EAST AFRICAN COMMUNITY HEALTH SECTOR STRATEGIC PLAN 2024-2030

February 2024

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Abbreviations and Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome
AU	-	African Union
CSOs	-	Civil Society Organizations
DRC	-	Democratic Republic of Congo
EAC	-	East African Community
EACHPRA	-	East African Community Health Professions Regulatory Authority
EALA	-	East African Legislative Assembly
EHR	-	Electronic Health Record
FGM	-	Female Genital Mutilation
ETR	-	End-Term Review
HSSP	-	Health Sector Strategic Plan
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management and Information Systems
HRH		Human Ressource for Health
IEC	-	Information Education Communication
ICESCR	-	International Covenant on Economic, Social and Cultural Rights
IHR	-	International Health Regulations 2005
IPTp	-	Intermittent Preventive Treatment of Malarial during pregnancy
IUCEA	-	Inter-University Council of East Africa
LLINs	-	Long Lasting Insecticide-treated Nets (LLINs)
MDG	-	Millennium Development Goal
MSM	-	Men who have Sex with Men
M&E	-	Monitoring and Evaluation
NHSSP	-	National Health Sector Strategic Plan
NMRAs	-	National Medicines Regulatory Authorities
PPB	-	Pharmacy and Poisons Board
PRSs	-	Poverty Reduction Strategies
PRSPs	-	Poverty Reduction Strategic Plans
RECs	-	Regional Economic Communities
RHOs	-	Regional Health Organizations
RSS	-	Republic of South Sudan
SGBV	-	Sexual and Gender Based Violence
STIs	-	Sexually Transmitted Infections
SWOT	-	Strengths, Weaknesses, Opportunities and Threats
TB	-	Tuberculosis
TWGs	-	Technical Working Groups
UN	-	United Nations
UNFPA	-	United Nations Population Fund
URT	-	United Republic of Tanzania
URTIs	-	Upper Respiratory Tract Infections
WHO	-	World Health Organization

Definition of Terms

Alternative medicine is any practice that is put forward as having the healing effect of medicine, but not founded on evidence gathered using the scientific method. It consists of a wide range of health care practices, products and therapies

Commissions mean the regional health and related institutions of the Community established under Articles 4 and 5 of this Protocol;

Community means the East African Community established by Article 2 of the Treaty

Coordination Committee means the Coordination Committee established by Article 9 of the Treaty

Council means the Council of Ministers of the Community established by Article 9 of the Treaty;

Commissioner General means the Chief Executive Officer of the regional health and related institutions of the Community established under the relevant Articles of this Protocol

E-Health means the use, in the health sector, of digital data - transmitted, stored and retrieved electronically- in support of health care, both at the local site and at a distance.

E-Health for health-care delivery means e-Health applications that directly support prevention, patient diagnosis and patient management and care. These applications include tele-consultations, tele-referrals, forward-storage concepts (e.g. tele-radiology and tele-prescriptions), and electronic patient records (EPR).

Gazette means the Official Gazette of the Community

Geographic Information Systems (GIS) means tools used for the management, analysis and display of geographic information in a way that helps to visualize data, establishing relationships, patterns and trends in the form of maps, charts and other graphics.

Head means the Chief Executive Officer of a member institution by whatever name called.

Health means a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Health Practitioner means individual accredited by a professional body upon completing course of study and usually licensed by Government agency to practice a health-related profession such as dentistry, nursing, medicine, occupational health.

Medical Device means any instrument, apparatus, implement, machine, appliance, implant, *in vitro* reagent or calibrator, software, material or other similar or related article intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the specific purposes of diagnosis, prevention, monitoring, treatment or alleviation of disease

Member Institution means an institution represented on the governing board of the regional institutions of the Community established under Articles 4 and 5 of this Protocol

National Institution means a body established under the relevant laws of a Partner State mandated to provide health or related services for and on behalf of the respective Partner State

National Focal Point means a body established by authority of each Partner State to coordinate national activities of each of the regional institutions of the Community established under Articles 4 and 5 of this Protocol

One Health refers to the inter-disciplinary application of expertise and perspective from the fields of human health, animal health, environmental health and related disciplines to address societal issues of public health, food security and ecosystem protection in a broader and more holistic approach.

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual

Partner States means the United Republic of Tanzania, the Republic of Kenya, the Republic of Uganda, the Republic of Burundi, the Republic of Rwanda and any other country granted membership to the Community under Article 3 of the Treaty

Partnership Agreement means an agreement signed between the Community and a collaborating development partner interested in promoting regional cooperation on health among the Partner States

Public Health means the effort of society to protect, promote and restore the people's health through health-related activities in order to reduce the number of diseases, premature death, and reduce discomfort and disability in the population

Quality System means the organizational structure, responsibilities, procedures, processes and resources needed to implement quality management.

Reproductive Health means the state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity, in all matters related to the reproduct system and to its functions and processes

Secretary General means the Secretary General of the Community provided for under Article 67 of the Treaty

Sectoral Committee means the Sectoral Committee established by Article 20 of the Treaty

Sectoral Council means the Sectoral Council provided for under Article 14 of the Treaty

Stakeholder means a person, legal or natural, governmental or non-governmental conducting business with any of the regional institutions of the Community established under Articles 4 and 5 of this Protocol

Traditional Health Practitioners means people who use the total combination of knowledge and practices, whether explicable or not, in diagnosing, preventing or eliminating a physical, mental or social disease and in this respect may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing, while bearing in mind the original concept of nature which included the material world, the sociological environment whether living or dead and the metaphysical forces of the universe;

Treaty means the Treaty establishing the East African Community and any annexes and protocols thereto.

Message from the EAC Sectoral Council on Regional Cooperation on Health

The East African Community (EAC) Health Sector Strategic Plan 2024-2030 marks an important roadmap in the continued strengthening and deepening regional cooperation aiming to integrate and harmonize Partner States' health sectors, in accordance with the relevant provisions of the Treaty for the establishment of the East African Community and the overall East African Community Development Strategy (2021/22-2025/2026).

The EAC HSSP serves to build a sustainable regional platform for joint cooperation between and among the East African Community (EAC) Partner States in addressing common priority health challenges in the region. This therefore underscores the strategic regional role of the EAC Health Sector Strategic Plan in helping the EAC Partner States to jointly pool their political, social, cultural, geographic and economic resources to achieve their health goals and objectives as set out in the Treaty. The theme of this multi-year EAC Health Sector Strategic Plan (2024-2030) is **"Sustain achievements, address gaps, innovate and transform health systems in EAC region"**.

The development of this HSSP 2024-2030 has been a result of a joint effort from the EAC secretariat, Partner States, Development Partners, Civil Socieries and has been coordinated through the five (5) standing EAC Technical Working Groups (TWGs) and the EAC Sectoral Committee on Health responsible for handling detailed health matters under the guidance of the EAC Sectoral Council on Regional Cooperation on Health.

We, the Ministers responsible for Health of Governments of the Republic of Burundi, the Democratic Republic of Congo, the Republic of Kenya, the Republic of Rwanda, the Fedaral Republic of Somalia, the Republic of South Sudan, the Republic of Uganda and the United Republic of Tanzania wish to express our full commitment and dedication to the implementation and realization of the set objectives, interventions and targets as espoused in this health sector strategic plan.

Done at,…… on .....

HON. DR. LIDUINE BARADAHANA

……..
MINISTER FOR PUBLIC HEALTH AND FIGHT AGAINST AIDS,
REPUBLIC OF BURUNDI

HON. DR. SUSAN NAKHUMICHA

……..
CABINET SECRETARY FOR HEALTH,
REPUBLIC OF KENYA

HON. DR. SABIN NSANZIMANA

……..
MINISTER FOR HEALTH,
REPUBLIC OF RWANDA

HON. DR. ELIZABETH ACHUEI,

……..
MINISTER FOR HEALTH AND SOCIAL WELFARE,
REPUBLIC OF SOUTH SOUDAN

HON. UMMY ALLY MWALIMU

……..
MINISTER FOR HEALTH AND SOCIAL WELFARE,
UNITED REPUBLIC OF TANZANIA

HON. DR. JANE RUTH ACENG OCERO

……..
MINISTER FOR HEALTH
REPUBLIC OF UGANDA

Foreword by the Secretary General of the East African Community

The Strategic Plan 2024 – 2030 is the second since the establishment of the health secretariat at the East Africa Community. It articulates strategies to improve the quality of life and overall wellbeing of the people of East Africa through the strengthening and integration of health systems to facilitate cross-border provision of affordable, accessible and quality health services in accordance with the vision and mission of the East African Community. The Strategic Plan is drawn from the health sector strategic objectives and focus of the Sustainable Development Goals (SDGs), the EAC Health Sector Investment Priority Framework (2018 - 2028) and the 6th EAC Development Strategy (2021/2022-2025/2026).

Consistent with the EAC mandate of harmonization of policies and coordination of joint action, the strategic plan aims at organizing the EAC to provide leadership and coordination to develop shared health services frameworks, plans, guidelines, standards and protocols among East African Community Partner States, develop joint mechanisms to respond to health challenges that transverse national borders, pool resources to strengthen disease prevention and control, regional health systems, institutions, infrastructures, capacity building and healthcare service delivery towards universal health coverage and specialized health care services, research and innovation.

In order to successfully implement the EAC Health Sector Strategic Plan 2024-2030, the East African Community will need the support of both public and private sector partners to jointly collaborate in the initiation and promotion of sustainable health interventions through linkages with various multisectoral stakeholders at international, regional, national and sub-national levels in order to attain the shared health objectives, interventions and targets in the East African Community Partner States.

