “EAC Regional Pooled Bulk Procurement of Medicines and other Health products

The Sectoral Committee took note of the progress made in developing a draft proposal and mobilization of resources from development Partners to support implementation of the initial phase of activities on the Pooled bulk procurement through Group Contracting Mechanism.

The Sectoral Council: -

a) directed the EAC Secretariat to activate and operationalize the Experts Working Group (EWG) on EAC regional pooled bulk procurement initiative with members drawn from the National Procurement Agencies, National Medical Stores Department and Pharmaceutical Department of the Ministries of Health as established by the 3rd Ordinary Meeting of the EAC Sectoral Council of Ministers of Health in September 2008; (EAC/SCM/Health/Decision 052)

b) directed the EAC Secretariat to convene EWG meeting to review the draft proposal and develop a roadmap for implementation of the initiative; (EAC/SCM/Health/Decision 053) and
c) directed the EAC Secretariat to mobilize additional resources to support pooled bulk procurement initiative. (EAC/SCM/Health/Decision 054).

2.4.5 Review of the draft proposal for the regional project on Harmonization and Strengthening of Regulation and Quality Assurance of Medical Devices and Diagnostics in the East African Community Partner States

The Sectoral Council considered the report of the Principal/Permanent Secretaries in regard to the draft proposal for the new EAC regional Project on “Strengthening and Harmonization of the Regulation of Medical Devices and Diagnostics in the East African Community Partner States”.

The Sectoral Council: -
a) directed the EAC Secretariat to convene a Regional multidisciplinary meeting of experts to oversee Strengthening and Harmonization of the Regulation of Medical Devices and Diagnostics, with members drawn from the National Medicines Regulatory Authorities, National Public Health Laboratories and other relevant bodies; (EAC/SCM/Health/Decision 055)

b) directed the EAC Secretariat to mobilize additional resources to support activities of the Regional multidisciplinary Team of Experts; (EAC/SCM/Health/Decision 056)

c) directed the EAC Secretariat in collaboration with the Regional multidisciplinary Team of Experts to develop common terminologies with respect to regulation of medical devices; (EAC/SCM/Health/Decision 057) and

d) referred the draft EAC Regional Project on “Strengthening and Harmonization of the Regulation of Medical Devices and Diagnostics in the East African Community Partner States” to the EAC Technical Working Group (TWG) on Health Systems, Research and Policy for further review and input before 31st August 2014.

2.4.6 Update on the EAC regional project on Strengthening and Harmonization of Pharmacovigilance and Post Marketing Surveillance System

The Sectoral Council received an update report on the EAC regional project for strengthening pharmacovigilance and post marketing surveillance activities in the EAC Region. The project proposal is in line with the EAC MRH programme and its main goal is to implement regional harmonized system for detecting, assessing, preventing and responding to adverse events and other issues related to health products. Committee further took note that, Development Partners involved in this initiative include the World Health Organization, US Food and Drug Administration (US FDA) and African Union NEPAD Planning and Coordination Agency. Financial resources are drawn from United States Agency for International Development (USAID), Bill and Melinda Gates Foundation (BMGF), Germany National Metrology Institute (PTB) while the World Bank is responsible for fiduciary aspects and implementation support.

The Sectoral Council directed the EAC Secretariat to officially constitute the Regional project Steering Committee of Experts on Pharmacovigilance (PV) and Post Marketing Surveillance (PMS) to review the proposal and provide technical oversight of the project. (EAC/SCM/Health/Decision 058)

2. 4.7 Development of EAC Harmonized Policy on Food Safety and Quality
The Sectoral Council considered the report of the Principal/Permanent Secretaries on the progress made in the development of the draft EAC Harmonized Policy on Food Safety and Quality. The directive was given by the 6th Sectoral Council on Health to the EAC Secretariat to work with Partner States and Development Partners to develop the EAC Regional Food Safety and Quality Policy (EAC/SCM 06/Decision 44).

The Sectoral Council took note of the progress made on the development of the draft EAC Harmonized Policy on Food Safety and Quality.

2.4.8 Consideration of the progress report in the implementation of the USAID supported “EAC Regional Project on Aflatoxin Control and Improved Nutrition” through the “Multi-Regional Aflatoxin Abatement Program (MRAAP) and Aflatoxin Policy and Program for the East African Community (APPEAR)”

The Sectoral Council considered the report of the Principal/Permanent Secretaries in regard to the implementation of the USAID supported “EAC Regional Project on Aflatoxin Control and Improved Nutrition”. The Sectoral Council noted that the EAC Secretariat and the USAID entered into an agreement on 23rd September 2009, as part of the support for the implementation of the overall EAC Food Security Action Plan (2011-2015). Subsequently, a total of USD 730,000 was provided to support the project through the “Multi-Regional Aflatoxin Abatement Program (MRAAP)” to be implemented jointly with the EAC Agriculture, Health and Trade Sectors.

The main goal of the project is to design and implement policies and programs to strengthen food security and food safety with a focus on aflatoxin abatement as well as dietary diversification and nutrition throughout the East African Community Region.

In support of the implementation of this project, the 5th Ordinary Meeting of the EAC Sectoral Council on Agriculture and Food Security and the 27th Ordinary Meeting of the EAC Council of Ministers approved the establishment of the “EAC Regional Experts Working Group on Aflatoxin (REWGA)”. The Council further directed the Sectoral Council of Agriculture and Food Security to co-opt in the Experts Working Group on Aflatoxin relevant experts from health, trade and industry sectors when addressing matters of Aflatoxin. (EAC/CM 27/ Directive 21).

The Sectoral Council took note of the progress report and further noted that the EAC Secretariat is working in collaboration with the International Institute of Tropical Agriculture (IITA), a USAID appointed contractor to support the implementation of the project.

The progress report of the “EAC Regional Project on Aflatoxin Control and Improved Nutrition” is attached hereto as Annex XIV.
The Sectoral Council took note of the on-going drafting of various technical policy papers in the implementation of the “EAC Regional Project on Aflatoxin Control and Improved Nutrition”.

2.5 CONSIDERATION OF MATTERS UNDER EAC REGIONAL COOPERATION ON THE PREVENTION AND CONTROL OF HIV AND AIDS, TUBERCULOSIS (TB) AND SEXUALLY TRANSMITTED INFECTIONS

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the various agenda items under the EAC regional cooperation and integration on the Prevention and Control of HIV/AIDS, Tuberculosis (TB) and Sexually Transmitted Infections (STIs) as indicated below.

2.5.1 Consideration of the progress report on implementation of the HIV and AIDS programme for the period 1st July to 31st December 2013

The Sectoral Council considered the report of the Principal/Permanent Secretaries on the progress of implementation of the EAC Regional HIV and AIDS programme for the period 1st July to 31st December 2013 and noted that the implementation was slow due to delayed release of funds from Sweden (SIDA). In addition, there was also no budget to support regional HIV and AIDS interventions from the Partner States’ contribution to the EAC.

The Sectoral Council observed that the HIV and AIDS programme activities are entirely funded by one development Partner, namely; Swedish International Development Agency (SIDA). This poses a challenge in continuity and sustainability of the programme activities and achievements when the project comes to an end in June 2015 hence the need to allocate resources by the EAC for continuity.

The Sectoral Council:

a) directed the EAC Secretariat to allocate a budget line to support the HIV and AIDS, TB and STIs Programme during the FY 2015/2016; (EAC/SCM/Health/Decision 059) and

b) directed the EAC Secretariat to develop a proposal to Global Fund and any other Partners to support Regional HIV and AIDs interventions; (EAC/SCM/Health/Decision 060)

2.5.2 Consideration of the report on Sero-behavioural study conducted among Plantation workers and University students in the Republic of Rwanda

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the report undertaken by the Lake Victoria Basin
Commission (LVBC) on the HIV sero-behavioural studies among university students and plantation workers in the Republic of Rwanda. The Session noted that the LVBC had challenges in conducting similar studies in the Republic of Burundi due to lack of funds and failure to receive applications (responses) to the advertisement that was placed in the newspapers.