HON. DR. PETER MATHUKI
SECRETARY GENERAL
EAST AFRICAN COMMUNITY

Executive Summary

The East African Community's Health Sector Strategic Plan (HSSP) 2024-2030 is a comprehensive roadmap guided by EAC's mandate and functions as provided by the EAC Treaty. The plan is designed to enhance healthcare delivery and promote public health across the region. The EAC HSSP 2024-2030 was developed through extensive consultative and evidence-based methodology, engaging key stakeholders from the regional and Partner States levels. Data-driven insights, best practices, and lessons from previous health strategies obtained through an extensive desk review of the regional and Partner States specific documents, were incorporated to ensure a robust and contextually relevant plan.

The plan includes 8 priority areas, 10 Strategic objectives and 42 strategic interventions. The HSSP foresees fostering regional cooperation including enhancing, developing, harmonizing, and implementing health policies, laws, regulations, guidelines, standards, and cross-border health initiatives, to address EAC common health challenges. Furthermore, the strategic plan seeks to enhance the management of communicable and non-communicable diseases, improve the management of health products and technology and boost maternal, newborn, child, and adolescent health and rights. The plan also highlights the strategies to improve Universal Health Coverage and service delivery with an emphasis on vulnerable populations including people with disability. It encompasses innovative interventions for resource mobilization, health financing, management, and healthcare service delivery. Additionally, the plan incorporates strategic interventions for firming the use of ICT and e-health, research, and innovation in healthcare. Finally, the plan includes strategic interventions to bolster healthcare workforce capacity, management and preparedness for natural, and man-made disasters, and implementation of One Health approach in the EAC region.

The EAC HSSP 2024-2030 will be implemented through a strong multi-stakeholder , multisectoral and multi-lateral partnership including EAC organs and institutions, Partner States, regional and national implementing partners, autonomous commissions, civil society organizations (CSO), research and academic institutions.

The EAC HSSP 2024-2030 outlines a robust monitoring and evaluation framework, incorporating key performance indicators to assess progress and ensure accountability. The framework highlights an annual planning, quarterly monitoring, annual reporting, mid-term and end-term evaluations. Implemented activities reports will be submitted via the established M&E online platform to EAC policy organs for approval and dissemination to Partner States and stakeholders. An estimated overall Budget of US$ ..... was approved for the implementation of the plan over a period of 6 years (2024-2030).

CHAPTER 1: INTRODUCTION AND METHODOLOGY

1.1. Introduction

The East African Community (EAC) is the regional intergovernmental organization of the Republic of Burundi, Democratic Republic of Congo (DRC), the Republic of Kenya, the Republic of Rwanda, the Republic of Somalia, the Republic of South Soudan (RSS), the Republic of Uganda and the United Republic of Tanzania(URT). The East African countries cover an area of approximately 5.4 million square kilometres including water, and a population of approximately 301.8 million people, who share a common history, culture and infrastructure. Across the geographical borders, they share almost similar climate conditions, trade and agricultural practices, social set ups and overlapping administrative structures. The Gross Domestic Product (GDP) of EAC is International Dollars (Int$) 659.6 billion, and a GDP per capita of Int$2,462.64 (Market prices)[1]. The EAC aims at widening and deepening co-operation among the Partner States in, among others, political, economic and social fields for their mutual benefit. To this extent the EAC countries established a Customs Union in 2005 and a Common Market in 2010. EAC has entered into Monetary Union and became a political Federation of the East African States[1]. Figure 1 the map of East African Community Partner States.

Figure 1.1: Map of East African Community Partner States.

Article 118 (b) of the Treaty on the establishment of the East African Community[2], with respect to co-operation in health activities, stipulates that the Partner States undertake to promote the management of health delivery systems and better planning mechanisms to enhance efficiency of health care services within the Partner States. The improvement in the quality of life and social well-being of the East African people depends on the provision and access to quality and affordable healthcare services geared towards the prevention and control of both communicable and non-communicable diseases.

The Partner States share a common regional epidemiological profile with various diseases causing similar burden in morbidity and mortality[3]. In general, all the health indicators have improved from 2015 till 2020 and later. Crude birth rates have reduced in all Partner States denoting a commitment to reduce the population size, increase the health equity and a move to a healthier and wealthier life style. The Life expectancy has generally increased or remained the same except for the South Sudan where it slightly decreased. Other indicators including the to[4]tal fertility rate, infant, child and maternal mortality rates have also generally reduced or stayed about the same, showing the move towards a general well-being in all the EAC Partner States[5].

Table 1.1. EAC Partner States Health Indicators

Country/ Indicator	Crude birth rates (number of births per 1,000 persons)		Life expectancy (years)		Total fertility rate (percent)		Infant mortality (per 1,000 live births)		Child mortality (per 1,000 live births)		Maternal mortality rate (number of mothers' deaths per 100,000 live births)	
	2015	2021	2015	2021	2015	2021	2015	2021	2015	2021	2015	2021
Burundi	34.0	29.0	59.0	60.2	5.7	5.2	73.0	65.8	115.0	103.0	590.0	590.0
DR Congo	43.0	42.0	59.0	59.0	6.4	6.2	72.0	60.1			562.0	545.0
Kenya	35.0	28.0	61.0	64.0	3.9	3.4	39.0	32.0	52.0	41.0	362.0	355.0
Rwanda	30.1	28.0	66.1	70.0	3.8	3.6	32.0	34.0	50.0	41.0	210.0	203.0
South Sudan	36.0	29.0	57.0	55.0	4.9	4.4	62.0	60.0	96.0	95.0	1288.0	789.0
United Republic of Tanzania	38.0	34.0	66.5	67.0	5.2	4.8	43.0	43.0	25.0	24.0	556.0	556.0
Uganda	42.0	37.0	64.0	64.0	5.8	5.4	43.0	43.0	64.0	64.0	148.0	99.0
Somalia	46.4	43.6	54.8	55.2	7	6.3	84	71	135	111.8	*732	**621

Source: 1. *EAC facts and figures, 2023* and *The World Bank*

The EAC Regional Health Sector Strategic Plan (2024-2030) was developed to articulate the EAC's strategic direction on how to address the health challenges facing EAC Partner States in accordance with the functions and mandate of the EAC's secretariat and previous directives of the Sectoral Council of Ministers responsible for regional cooperation on Health. Broadly, the EAC Health Sector Investment Priority Framework (2018 - 2028)[4] focused on 9 health sector investment prioties, namely:

1. Expansion of access to specialized health care and cross border health services;
2. Strengthening the network of medical reference laboratories and the regional rapid response mechanism for health security threats;
3. Expansion of the capacity to produce skilled and professional work force for health in the region based on harmonized regional training and practice standards and guidelines;
4. To increase access to safe, efficacious and affordable medicines, vaccines, and other health technologies focusing on malaria, TB, HIV/AIDS, NCDs and other high burden conditions;
5. Upgrading of health infrastructure and equipment in priority national and sub national health facilities/hospitals;
6. Establishment of strong primary and community health services as a basis for health promotion and disease prevention and control
7. Expansion of health insurance coverage and social health protection
8. Improvement of quality of healthcare, health sector efficiency and health statistics
9. Strengthening of Health Research and development

Specifically, the EAC HSSP 2024-2030 focused on 8 priority areas and 10 strategic objectives to address health challenges in the EAC region. The 8 priority areas and 10 strategic objectives are the following:

8 Priority areas

1. Prevention and control of communicable and non-communicable diseases;
2. Management of health products and technologies;
3. Reproductive maternal, newborn, child and adolescent health and rights;
4. Ressource mobilization, health financing, health service delivery and universal health coverage;
5. Human resource for health education, regulation and management;
6. Preparedness and management of natural and man-made disasters;
7. Research, innovation, ICT, e-health, monitioring and evaluation;
8. Health governance, leadership and management.

10 Strategic objectives

1. Strengthen and sustain the prevention and control of communicable and non -communicable diseases in EAC region;
2. Ensure accessibility, affordability and quality health products and technologies within the EAC;
3. Ensure universal access to quality Reproductive, Maternal, Newborn, Child, and Adolescent Health and Rights, promoting equity and leaving no one behind;
4. Improve resource mobilization, health financing, and universal health coverage, including financial risk protection in EAC Partner States;
5. Improve healthcare service delivery including access to quality essential health-care services and access to safe, effective, quality and affordable diagnostics, essential medicines and vaccines;
6. Strengthen Human Resource for Health (HRH) Education, Regulation, and Management;
7. Establish an EAC regional, comprehensive and sustainable framework for disaster preparedness and management;
8. Enhance Health System Resilience and Outcomes through Comprehensive Research and Innovation
9. Continuously strengthen ICT, E-Health, Effective Monitoring and Evaluation Mechanisms in the EAC Partner States;
10. Reinforce health governance, leadership and management in the EAC Region to ensure effective and efficient healthcare service delivery.

1.2. Methodology

The methodology used for the development of the EAC HSSP 2024-2030 was both qualitative and quantitative involving extensive desk review of EAC regional[4] and national documents[6–25] informant interviews; national and regional consultations. Purposive sampling was used to select individuals and groups with relevant experience, exposure and knowledge in matters related to EAC health and healthcare.

In order to collect the data, assessment templates for national and regional level consultations, interview guides for key Informants and checklists were developed, tested, approved and administered. Data collection has been done face to face and online from the respondents across all Partner States using Kobo toolbox as well as excel sheet checklists. The data collected from various sources were compiled and electronically analyzed using SPSS 21, Microsoft excel for quantitative data, and thematic analysis for qualitative data. The data was collected in 2 ways to inform the development of the new strategy:

- End-term review of the implementation of the former HSSP 2015-2020 which greatly informed the development of the new HSSP 2024-2030;
- The collection of new interventions, initiatives and ideas that are deemed to be part of the new strategy.

The collected data were analysed and findings were transcribed in a narrative word document.

The following workplan summary was followed:

Table 1.2 Work plan for the development of EAC HSSP 2024-2030

Phase 1. Inception period

- Concept and process development for the assignment
- Formation of technical working groups and consultations
- Review of the methodology

Phase 2. Review & data Collection phase

- Interviews, desk review of documents, regional and national consultations for the former strategic plan 2015-2020 as well as new ideas for the future strategy
- Synthesis of performance data

Phase 3: Consolidation an analysis

- Statistical performance on key Indicators
- Analysis and synthesis

Phase 4: Document writing, finalization, validation & dissemination

- Draft EAC HSSP 2024-2030 production
- Review / validation meetings
- Document finalization
- Document validation and dissemination

CHAPTER 2: ORGANIZATIONAL AND INSTITUTIONAL OVERVIEW OF THE EAC

2.1. Treaty for the Establishment of East African Community

The Treaty for the establishment of the EAC was signed on 30th November 1999 and came into force on 7th July 2000, following the ratification by the initial three original Partner States of Kenya, Tanzania and Uganda[2]. The Republics of Burundi and Rwanda joined the EAC in 2007 while the Republic of South Sudan, the Democratic Republic of Congo and the Federal Republic of Somalia joined the EAC later in 2016, 2022 and 2023 respectively[1]. Currently, the EAC is a regional intergovernmental organisation made by 8 Partners States above and its headquarters is located in Arusha, Tanzania.

The EAC Health Department draws its policy and legal mandate from chapter 21, Article 118 (sub-sections a to i) of the Treaty for the establishment of the East African Community, which is summarized in table 2.1.

Table 2.1 East African Community Treaty: Article 118 on Health

With respect to co-operation in health activities, the Partner States undertake to:
Take joint action towards the prevention and control of communicable and non-communicable diseases and to control pandemics and epidemics of communicable and vector-borne diseases such as HIV-AIDS, cholera, malaria, hepatitis and yellow fever that might endanger the health and welfare of the residents of the Partner States, and to co-operate in facilitating mass immunization and other public health community campaigns.
Promote the management of health delivery systems and better planning mechanisms to enhance efficiency of health care services within the Partner States.
Develop a common drug policy which would include establishing quality control capacities and good procurement practices.
Harmonize drug registration procedures so as to achieve good control of pharmaceutical standards without impeding or obstructing the movement of pharmaceutical products within the Community.
Harmonize national health policies and regulations and promote the exchange of information on health issues in order to achieve quality health within the Community.
Co-operate in promoting research and the development of traditional, alternate or herbal medicines.
Co-operate in the development of specialized health training, health research, reproductive health, the pharmaceutical products and preventive medicine.
Promote the development of good nutritional standards and the popularization of indigenous foods; and Develop a common approach through the education of the general public and their law enforcement agencies for the control and eradication of the trafficking and consumption of illicit or banned drugs.

2.2. EAC Regional Health Policy Framework and Legal Mandate

East African Community has organs that are currently engaged in the promotion and development of various priority areas of regional cooperation such as: health, customs and trade, agriculture, transport and communications, monetary and fiscal affairs, environment and natural resources, legal, judicial and parliamentary affairs, peace and security, industrialization, among others.

The article 118 of the Treaty[2] mandates the EAC Secretariat to coordinate, organize joint action, harmonize policies and promote research, health systems development and health services. The EAC has also defined health as a priority area in its 6th Development Strategy 2021/2022-2025/2026. In this regard, the 6th EAC Development Strategy 2021/2022-2025/2026 provides a regional policy and operational framework for the EAC to coordinate the implementation of various projects and programs through its EAC regional institutions and in close collaboration with the EAC Partner States and various development partners and stakeholders. Further to this, the main health priority objectives are well defined in the EAC Health Sector Investment Priority Framework (2018 - 2028).

A key area of health cooperation that has been targeted by the strategy is harmonization of health policies and joint interventions, especially in cross-border areas. Pursuant to this, the EAC has established the "East African Community Health Research Commission (EACHRC)" as a semi-autonomous institution of the Community with its headquarters in Bujumbura, Republic of Burundi. In addition, the EAC has approved the establishment of the "East African Community Medicines and Food Safety Commission (EACMFSC)" and the "East African Community Health Professions Regulatory Authority (EACHPRA)" through a resolution of the 15th Ordinary Meeting of the EAC Council of Ministers on 18th March 2008[4]. In addition, the EAC Health Sector has developed several programmatic documents, frameworks and instruments to respond to identified health challenges and priority interventions.

Analysis of the EAC health department program framework shows that a lot of work has been done to develop a program framework for HIV and AIDS, medicines and food safety and reproductive health response; but less has been done on disease prevention and control, as well as health systems development, research and policy.

2.3. Contribution to the thematic areas and priorities of the SDGs

The contribution of the health sector towards achieving the Sustainable Development Goals can be seen in the following 10 of the 17 goals[26].

• **Poverty Reduction (SDG 1):** The health sector will collaborate with other sectors to implement social protection systems for all, including expanding coverage (removing financial barriers in accessing health services & elimination of catastrophic expenditures on health) with a focus on vulnerable groups, in addition to the enhancement of promotive and preventive health interventions, reducing the risk of contracting / developing communicable and non-communicable diseases.

• **Adequate Nutrition (SDG 2):** As investments will be done to improve food security, consumption and production. The EAC will commit to supporting adequate nutrition for children, adolescents, pregnant, lactating mothers and vulnerable populations by 2030.

• **Education (SDG 4):** The health sector will also collaborate with other sectors to ensure access to early childhood development services, childcare and in the review of curricula in educational institutions to include health promotion (of pre-primary, primary, secondary and tertiary levels).

• **Gender Equality (SDG 5):** The EAC health depertment focus within this area, in collaboration with other sectors, will be on the prevention and management of all forms of gender-based violence, in public and private spheres, including trafficking, sexual and other forms of exploitation and eliminate gender barriers to receiving essential health services.

• **Clean Water and Sanitation (SDG 6):** Through the HSSP, the EAC health department will advocate for interventions to achieve universal access to safe water and sanitation for the reduction of water, sanitation or hygiene related diseases and for response-preparedness to ensure availability of clean water during environmental emergencies and/or disasters.

• **Economic Growth (SDG 8):** The EAC health depertment will collaborate with other sectors to target the promotion of healthy and decent employment as a driver of economic growth and enforce safety standards in all forms of employment. Additionally, the health department will support the development, review and implementation of policies supporting the following areas; Employment, Creation of Employment, Access to Employment and a Healthy Work Environment.

• **Tackling Inequalities (SDG 10):** While improving health and productivity of citizens, the health sector in collaboration with other sectors will develop interventions and promotion activities that address social, gender and economic barriers at household levels to reduce household income

disparities and improve social protections for vulnerable/marginalized individuals with respect to Universal Health Coverage.

• **Climate change & Environmental Health (SDG 13):** The EAC health depertment will collaborate in strengthening protection mechanisms for preservation and conservation in order to promote environmental health and mitigate adverse effects of climate change on the population.

• **Inclusive Societies (SDG 16):** The EAC health depertment will collaborate with other sectors to address violence and injury prevention among children and adults, Gender-Based Violence and Civil and Vital Registration of important personal and social events (like birth, death, marriage, divorce).

• **Partnership for health (SDG 17):** The EAC health depertment will focus on Resource Mobilization, Capacity Building and Private Sector engagement, mobilizing partners to support planning, implementation, monitoring and attainment of health related SDGs in the context of mutual stakeholder responsibilities and accountabilities.

2.4. Health Priority Components of the 6th East African Community Development Strategy 2021/2022-2025/2026

The 6th East African Community Development Strategy (2021/2022 - 2025/2026) [4]specifies strategic goals of the East African Community as well as the specific targets to be achieved during the plan period. It encompasses priority projects and programmes to be implemented in various sectors, including health. The plan focuses on the consolidation of the achievements under the following main pillars of the regional integration process;

1) attainment of a fully-fledged Customs Union through full implementation of the Single Customs Territory (SCT) and enhanced ICT systems for customs administrations and other key players;
2) enhancement of domestication and implementation of regional commitments in line with the EAC Common Market Protocol and other related regional, continental, and international frameworks;
3) attainment of the EAC single currency through the realisation of macro-economic convergence criteria and the harmonisation of fiscal, monetary and exchange rate policies;
4) strengthening of regional governance, political commitment, accountability, and inclusivity to improve peace and security in the build-up to an EAC Political Confederation;
5) development of quality multi-dimensional strategic infrastructure and related services including clean energy to support and accelerate sustainable regional integration and global competitiveness;
6) development and strengthening of the capacity of all EAC Organs and Institutions to effectively execute their mandates;
7) increased visibility of EAC, stakeholder knowledge and awareness, and participation of EAC citizens in the integration process.

The Strategy through development objective number 6 emphasizes on the development and strengthening of the capacity of all EAC Organs and Institutions to effectively execute their mandates.The priority area in the social sector is strengthening regional health institutions and systems to support prevention and control of communicable and non-communicable diseases. The specific strategic interventions on health contained in the 6th EAC Development Strategy (2021/22 - 2025/26)[4] are:

- Operationalization of the EAC Regional Network of Public Health Reference Laboratories for Communicable Diseases and the implementation of the EAC/GIZ "Support to Pandemic Preparedness in the EAC Region" Project among others;
- Operationalization of the six Multi-National EAC Regional Centres of Excellence (CoE) for Skills and Tertiary Education in Higher Medical and Health Sciences Education Services and Research Program;
- Operationalization of the East African Community Regional Centre of Excellence for Biomedical Engineering and e-Health (CEBE). The operationalization of East African Health Research Journal (EAHRJ), which is intended to present evidence through research that can inform the development of health policy and practice in the EAC.