The Sectoral Council further noted that the Republic of Burundi had previously conducted her own HIV sero-behavioural studies studies among the plantation workers and fisher folk but not among the university students.

The Sectoral Council:

a) took note of the reports for HIV sero-behavioural studies among plantation workers and University students in Rwanda;

b) directed the EAC Secretariat to mobilise the required resources to conduct the HIV sero-behavioural study among university students in Burundi. [EAC/SCM/Health/Directive 061], and

c) directed EAC Secretariat to design interventions for fisher folks in the EAC Region; [EAC/SCM/Health/Decision 062]

2.5.3 Consideration of the report on comprehensive analysis of HIV and AIDS laws, policies, Strategies for the EAC Partner States

The Sectoral Council considered the report of the Principal/Permanent Secretaries in regard to the report on comprehensive analysis of HIV and AIDS laws, policies, Strategies for the EAC Partner States. The Session noted that the EAC Secretariat in collaboration with Eastern Africa National Networks of AIDS Service Organizations (EANNASO) supported by UNDP conducted a comprehensive analysis of HIV and AIDS laws, policies, Strategies for the EAC Partner States. The main purpose of the study was to identify strategic gaps and challenges in the domestic legal and regulatory frameworks of Partner States, in relation to the EAC HIV and AIDS Prevention and Management Bill.

The Sectoral Council was informed that the gap analysis will be utilised to make recommendations on how to strengthen and harmonize domestic HIV and AIDS laws and policies through an HIV and AIDS legal and policy reform framework. The Comprehensive Analysis Report and the HIV Legal and Policy Reform Framework is attached here to as Annex XV.

The Sectoral Council: -

a) took note of the progress of the Comprehensive analysis and the HIV Legal and Policy Reform Framework.
b) directed the EAC Secretariat to convene a meeting of Experts to validate the report of the Comprehensive analysis and the HIV Legal and Policy Reform Framework. (EAC/SCM/Health/Decision 063)

2.5.4 Consideration of the EAC cross-border health study report

The Sectoral Council considered the report of the Principal/Permanent Secretaries in regard to the EAC regional study report on the HIV disease burden at cross border communities in the East Africa region. The report documented the existing gaps in health and HIV/AIDS services available for the cross border communities.

The study was funded by USAID and it was successfully conducted by the Africa Institute for Health and Development (AIHD) in collaboration with EAC Secretariat, and validated by EAC Partner States’ National Experts and other stakeholders.

The EAC Cross Border Health Study Report is hereto attached as Annex XVI.

The Sectoral Council:

a) adopted the EAC Cross border health Study report;
   (EAC/SCM/Health/Decision 064) and
b) urged the Partner States to implement the recommendations of the report.

2.5.5 Consideration of the 1st EAC Annual HIV Epidemic Report 2013

The Sectoral Council considered the report of the Principal/Permanent Secretaries in regard to the 1st EAC Annual HIV Epidemic Report 2013. The Session was informed that the EAC Secretariat in collaboration with UNAIDS Regional Support Team-East and Southern Africa, commissioned the development of this first ever EAC regional HIV Epidemic report, 2013. The report provides accurate information on the current status of the HIV and AIDS epidemic, trends and the response to this epidemic in the region. In addition, the report provides an account of the political commitments and actions to respond to the HIV epidemic and provide a firm foundation and basis for discussing the HIV and AIDS epidemic, its response and related issues in the region.

The 1st EAC Annual HIV Epidemic Report 2013 is hereto attached as Annex XVII.