2.5. Health Priorities of the East African Community Health Sector Investment Priority Framework 2018-2028

Broadly, the EAC Health Sector Investment Priority Framework (2018 - 2028)[4] focused on 9 health sector investment prioties, namely:

1) Expansion of access to specialized health care and cross border health services;
2) Strengthening the network of medical reference laboratories and the regional rapid response mechanism for health security threats;
3) Expansion of the capacity to produce skilled and professional work force for health in the region based on harmonized regional training and practice standards and guidelines;
4) To increase access to safe, efficacious and affordable medicines, vaccines, and other health technologies focusing on malaria, TB, HIV/AIDS, NCDs and other high burden conditions;
5) Upgrading of health infrastructure and equipment in priority national and sub national health facilities/hospitals;
6) Establishment of strong primary and community health services as a basis for health promotion and disease prevention and control
7) Expansion of health insurance coverage and social health protection
8) Improvement of quality of healthcare, health sector efficiency and health statistics
9) Strengthening of Health Research and development

2.6. Organizational Structure and EAC Organs, Institutions and Sectors

The organizational structure and EAC Organs, Institutions and Sectors influence directly and indirectly the implementation of the EAC Regional Health Sector Strategic Plan (EAC RHSSP). This is mainly because the major role of the five EAC Technical Working Groups (TWGs) on health was established by the EAC Council to formulate harmonized policies, coordinate implementation of various policies and conduct advocacy. The EAC Regional Health Sector Strategic Plan sets the target of facilitating and supporting implementation and coordination and ensuring that the regional and national management and accountability structure is fully operationalized. The organizational structure of EAC allows a smooth coordination and implementation of planned activities at both regional and Partner States levels. The EAC summarized organizational structure is presented below:

Organizational Structure of EAC Organs, Institutions and Sectors

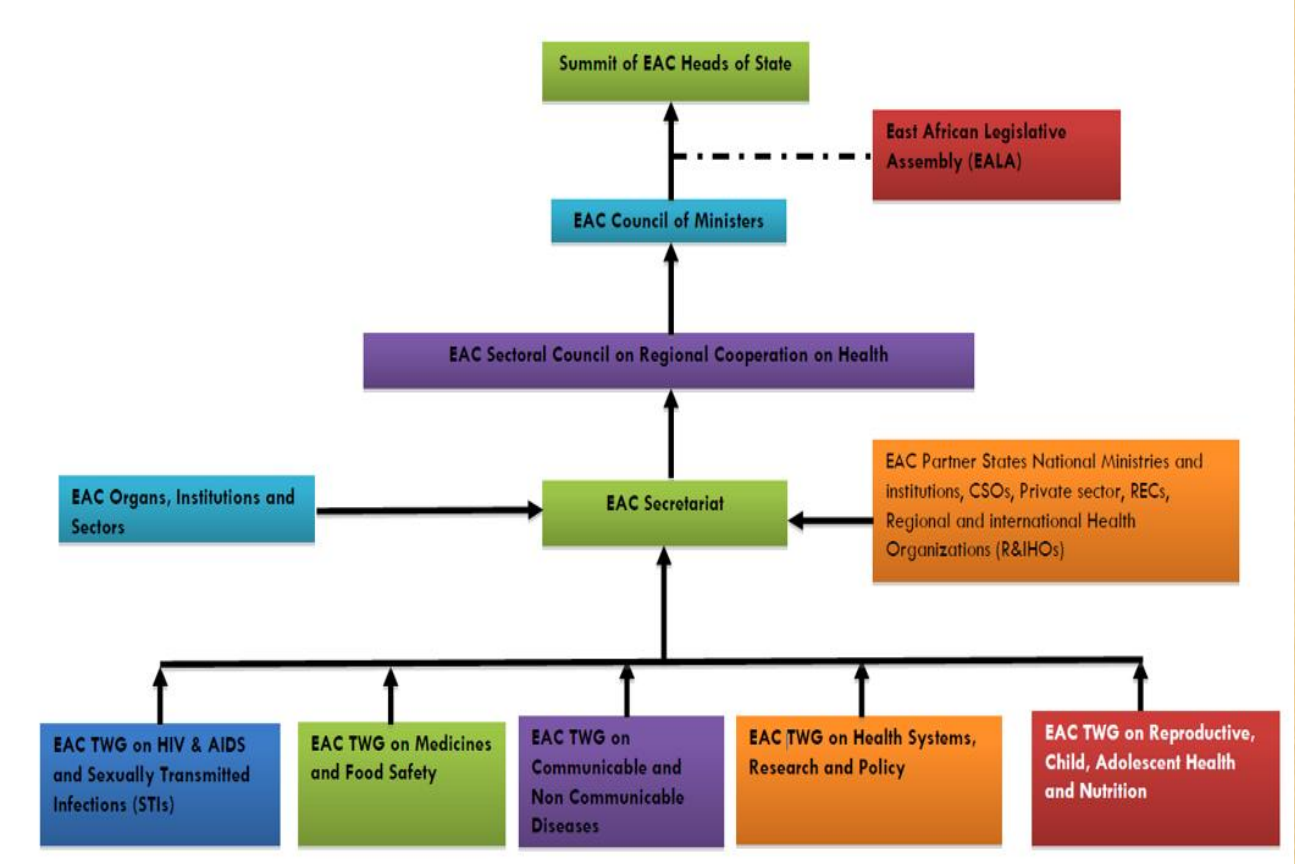

Figure 2.1 Organizational Structure of EAC Organs, Institutions and Sectors

Source: EAC HSSP 2015-2020

2.6.1. Mandate of the East African Community Health Sector under the EAC Treaty

The EAC Health Sector draws its mandate from Article 118 of the EAC Treaty which obliges the Partner States to cooperate and take joint action on priority regional health issues of mutual interests and related matters. Article 1 of the EAC Treaty interprets **"Cooperation"** to mean the undertaking by the Partner States in common, jointly or in concert, of activities undertaken in furtherance of the objectives of the Community as provided for under this Treaty or under any contract or agreement made thereunder or in relation to the objectives of the Community. The scope and mandate of this EAC Regional Health Sector Strategic Plan (2015 – 2020) and its objectives are guided by the Article 6 of the EAC Treaty and specifically Article 71 on the functions of the EAC Secretariat which are presented here below in Table 2.2.

Table 2.2 Functions of the EAC Secretariat under Article 71 of the EAC Treaty

- Initiating, receiving and submitting recommendations to the Council, and forwarding of Bills to the Assembly through the Coordination Committee
- The initiation of studies and research related to, and the implementation of, programmes for the most appropriate, expeditious and efficient ways of achieving the objectives of the Community
- The strategic planning, management and monitoring of programmes for the development of the Community
- The undertaking either on its own initiative or otherwise, of such investigations, collection of information, or verification of matters relating to any matter affecting the Community that appears to it to merit examination
- The coordination and harmonization of the policies and strategies relating to the development of the Community through the coordination Committee
- The general promotion and dissemination of the information on the community to the stakeholders, the general public and the international community
- The submission of reports on the activities of the Community to the Council through the Co-ordination Committee
- The general administration and financial management of the Community
- The mobilization of funds from development partners and other sources for the implementation of projects of the Community
- Subject to the provisions of this Treaty, the submission of the budget of the Community to the Council for its consideration
- Proposing draft agenda for the meetings of the organs of the Community other than the Court and the Assembly
- The implementation of the decisions of the Summit and Council
- The organization and the keeping of records of meetings of the institutions of the Community other than those of the Court and the Assembly
- The Custody of the property of the Community
- The establishment of practical working relations with the Court and the Assembly
- Such other matters that may be provided for under this Treaty

2.6.2. Vision of the EAC and the EAC Health Sector

2.6.2.1. Vision of the EAC

The overall **Vision** of EAC is **"a prosperous, competitive, secure, stable and politically united East Africa".**

2.6.2.2. Vision of the EAC Health Sector

The specific Vision of the EAC Health Sector is **"a healthy, competitive and productive population".**

2.6.3. Mission of the EAC and EAC Health Sector

2.6.3.1. Mission of the EAC

The overall **Mission of EAC** is **"to widen and deepen Economic, Political, Social and Culture integration in order to improve the quality of life of the people of East Africa through increased competitiveness, value added production, trade and investments".**

2.6.3.2 Mission of the EAC Health Sector

The specific mission of the EAC Health Sector is **"To build a harmonized and integrated health approach, systems & services for general well-being of the EAC population and environment"**

2.6.4. Goal of the EAC Health Sector

The goal of the EAC Health Sector is **"To attain the highest possible level of health through creation of an enabling environment within East Africa Community region".**

2.6.5. Values and guiding principles

2.6.5.1. Values

- Equality
- Equity
- Solidarity
- Good Governance (Accountability, transparency, leadership, allocation of responsibilities)
- Participation
- Respect for human and animal rights
- Dignity

2.6.5.2 Guiding principles

- Evidence-based policy making
- Gender-sensibility
- Pro-poor orientation
- People-centered policies
- Harmonization across EAC
- Accessibility to services (Financial, Equity, Qualitative, Physical)
- One health principle (multi-sectoral approach)
- Sustainable health systems financing
- Open to partnerships
- Defined Ethical standards in health
- Responsiveness

The above values and guiding principles will be synergized by the existing EAC core values which are:

- Professionalism
- Accountability
- Transparency
- Teamwork
- Promotion of unity and diversity
- Allegiance to EAC ideals

CHAPTER 3: SITUATIONAL ANALYSIS IN THE EAC PARTNER STATES

EAC is comprised of eight East African Community Partner States namely Burundi, Democratic Republic of Congo, Kenya, United Republic of Tanzania, Rwanda, Federal Republic of Somalia, South Soudan and Uganda, which are affected by similar infectious diseases such as Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS), malaria and tuberculosis.