The Sectoral Council:

a) took note of the 1st EAC Annual HIV Epidemic Report 2013;
b) directed the EAC Secretariat to convene a meeting of Experts to validate the 1st EAC Annual HIV Epidemic Report 2013. (EAC/SCM/Health/Decision 065) and
c) directed the EAC Secretariat to explore possibilities of conducting a joint Regional HIV & AIDS sero-behaviour survey; (EAC/SCM/Health/Decision 066)

2.5.6 Progress towards implementation of 2013 WHO HIV and AIDS protocols

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted the progress made in implementing the WHO 2013 HIV and AIDS prevention, care and treatment guidelines by the EAC Partner States and further note that:

(i) Implementation of the guidelines in the EAC Partner States was at different stages, but arrangements were under way to effectively implement the guidelines.

(ii) The need to document and share best practices in HIV prevention, care and treatment in the region, through formal forum.

The Sectoral Council:

a) urged Partner States that have not adopted the guidelines to expedite the adoption of the 2013 WHO guidelines so as to facilitate the EAC-led harmonisation of HIV and AIDS prevention, care and treatment protocols; and

b) urged Partner States to document best practices and success stories in the adoption and implementation of WHO HIV and AIDS prevention, care and treatment guidelines to share with other Partner States.

2.5.7 Consideration of the report of the “EAC HIV-Sexual and Gender Based Violence Symposium” conducted during the 4th Annual East African Health and Scientific Conference held in Kigali, Rwanda from 27th to 29th March 2013

The Sectoral Council considered the report of the Principal/Permanent Secretaries and noted that the EAC in partnership with Population Council, Nairobi, and the Ministry of Health and the Republic of Rwanda organized the HIV- Sexual and Gender Based Violence (HIV-SGBV) 2013 Symposium during the 4th annual EAC Health and Scientific Conference with the theme “Toward a Multi-sectoral and Comprehensive Response in East Africa”. Further, the symposium recommendations would best be implemented under the department of Gender and community development.
The Sectoral Council:–

a) took note of the report of the “EAC HIV-Sexual and Gender Based Violence Symposium”; and

b) recommended the report to the Sectoral Council for Gender, Youth, Children, Social Protection and Community Development for consideration, adoption and implementation.

2.6 CONSIDERATION OF THE MATTERS UNDER THE REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH AND NUTRITION

The Sectoral Council considered the report of the Principal/Permanent Secretaries with regard to the various agenda items under the EAC regional cooperation and integration on Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH) as indicated below.

2.6.1 The technical report and recommendations on the Situational Analysis and Feasibility Assessment in the EAC Partner States on the establishment of the proposed “EAC Regional Centre of Excellence (RCoE) for Health, Vaccines and Immunization Logistics in the EAC Partner States”.

The Sectoral Council considered the report of the Principal/Permanent Secretaries and took note of the steps being taken to operationalise the establishment of EAC Regional Centre of Excellence for Health, Vaccines and Immunization Logistics. The Centre will be established along the LOGIVAC Reference Centre Model in West Africa with support from WHO, GAVI, AMP (France) and KfW (Germany). In this regard, a regional situational analysis and feasibility assessment is on going.

The Sectoral Council took note of the development.

2.6.2 Consideration of the progress report on the implementation of the new planned EAC Regional Sexual and Reproductive Health and Rights (SRHR) activities in collaboration with UNFPA, IGAD and IPPF, including the drafting of an EAC Regional Sexual and Reproductive Health and Rights (SRHR) Policy and Strategy (2015 – 2020)

The Sectoral Council considered the report of the Principal/Permanent Secretaries in regard to the progress of implementation of the Sexual and Reproductive Health and Rights (SRHR) activities in collaboration with UNFPA, including the drafting of an EAC Regional Sexual and Reproductive Health and Rights (SRHR) Policy and Strategy (2015 – 2020).
The Sectoral Council directed the EAC Secretariat to ensure that the planned SRHR Policy and Strategy (2015-2020) should be expanded to include Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH). (EAC/SCM/Health/Decision 067)


The Sectoral Council considered the report of the Principal/Permanent Secretaries on the progress of the implementation of the European Commission (EC) funded “Invest in Adolescents: Building Advocacy Capacity in East Africa” project. This was a three-year project that started in January 2010 and came to an end in March 2014. The project has contributed positively towards increasing advocacy capacity for adolescent and youth in addressing Sexual and Reproductive health and Rights (SRHR).

The Session noted that a Technical Conference for adolescents and youth champions, civil society organisations and policy makers drawn from the Members of Parliament of both National Assemblies and EALA as well as Partner States’ Ministries responsible for Health, EAC affairs, Population and Environment was held in March 2014 in Nakuru, Kenya. The aim of the Conference was to share and document best practices in the area of Adolescent sexual and reproductive health and rights and discuss sustainability strategies.

The Progress Report of the project on “Invest in Adolescents: Building Advocacy Capacity in East Africa” is here-to attached as Annex XVIII.

The Sectoral Council:

a) took note of the progress report and closure of the project on “Invest in Adolescents: Building Advocacy Capacity in East Africa; and
b) urged Partner States to enhance the investment in adolescent and youth friendly reproductive health services and development

2.6.4 Report and recommendations of the 5th and 6th EAC Regional Inter-Parliamentary Forum on Health, Population and Development

The Sectoral Council considered the report of the Principal/Permanent Secretaries on the resolutions in the Communiqué of the 5th East African Community Regional Inter-Parliamentary Forum on Health, Population and Development held in Nairobi, Kenya from 14th to 16th November 2013.

The Sectoral Council further considered the resolutions in the Communiqué of the 6th East African Community Regional Inter-Parliamentary Forum on Health, Population and Development held in Nakuru County, Kenya from 18th to 21st March 2014.
The Communiqués of the 5th and 6th Ordinary meetings of the EAC Regional Inter-Parliamentary Forum on Health, Population and Development are here-to attached as Annex XIX (a) and XIX (b).

The Sectoral Council:

a) urged Partner States to operationalize mechanisms for strengthening tracking of resources allocated to RMNCAH and related expenditures; and

b) directed the EAC Secretariat in collaboration with the EAC Partner States and various stakeholders and partners to follow-up on the implementation of the resolutions contained in the Communiqués of the 5th and 6th Ordinary meetings of the EAC Regional Inter-Parliamentary Forum on Health, Population and Development. (EAC/SCM/Health/Decision 069).

2.6.5 Progress report on the implementation of the new USAID supported “EAC Regional Project on Population, Health and Environment (PHE)” activities, including drafting of the EAC Regional Integrated PHE Strategy (2015 – 2020)

The Sectoral Council considered the report of the Principal/Permanent Secretaries in regard to the implementation of the USAID supported Population Health and Environment (PHE) Project which was approved by the 28th Ordinary Meeting of the EAC Council of Ministers in November 2013.

The Coordination Committee noted the need to ensure that nutrition, family planning and immunization are given prominence in the planned EAC Regional PHE Strategy-2015-2020.


2.6.6 Progress report on the implementation of the Open Health Initiative

The Sectoral Council considered the report of the Principal/Permanent Secretaries in regard to the progress on the implementation of the Open Health Initiative (OHI) to improve RMNCH in the EAC. The OHI was endorsed by the 14th Ordinary Summit of the Heads of State of EAC Partner States in 2012 to improve Reproductive Maternal Newborn and Child health in EAC Partner States.

The OHI focuses on supporting the United Republic of Tanzania to map RMNCH partners and resources; harmonization of definitions for the nine (9) RMNCH indicators to be tracked through the regional RMNCH advocacy scorecard; and holding of four technical exchange meetings by Partner States Experts focused on resource mapping, maternal and perinatal death reviews, accountability for results and operational research.
This 3-year project seeks to accelerate progress in the health of women and children through implementing three thematic actions (accountability for results and resources, results based financing, innovations) and three cross cutting actions (strengthening and maintaining political momentum, sharing of knowledge and best practices for action and establishment of an acceleration fund). An Acceleration Fund Architecture has been developed to facilitate resource mobilisation for scaling up best practices innovations in RMNCH.