The frequent population movement across the borders of the eight countries poses a greater risk of spreading communicable diseases from one country to another. The recent growth in regional trade and travel in East Africa has increased the likelihood that disease epidemics will involve more than one country. The response to such a regional epidemiological emergency is complex and involves national, regional and international agencies. An efficient and quick flow of information across the borders is therefore, crucial for averting such incidents of cross border spread. The re-establishment of the East African Community in 1999 provides room for increased collaboration in the area of disease surveillance, epidemic control and prevention of spread.

The health department of the EAC Secretariat works hand in hand with governments of Partner States on various issues concerning the health sector. Since its establishment, the health department has over the years experienced challenges in areas of coordination; harmonization of health policies and strategies for the region; monitoring regional and global commitments for health and HIV / AIDS; fragmented medical research and training on communicable diseases; and inappropriate mainstreaming of health-related issues into regional and national strategic plans among others. For instance, the general situation of human resources for health within the East African Community is characterized by a severe shortage of health workers. The region continues to face challenges such as the inability to attract and retain health workers especially in the public sector, a problem further aggravated by high staff turnover especially due to emigration

Given the above challenges, there is need to continuously strengthen harmonization of the EAC Partner States' national policies, laws, guidelines, standards, procedures and regulatory frameworks, to reflect the region's move towards improved service delivery in the health sector. There is also need to improve the effectiveness of EAC regional integrated health, medical and disease surveillance systems, public health and sanitation, nutrition, dietetics and food safety, environment and climate change interventions in the EAC Partner States.

3.1. Partner State Level Situational Analysis

3.1.1. Demography

3.1.1.1. EAC Partner States mid-year population and annual population growth rates

The EAC Partner States population together accounted for about 21 percent of the continent's population. The Democratic Republic of Congo and United Republic of Tanzania are the most populous with a population of 108.8 and 61.8 million in 2022, accounting for about 52.8 percent of the East African Community's 323 million persons in 2022. On the other hand, the EAC annual population growth has generally declined or stabilized from 2015 till 2020 and later expect for Uganda where it slightly increased.

Table 3.1. EAC Partner States mid-year population and population growth rates 2015-2022

Country	Indicator / Units	2015	2016	2017	2018	2019	2020	2021	2022
Burundi	Mid-year population: million persons	10.9	11.2	11.5	11.8	12.0	12.3	12.6	12.8
	Annual population growth rate (%)	2.6	2.5	2.4	2.4	2.3	2.2	2.1	2.1
DR Congo	Mid-year population: million persons	86.0	89.0	92.0	94.9	98.4	101.7	105.0	108.8
	Annual population growth rate (%)	3.4	3.4	3.4	3.2	3.6	3.4	3.4	3.4
Kenya	Mid-year population: million persons	44.2	45.4	46.6	47.1	47.6	48.8	49.7	50.6
	Annual population growth rate (%)	2.8	2.7	2.6	1.1	1.1	2.5	1.9	1.8
Rwanda	Mid-year population: million persons	11.3	11.5	11.8	12.1	12.3	12.7	13.0	13.3
	Annual population growth rate (%)	2.7	1.8	2.6	2.5	2.4	2.3	2.3	2.3
South Sudan	Mid-year population: million persons	11.0	11.4	11.9	12.3	12.8	13.2	13.7	14.2
	Annual population growth rate (%)	3.9	3.9	3.9	3.8	3.9	3.1	3.5	3.6
United Republic of Tanzania	Mid-year population: million persons	49.4	50.9	52.6	54.2	55.9	57.6	59.4	61.7
	Annual population growth rate (%)	3.2	3.2	3.2	3.1	3.1	3.0	3.1	3.2
Uganda	Mid-year population: million persons	35.5	36.6	37.8	39.0	40.3	41.6	42.9	44.2
	Annual population growth rate (%)	3.0	3.0	3.0	3.1	3.1	3.1	3.1	3.1
Somalia	Mid-year population: million persons	13.7	14.2	14.8	15.4	15.9	16.5	17	17.5
	Annual population growth rate (%)	3.4	3.8	3.9	3.6	3.6	3.4	3.1	3.1

Source: *EAC facts and figures, 2023 and The World Bank*

3.1.1.2. EAC Partner States crude birth rates and total fertility rates

The crude birth rates for all EAC Partner States have declined in five years from 2015 to 2020 and 2021. The average number of children that an East African woman can expect to have during her lifetime (total fertility rate) ranges from 3.4 in Kenya to 6.2 in DR of Congo compared with averages of 4.4 for Africa and between 1.6 and 2.3 for the rest of the world. Although fertility rates are still high in EAC, there has been some decline since 2015. Between 1990 and 2015, total fertility rates declined by 45% in Kenya; 33% in Rwanda; 27% in Uganda; and 13% in Tanzania.
Source: EAC facts and figures, 2023.

Table 3.2. EAC Partner States crude birth rates and total fertility rates (2015 – 2021)

Country	Indicator / Units	2015	2016	2017	2018	2019	2020	2021
Burundi	Crude birth rates (births per 1,000 persons)	34	34	33	31	30	30	29
	Total fertility rates: percent	5.7	5.5	5.5	5.4	5.3	5.2	5.2
DR Congo	Crude birth rates (births per 1,000 persons)	43	43	43	43	42	42	42
	Total fertility rates: percent	6.4	6.3	6.3	6.3	6.2	6.2	6.2
Kenya	Crude birth rates (births per 1,000 persons)	35	35	35	27.9	27.9	27.9	28
	Total fertility rates: percent	3.9	3.9	3.9	3.4	3.4	3.4	3.4
Rwanda	Crude birth rates (births per 1,000 persons)	30.1	29.8	29.5	29	29	28	28
	Total fertility rates: percent	3.8	3.7	3.7	4.1	4.1	4.1	3.6
South Sudan	Crude birth rates (births per 1,000 persons)	35.96	35	35	35	34	34.12	29
	Total fertility rates: percent	4.9	4.8	4.7	4.6	4.5	5.4	4.4
United Republic of Tanzania	Crude birth rates (births per 1,000 persons)	38	37.6	38	38	38	38	34
	Total fertility rates: percent	5.2	5.2	5.2	5.2	5.2	5.2	4.8
Uganda	Crude birth rates (births per 1,000 persons)	42	42	42	37.4	36.7	37	37
	Total fertility rates: percent	5.8	5.8	5.8	5.4	5.4	5.4	5.4
Somalia	Crude birth rates (births per 1,000 persons)	46.4	46.2	45.5	45.	44.6	44.0	43.6
	Total fertility rates: percent	7	6.9	6.7	6.6	6.5	6.4	6.3

Source:
*EAC facts and figures, 2023, The World Bank and **Statista***

3.1.1.3. EAC Partner States life expectancy, crude death rates, maternal, child and infant mortality rates

Health statistics can change over time due to various factors, including healthcare improvements, economic development, and other social factors. For the latest and most accurate information, health indicators in EAC Partner States have improved from 2015 till today. The life expectancy has increased or at least stabilized in all Partner States; the maternal, child and infant mortality rates have also generally decreased or stabilized across all the EAC Partner States.

Table 3.3. EAC Partner States life expectancy, maternal, child and infant mortality rates

Country	Units	2015	2016	2017	2018	2019	2020	2021
Burundi	Life expectancy (years)	59	59	59	59	60	60	60.2
	Maternal mortality rate (per 100,000 live births)	590	590	590	590	590	590	590
	Child mortality rate (per 1,000 live births)	115	113	111	109	107	105	103
	Infant mortality rate (per 1,000 live births)	73.0	72.0	70.0	69.0	68.0	66.9	65.8
DRC	Life expectancy (years)	59	59	60	60	60	59	59
	Maternal mortality rate (per 100,000 live births)	562	570	543	541	547	547	545
	Child mortality rate (per 1,000 live births)	578	693	473	543	541	547	846
	Infant mortality rate (per 1,000 live births)	96.5	93.4	90.3	87.2	84.4	81.7	79
Kenya	Life expectancy (years)	61	61	61	63.6	63.5	63.6	64
	Maternal mortality rate (per 100,000 live births)	362	362	362	355	355	355	355
	Child mortality rate (per 1,000 live births)	52	52	52	52	52	52	41
	Infant mortality rate (per 1,000 live births)	39.0	39.0	39.0	35.5	36.0	36.0	32.0
Rwanda	Life expectancy (years)	66.1	66.6	67	68	68	68	70
	Maternal mortality rate (per 100,000 live births)	210	210	210	203	203	203	203
	Child mortality rate (per 1,000 live births)	50	50	50	45	45	45	41
	Infant mortality rate (per 1,000 live births)	32.0	32.0	32.0	33.0	33.0	33.0	34.0
South Sudan	Life expectancy (years)	57	57	58	58	58	58	55
	Maternal mortality rate (per 100,000 live births)	1288	1252	1275	1245	1223	789	789
	Child mortality rate (per 1,000 live births)	96	96	96	96	96	96	95
	Infant mortality rate (per 1,000 live births)	62.0	62.0	62.0	62.0	62.0	69.9	60.0
United Republic of Tanzania	Life expectancy (years)	66.5	66.9	67.3	67	67	67	67
	Maternal mortality rate (per 100,000 live births)	556	556	556	556	556	556	556
	Child mortality rate (per 1,000 live births)	25	25	25	25	25	25	24
	Infant mortality rate (per 1,000 live births)	43.0	43.0	43.0	43.0	43.0	43.0	43.0
Uganda	Life expectancy: years	64	64	64	64	64	64	64
	Maternal mortality rate	148	336	336	104	92	99	99
	Child mortality rate	64	64	64	64	64	64	64
	Infant mortality rate	43.0	43.0	43.0	43.0	43.0	43.0	43.0
Somalia	Life expectancy: years	54.8	55	55.6	56.3	57	55.9	55.2
	Maternal mortality rate	761	711	683	651	606	621	692
	Child mortality rate	135	130	126	123	119	115	111.8
	Infant mortality rate	84	81	79	77	75	73	71

Source: *EAC facts and figures, 2023* ***and*** *The World Bank*

3.1.2. Health Expenditure

Health expenditure data by Partner States in the health sector revealed that the priority of EAC Partner States was the provision of basic health. This is attributed to the fact that Partner States are allocating more resources to their health sectors, partly in response to the need, to meet SDG commitments by 2030 and achieve the Abuja declaration target. Total Health Expenditure is financed by government, donor and out-of-pocket sources respectively. Health insurance coverage ranges from less than 1% in Uganda, 18% in Kenya, 22% in Burundi, 21.4% in the Democratic Republic of Congo, 57.4% in the United Republic of Tanzania and 90.5% in Rwanda.