The Sectoral Council considered the proposed establishment of the EAC Multi-sectoral Regional Expert Task Force on Results Based Financing and its Terms of Reference.

The EAC Open Health Initiative (OHI) Acceleration Fund Architecture is here-to attached as Annex XX.

The Sectoral Council:

  a) approved the EAC Open Health Initiative (OHI) Acceleration Fund Architecture; (EAC/SCM/Health/Decision 071) and
  b) approved the establishment of a multisectoral Task force on Results Based Financing. (EAC/SCM/Health/Decision 072)

2.6.7 Eastern and Southern African (ESA) Ministerial Commitment on comprehensive sexuality education and health services for adolescents and young people

The Sectoral Council considered the report of the Principal/Permanent Secretaries on the need to implement the ESA commitment as agreed to by the Ministers of Health and Education in the Eastern and Southern Africa region at the 17th ICASA conference in Cape Town South Africa. The Session was informed that at the Conference, the Ministers committed to take lead in implementing the commitment to ensure good quality comprehensive sexuality education and youth-friendly sexual and reproductive health services in the ESA region.

The Sectoral Council took note of the ESA Commitments; and urged Partner States to implement the ESA Commitments in their respective countries.

2.7 PROPOSED DATES OF THE 10TH ORDINARY MEETING OF THE EAC SECTORAL COUNCIL ON HEALTH TO BE HELD FROM 22ND TO 26TH SEPTEMBER 2014.

The Sectoral Council discussed and agreed on the proposed dates for the next 10th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health to be held from 22nd to 26th September 2014. The Council was informed that with the rotation schedule, the Republic of Uganda will host the Sectoral Council in March 2015.
The Sectoral Council endorsed the proposed dates for the 10th Ordinary Meeting of the EAC Sectoral Council on Health to be held from 22\textsuperscript{nd} to 26\textsuperscript{th} September 2014.

2.8 ANY OTHER BUSINESS

2.8.1 Convening of African Medicines Regulatory Harmonization Donor Roundtable Meeting: June 2014

The Sectoral Council took note that the East African Community Secretariat in collaboration with African Medicines Regulatory Harmonization (AMRH) Programme Partners have planned to hold a donor roundtable meeting to consolidate progress made for the East African Community Medicines Regulatory Harmonization Programme and as a next step to expand the initiative to other product streams and regulatory functions. The roundtable meeting will also provide an opportunity for sharing an overall vision and underlying implementation plan for AMRH initiative, showcase progress made to date in the East African Community and expand the support base for AMRH in order to consolidate the EAC progress and drive the expansion of the initiative.

The Roundtable will be hosted by the East Africa Community (EAC) Secretariat, with AMRH Partners namely the New Partnership for Africa's Development (NEPAD), United Kingdom’s Department for International Development (DFID) and the Bill & Melinda Gates Foundation (BMGF), in conjunction with consortium partners World Health Organization (WHO) and the World Bank (WB).

The proposed participants of the round table meeting will include Ministers responsible for Health and Finance from EAC Partner States, representatives from the East African Legislative Assembly and Pan African Parliament, Donors from developed and emerging markets, Heads of National Medicines Regulatory Authorities, African Union (AU) high level representative and representatives from West African Health Organization (WAHO) and EAC Secretariat executive and technical staff.

The Sectoral Council took note of the proposed Donor Roundtable meeting of the African Medicines Regulatory Harmonization scheduled for June 2014 and urged Partner States to attend the meeting.

Signed on this 17\textsuperscript{th} Day of April 2014 by the Heads of Delegations
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