Table 3.4: Public health expenditure to total budget, percent per Partner States

Country	Units	2015	2016	2017	2018	2019	2020	2021	2022
Burundi	Percent	13.7	7.7	12.0	11.6	10.8	13.6	12.8	13.8
DR Congo	Percent	4.0	4.4	4.2	3.3	3.5	4		
Kenya	Percent	5.1	5.6	2.8	3.0	4.5	3.9	3.3	4.0
Rwanda	Percent	9.9	9.6	9.9	8.9	7.6	7.6	7.5	5.8
South Sudan	Percent	3.4	2.4	1.4	1.9	1.1	1.9	10.0	11.9
United Republic of Tanzania	Percent	2.5	3.0	2.5	5.6	11.3	6.1	5.9	4.1
Uganda	Percent	7.1	6.9	5.8	5.8	6.1	6.1	6.1	6.1

Source: *EAC facts and figures, 2023*

3.1.3. EAC household size, water and sanitation indicators

The status of the household size, water and sanitation sectors of EAC Partner States are the social determinants of health and are important in determining the health status of residents of the EAC region. For instance, increasing the population with access to safe drinking water can significantly reduce the incidence of water borne diseases such as hepatitis A & E, cholera and opportunistic infections for people living with AIDS. The overall water and sanitation in EAC Partner States has remarkably improved from 2015. In 2022, the overall water and sanitation coverage is above 65% except for South Sudan (41%) and Democratic Republic of Congo (57.6%). It is highest in Burundi (86.8%) and Rwanda (82%) and lowest in South Sudan (41%) and Democratic Republic of Congo (57.6%). The water and sanitation coverage in urban areas is better than the coverage in rural areas. The highest and lowest coverage in urban areas is 97% and 56.4% respectively for Burundi and Kenya, while the highest and lowest coverage in rural areas is 85.6% and 34% respectively for Burundi and South Sudan.

The average household size in EAC Partner States is 4.8 members per household, with lowest number (3.8 members per household) in Rwanda and highest number (6 members per household) in South Sudan. The proportion of households with access to safe drinking water remained at the 2014 level.

Table 3.5: EAC average household size per Partner State

Country	Units	2015	2016	2017	2018	2019	2020	2021	2022
Burundi	Number	5	5	5	5	5	5	5	5
DR Congo	Number	5	5	5	5	5	5	5	5.2
Kenya	Number	5	5	5	5	3.9	3.9	3.8	3.8
Rwanda	Number	4.6	4.6	4.4	4.4	4	4	4	4
South Sudan	Number	5.9	5.9	5.9	5.9	6	6	6	6
United Republic of Tanzania	Number	5	5	4.6	4.6	4.6	4.6	4.6	4.6
Uganda	Number	4.7	4.7	4.7	4.7	4.6	4.6	5	5
Somalia									

Source: *EAC facts and figures, 2023*

Table 3.6: EAC water and sanitation per Partner State

Country	Indicator	Units	2015	2016	2017	2018	2019	2020	2021	2022
Burundi	Overall	Percent	79	83	83	83	83	86.8	86.8	86.8
	Rural	Percent	77	81	81	81	81	85.6	85.6	85.6
	Urban	Percent	97	98	98	98	98	97	97	97
DR Congo	Overall	Percent						57.6	57.6	57.6
	Rural	Percent						39.5	39.5	39.5
	Urban	Percent						91.1	91.1	91.1
Kenya	Overall	Percent	56.1	56.1	56.1	56.1	64.8	64.8	64.8	67.9
	Rural	Percent	45.4	45.4	45.4	45.4	55.9	55.9	55.9	56.4
	Urban	Percent	73.4	73.4	73.4	73.4	78.9	78.9	78.9	90.6
Rwanda	Overall	Percent	84.8	84.8	87.2	87.2	89	89	89	82
	Rural	Percent	83.7	83.7	85.2	85.2	85.2	85.2	85	76.8
	Urban	Percent	90	90	96	96	96	96	96	96
South Sudan	Overall	Percent	41.2	41.2	41.1	41	40.8	41	41	41
	Rural	Percent	36.7	36	35.3	34.5	33.6	33.6	34	34
	Urban	Percent	60.4	62.6	64.8	67.6	70	70	70	70
United Republic of Tanzania	Overall	Percent	74	74	77	77	77	77	77	77
	Rural	Percent	59	59	65	65	65	65	65	65
	Urban	Percent	80	80	87	87	87	87	87	87
Uganda	Overall	Percent	78	78	78	78	79	79	79	79
	Rural	Percent	74.9	74.9	74.9	74.9	74.9	74.9	75	75
	Urban	Percent	92.3	92.3	92.3	92.3	91	91	91	91
Somalia	Overall	Percent								
	Rural	Percent								
	Urban	Percent								

Source: *EAC facts and figures, 2023*

3.1.4. Economic Development

EAC Partner States enjoy a vibrant economy with a GDP of US$. 193.7 Billion (2021). The region's economy grew up from 2015 and is expected to grow at a faster rate given the prospects from regional integration and the discovery of huge deposits of oil and gas in EAC Partner States. Table 3.7 presents selected economic indicators.

The region's exports are mainly agricultural products with the others being tourism, handcrafts, and minerals. However, the export sector experiences volatility as a result of fluctuations in international prices, volatility of exchange rates, slowdown of the global economy and threats from terrorism and piracy. EAC's major imports include raw materials, manufactured and petroleum products.

The establishment of EAC and the progressive agreements signed including the common market protocol which came in force on 1st July, 2010 paves way for free movement and residence of nationalities within the region. This has led to trade liberalization and deregulation, which has resulted in significant growth in regional trade. This is further expected to enlarge the market for Partner States resulting to major socio economic gains.

Table 3.7. EAC Partner States GDP and GDP per capita: 2015-2022

Country	Indicator	Units	2015	2016	2017	2018	2019	2020	2021	2022
Burundi	GDP per Capita, Current prices, US dollars	US dollars	286.1	289.7	317.1	310.6	306.5	309.9	331.3	387
	GDP at Current prices, Million US dollars	Million US dollars	2810.5	2930.1	3297.8	3317.3	3357.3	3475.4	3884.9	4529.3
Kenya	GDP per Capita, Current prices, US dollars	US dollars	467.19	432.66	428.99	504.95	527.74	531.36	649.18	987.16
	GDP at Current prices, Million US dollars	Million US dollars	40190.2	38600.3	39460.5	48036.5	51923.2	54069.8	68324.2	74292.3
Rwanda	GDP per Capita, Current prices, US dollars	US dollars	1620	1689.3	1811	1987.4	2108.8	2061.5	2206.2	2240.4
	GDP at Current prices, Million US dollars	Million US dollars	70119.4	74818.4	82036.5	92213.5	100379.7	100639.3	109691.4	113416
South Sudan	GDP per Capita, Current prices, US dollars	US dollars	759	754	784	797	836	803	853	1004
United Republic of Tanzania	GDP per Capita, Current prices, US dollars	Million US dollars	604	268.1	276.8	471.2	834.7	649.3	657.7	675.1
	GDP at Current prices, Million US dollars	US dollars	6649.8	3066.1	3286.3	5808.2	10667	8603.3	9034.2	10213.1
Uganda	GDP per Capita, Current prices, US dollars	Million US dollars	1,000 .6	1022.5	1038.1	1035.6	1076.8	1127.1	1173.1	1229.1
	GDP at Current prices, Million US dollars	US dollars	47379	49773.7	52962.2	54491.3	58432.8	63076.7	67718.4	73560.4
DR Congo	GDP per Capita, Current prices, US dollars	Million US dollars	848.6	831.5	834.9	872.2	937.2	915.5	994.7	1089.6
	GDP at Current prices, Million US dollars	US dollars	29204.1	30744.5	32927.1	35353.1	37775.2	38068	42657.6	48176.1
Somalia	GDP per Capita, Current prices, US dollars	Million US dollars	507	517	555	537	589	557	577	592
	GDP at Current prices, Million US dollars	US dollars	6984,9	7390,7	8252,3	8278,2	9420,4	9204,1	9838,7	1041,9

Source: *EAC facts and figures, 2023 and The World Bank*

3.1.5. Impact of Migration on Health

Migrants and mobile populations have often been inappropriately clumped together under the term "refugee", and have also largely been overlooked within national and regional health care systems, including policies and strategies, financing, research and surveillance, human resources, health promotion, and service delivery[27]

In order to address impact of migration on health, the EAC will develop and implement strategies to improve access to promotive, preventive, curative, treatment and provision of other health services for migrants, mobile populations, refugees, Internally Displaced Persons (IDPs) and surrounding host communities in selected cross border and other sites in the EAC Partner States.

3.1.6. Health and Technological Environment

The EAC has witnessed rapid growth in the Information and communication technology (ICT) sector becoming the priority area in pursuit of economic growth and development among Partner States. Technological advancement of the region is deemed to improve service delivery in all sectors of the economy. In developed countries, ICT has revolutionized service delivery in the health sector and the same is expected in the EAC Partner States. Articles 89, 99 and 103 of the EAC Treaty highlight the EAC quest to improve ICT to foster efforts towards economic development[2].

The implementation of the telemedicine in East Africa will improve access to specialty care, reduce the cost associated with long distance travel for medical examination and treatment, increase access to continuing medical education and training, and reduce professional isolation among doctors and other health staff located in rural and remote areas.

Health services and facilities in the five EAC Partner States demands a lot of improvement and the challenges facing this sector are many. There are a number of difficulties which are faced by all the five Partner States, especially with regard to the implementation of regional e-health and telemedicine programmes in East Africa. These challenges include, among others:

- Lack of health infrastructure and services,
- Shortage of computer literate healthcare personnel,
- Lack of training facilities with regard to the Information Communication Technology (ICT) in healthcare,
- Absence of Information Communication Technology (ICT) based healthcare in various health professionals curriculum,
- Unstable communication services to facilitate eHealth services.
- In view these challenges, a strategy will be developed to initiate a harmonized e-Health System in the region that targets specific high priority health care programmes and selected hard-to-reach populations, including displaced persons.

3.2. Regional level Situational Analysis on Health and Social Sector Development

Communicable and non-communicable diseases still remain a major challenge in the region, despite the fact that there are known methods of prevention and control. This is a reflection of weaknesses in research, surveillance, control and public health systems for disease prevention, treatment and care. This situation is worsened by inadequate human resource capacity and poor health service delivery to the affected communities. Treatment especially for non-communicable diseases like cancers is expensive and not readily available in the EAC region and thus few elite persons spend a significant amount of resources in seeking treatment overseas while the majority of the affected population dies without receiving treatment. Moreover the available cancer treatment facilities in the region are obsolete. Lack of investment in public health infrastructure therefore hampers prevention and control of diseases. Lack of harmonized policies, laws, guidelines, standards, procedures, and regulatory frameworks have hampered provision and control of diseases at the regional level.

The leading cause of morbidity and mortality due to communicable diseases in the EAC Partner States include malaria, HIV and AIDS, Sexually Transmitted Infections, Tuberculosis (and Respiratory Tract Infections such as pneumonia, Upper Respiratory Tract Infection (URTI), Diarrheal diseases, (Cholera, shigellosis, etc) and food borne diseases (salmonella, campylobacter) typhoid fever, diarrhea and trypanosomiasis[28].

Combined, communicable and non-communicable diseases cause high burden of disease, stretch the already weak public health systems and contribute to reduced life expectancy, increased morbidity, mortality, disability, and ultimately increased poverty. This calls for harmonization of EAC Partner States' National Health Information Systems for efficient and effective information exchange on best practices for managing communicable and non-communicable diseases. Moreover, conditions such as diabetes, trauma and road traffic injury as well as mental health conditions are now becoming the leading cause of death and disability among educated and productive population group. Tobacco and alcohol are two main preventable risk factors for non-communicable diseases, with tobacco being the single largest preventable cause of death among young and middle-aged people in the world.

Nearly 75 percent of recent newly emerging or re-emerging diseases affecting humans have originated in animals. Newly emerging diseases, endemic zoonotic diseases, such as rabies and brucellosis, as well as other urgent issues such as increasing global trends in antimicrobial drug resistance have raised awareness of the global interdependence of human health, animal health, environmental health, and economic security. The One Health approach has grown out of the need for more systematic and cross-sectoral approaches to identifying and responding to global public health emergencies and other health threats arising at the human-animal-ecosystem interface and to promote health across the sectors. Drivers of disease emergence include population growth, changing wildlife habitats, food security, economic growth, climate change and globalization.

The creation of an EAC Common Market and Customs Union has led to an increase in movement of goods, people and services within the borders of the East African region. This free movement of people, animals, and animal products across borders has led to increased transmission of communicable diseases. This trend is worsened by inadequately developed and ill-equipped cross border surveillance mechanisms. This situation contributes to low detection of infected persons and animals, contaminated foods and substandard medicines crossing the borders of the EAC Partner States.

3.3. Strength, Weaknesses, Opportunities and Threats (SWOT) Analysis

EAC Health department recognizes the need to determine its Strengths, Weaknesses, Opportunities and Threats (SWOT). This analysis broadens the spectrum of alternatives available to address challenges and leverage on opportunities. The successful implementation of the EAC health strategic plan will depend on the analysis of its internal and external environment. This analysis identified the following:

Table 3.8. Strength, Weaknesses, Opportunities and Threats (SWOT) in the EAC

Strengths	Weaknesses and Internal Risks
• Strong commitment and leadership at all EAC levels • Robust governance structures and coordination mechanisms that include the EAC Sectoral Council on Health, the EAC Council of Ministers and the EAC Summit of Heads of State to provide policy guidance on SRHR/RMNCAH, HIV/AIDS, STI and TB. • High level commitment to the RMNCAH, STI and HIV&AIDS Agenda at the regional and Partner State levels e.g. the EAC Sectoral Council of Health commitments on ICPD + 25. • The East African Legislative Assembly to enact relevant laws. • Existence of regional legal and policy instruments on SRHR/RMNCAH, HIV/AIDS, STI and TB, Gender, Youth: ○ RMNCAH Strategic Plan (2016-2021) ○ HIV Prevention and Management Act 2012 ○ EAC RMNCAH Policy Guidelines (2016-2030) ○ EAC HIV/AIDS Strategic Plan and Implementation Framework (2015-2020) Weakness ○ EAC Health Sector Investment Priority Framework (2018-2028) ○ EAC Development Strategy (2021/22-2025/26). • Many supporting policies such as EAC Gender Policy, EAC Youth Policy, EAC Policy on Persons with Disability, EAC Child Policy (2016) • Regional monitoring, evaluation and accountability tools that include a scorecard with selected indicators for SRHR/RMNCAH, HIV/AIDS, STI and TB. • Presence of institutions for Human Resource Development for Health including Centres of Excellence for skills and tertiary education in medical, health sciences and research training institutions in the EAC Partner States • Existence of EAC Partner States' regulatory authorities for health professionals e.g. Medical and Dental Board/Councils and Nurses and Midwives' Councils, among others • Mutual recognition agreements of Medical and Dental Practitioners in the EAC. • Existence Food and Drug Authorities (including ISO registration). • Presence of RMNCAH, HIV and STI diagnosis and management guidelines. • Presence of One-Health approach and other global policy guidelines to manage various diseases and epidemics. • Joint medicine registration in the region. • There is in place an EAC emergency preparedness and response framework (mobile laboratories, rapidly deployable teams, reagents and supplies, SOPs and disease management guidelines etc). • Introduction of Telemedicine in tertiary and teaching hospitals • A regional resource mobilization strategy for Universal Health and HIV coverage.	•Several key policy documents ended in 2020, including the EAC Health Sector Strategic Plan 2015-2020. •Inadequate domestication and harmonization of regional policies, systems/operations, strategies and laws and framework at Partner State level •Lack of an electronic regional strategy for a monitoring system to effectively and efficiently track Health Information. The available systems are mainly paper based and vertical in nature. •Inadequately implemented systems for dissemination of key regional instruments to Partner States and key stakeholders. •Weak mechanism for tracking of progress of implementation of SRHR/RMNCAH, HIV/AIDS, STI and TB at Regional level. •Inadequate data sharing and M&E capacity at all levels: •Suboptimal tracking mechanism of financial resources for health like National Health Accounts (NHA), National AIDS Spending Assessment (NASA) and public expenditure reviews •Unharmonized surveillance systems which carry incomparable indicators (mainly surveys) . •Limited reporting and sharing of comprehensive SRHR/RMNCAH, HIV/AIDS, STI and TB data between the Partner States and the regional level. •Fragmented data collection and sharing systems including presence of many Vertical data collection tools. •Different levels of implementing the electronic data / digitalization of reporting health indicators among the Partner States. •Inadequate focus on migrant health (IDPs, refugees, pastoralists, and other vulnerable groups). •Inadequate engagement / involvement of all key relevant sectors in addressing SRHR/RMNCAH, HIV/AIDS, STI and TB including Education, Security, Labour and Culture. •Weak regional coordination mechanism for SRHR/RMNCAH, HIV/AIDS, STI and TB development partners and donors. •Inadequate staffing and lengthy recruitment procedures •Inadequate funding for health department by the EAC Partner States. Inadequate budget allocation to support optimal functioning of health system at all levels e.g. HRH, medical supplies (medicines, reagents and equipment) and infrastructure (HFs and Labs). •Lack of a regional essential medical devices list. •Long and complicated procurement procedures •Limited / inadequate utilisation of the ICT infrastructure (Software and Hardware) to support electronic reporting and several digitization of health service delivery processes •Lack of a regional framework to facilitate portability of health insurance services.

Opportunities	Threats
• Availability of adequate technical expertise in the EAC Partner States • EAC Secretariat has structures to effectively coordinate and support implementation of regional projects and programmes. • Development partners working with the EAC Secretariat and to support SRHR/RMNCAH, HIV/AIDS, STI and TB programmes • Existence of data management systems such as HMIS/DHIS2 system at Partner State level, and the data warehouse at the regional level; • ongoing efforts for the region to undertake pool bulk procurement for essential medicines and supplies (medical commidities).; • Availability of a Regional Resource Mobilization Strategy for UHCC offer an opportunity for sustained funding for SRHR/RMNCAH, HIV/AIDS, STI and TB • Presence of EAC organs and institutions such as the East African Health Research Commission (EAHRC), IUCEA, EASTICO among others, that can be partnered with to facilitate implementation of agreed interventions. • Guidance framework for vulnerable groups (truck drivers, fisherfolk, migrant workers, IDPs and refugees etc). • The region has a draft harmonized Minimum Package for SRHR/RMNCAH, HIV/AIDS, STI and TB integration and linkages. • Strong PPP in the health sector. • Commitment and willingness to implement pooled procurement approaches for medical goods, supplies and health technologies with the necessary capacity in the region. • Availability of knowledge sharing platforms such as bi-annual Health and Scientific Conferences, the integrated Knowledge management we portal for health. • Presence of social media (for advocacy, information dissemination). • Partner States have adopted monitoring tools to monitor health allocation and expenditure. • Availability of substantial funds from funding mechanisms such as GFATM and GAVI, etc. • Increased domestic resource mobilization and allocation in the Partner States	• Civil or political unrest in some of the Partner States affect implementation. • Emerging and re-emerging infectious diseases (e.g. COVID-19). COVID-19 created challenges in the health care systems e.g. financing, over-stretched HR for health, continuity of service delivery and a disruption in the supply chains. • Inadequate staffing in both numbers and expertise of EAC Secretariat to support the key thematic areas under health e.g. SRHR/RMNCAH, HIV/AIDS, STI and TB, experts • Policies guiding Public Private Partnerships are weak and are contributing to limited engagement of the private sector in SRHR/RMNCAH, HIV/AIDS, STI and TB work at regional and national level. • Inadequate funding of EAC Secretariat to be able to discharge its mandate. • Over-reliance on donor funding leading to donor dependence for implementation of regional health programmes • Poor retention of staff • Health migration • Low quality/substandard/counterfeit medicines circulating in the region • Growing sub-populations like (especially marginalized populations like pastoralists, IDPs, KPs, refugees, migrant workers) that require services

CHAPTER 4: PRIORITY AREAS, STRATEGIC OBJECTIVES AND INTERVENTIONS

4.1. Priority areas, strategic objetives and interventions

The EAC 2024-2030 is based on 8 priority areas, 10 strategic objectives and 42 strategic interventions (see table 4.1 and appendix 2).

4.1.1. Priority areas and strategic objectives

1. **Prevention and control of communicable and non-communicable diseases;**
   1.1. Strengthen and sustain the prevention and control of communicable and non - communicable diseases in EAC region;

2. **Management of health products and technologies;**
   2.1. Ensure accessibility, affordability and quality health products and technologies within the EAC;

3. **Reproductive maternal, newborn, child and adolescent health and rights;**
   3.1. Ensure universal access to quality Reproductive, Maternal, Newborn, Child, and Adolescent Health and Rights, promoting equity and leaving no one behind;

4. **Resource mobilization, health financing, health service delivery and universal health coverage;**
   4.1. Improve resource mobilization, health financing, and universal health coverage, including financial risk protection in EAC Partner States;
   4.2. Improve healthcare service delivery including access to quality essential health-care services and access to safe, effective, quality and affordable diagnostics, essential medicines and vaccines;

5. **Human resource for health education, regulation and management;**
   5.1. Strengthen Human Resource for Health (HRH) Education, Regulation, and Management;

6. **Preparedness and management of natural and man-made disasters;**
   6.1. Establish an EAC regional, comprehensive and sustainable framework for disaster preparedness and management;

7. **Research, innovation, ICT, e-health, monitoring and evaluation;**
   7.1. Enhance Health System Resilience and Outcomes through Comprehensive Research and Innovation
   7.2. Continuously strengthen ICT, E-Health, Effective Monitoring and Evaluation Mechanisms in the EAC Partner States;

8. **Health governance, leadership and management.**
   8.1. Reinforce health governance, leadership, and management in the EAC Region to ensure effective and efficient healthcare service delivery.

4.1.2. Priority areas, strategic objectives and interventions

Table 4.1.: Summarized table of priority areas, strategic objectives and interventions

Priority Area	Strategic Objective	Strategic Intervention
1. Prevention and control of communicable and non communicable diseases	1.1. Strengthen and sustain the prevention and control of communicable and non - communicable diseases in EAC region	1.1.1. Establish, and implement harmonized health policies that outline goals, priorities, and strategies for cross-border collaboration in terms of communicable and non-communicable disease prevention and control
		1.1.2. Strengthen measures towards reduction of incidence of HIV, TB, malaria, NTDs, waterborne diseases and other communicable diseases in EAC Partner States.
		1.1.3. Develop and implement an "EAC Regional Strategic Plan for the prevention and control of non-communicable diseases, trauma and disabilities 2024- 2030"
		1.1.4. Develop, harmonize, and implement EAC regional policies, laws, strategies, guidelines, standards, and procedures for prevention and control of NCDs in EAC Partner States with an emphasis on community engagement, and inclusiveness of vulnerable populations and people with disabilities.
		1.1.5. Reduce by 1/3 premature mortality from NCDs and promote mental health well-being in EAC Partner States.
		1.1.6. Strengthen the prevention and control of substance abuse in EAC Partner States
		1.1.7. Enhance and establish harmonized multisectoral and multistakeholder health promotion programmes (awareness) including consumer awareness of health risks and appropriate use of health systems to address communicable and non-communicable diseases
		1.1.8. Develop, harmonize and implement strategies to reduce the number of deaths related to trauma and injuries
		1.1.9. Develop, harmonize and implement EAC integrated framework for prevention and control of mental health diseases
2. Management of Health products and technologies	2.1. Ensure accessibility, affordability and quality health products and technologies within EAC	2.1.1. Develop, harmonize and implement EAC regulatory frameworks for vaccines, blood and blood products, diagnostics, medical devices and technologies, tobacco, cosmetics and bio-hazardous products
		2.1.2. Enhance and implement a harmonized robust regional procurement and supply chain management systems for essential medical products, health technologies and supplies
		2.1.3. Sustain mechanisms for maintenance of health devices, equipment and technologies within the region

		2.1.4. Facilitate the development of regional manufacturing hubs for health products
3.Reproductive, Maternal, Newborn, Child, and Adolescent Health and Rights	3.1. Ensure universal access to quality Reproductive, Maternal, Newborn, Child, and Adolescent Health and Rights, promoting equity and leaving no one behind	3.1.1. Develop and implement harmonized RMNCAH&R Laws, Regulations, Guidelines, and Frameworks to enhance sexual education, family planning and reduce gender based violence as well as maternal and neonatal mortality rates
		3.1.2. Develop and implement a framework for Adolescent Girls and Young Women (AGYW) within EAC Partner States.
4. Resource Mobilization, Health Financing, Health Services Delivery and Universal Health Coverage	4.1. Improve resource mobilization, health financing, and universal health coverage, including financial risk protection in EAC Partner States	4.1.1. Develop, harmonize, and implement EAC strategies for Public-Private Partnerships (PPP) and stakeholders engagement for planning, resource mobilization, and implementation of health strategies.
		4.1.2. Monitor and track allocation and utilization of resources to ensure effective service delivery
		4.1.3. Develop, harmonize and Implement EAC innovative financing models towards UHC including community-based health insurance (CBHI)
	4.2. Improve healthcare service delivery including access to quality essential health-care services and access to safe, effective, quality and affordable preventive, care and treatment services	4.2.1. Increase access to safe, efficacious and affordable preventive, care and treatment services
		4.2.2. Develop, harmonize and implement laws and policies for essential health services for vulnerable populations
		4.2.3. Establish, harmonize and implement gender-responsive health policies among EAC Partner States.
		4.2.4. Establish harmonized mechanisms facilitating accessibility to specialized and non-specialized services in-country and cross-border health services;
		4.2.5 Strengthen One health approach by developing, harminizing and implementing guidelines on hazardous chemicals, air, water, soil pollution and contamination in EAC Partner States
		4.2.6. Establish EAC regional guidelines for health facilities and laboratory quality management system audits, quality improvement processes and accreditation.
5. Human resource for health education, regulation and management	5.1. Strengthen Human Resource for Health (HRH) Education, Regulation, and Management	5.1.1. Develop and implement an EAC harmonized comprehensive training program for healthcare professionals, aligned with evolving healthcare needs, technological advancements, and international standards
		5.1.2. Develop, harmonize and implement EAC strategic workforce planning initiatives
		5.1.3. Develop, harmonize and Implement performance management systems that recognize and reward excellence, fostering a positive and motivated healthcare workforce in EAC Partner States.
		5.1.4. Promote lifelong learning and Continuous Professional Development (CPD) by harmonized EAC mechanisms (e-learning platform along EAC health department e-portal) to keep healthcare professionals

		abreast of emerging trends, best practices, and advancements in their respective fields.
		5.1.5. Advocate for investment in medical and health sciences education by private sector / stakeholders
		5.1.6. Strengthen the capacity of teaching institutions to produce highly qualified and enough health professionals.
6. Preparedness and management of natural and man-made disasters	6.1. Harmonize, implement an EAC regional, comprehensive and sustainable framework for disaster preparedness and management	6.1.1. Harmonize, implement and regularly update EAC plans to respond to public health emergencies, including pandemics and natural disasters.
		6.1.2. Develop and maintain systems to prevent biosafety, biosecurity threats including bioterorism
		6.1.3. Establish and operationalize EAC regional disaster management coordination
7.Research, Innovation, ICT, E-Health, Monitoring and evaluation	7.1. Enhance Health System Resilience and Outcomes through Comprehensive Research and Innovation	7.1.1. Establish Health Research Institute per Partner State to conduct cutting-edge research on prevalent health issues
		7.1.2. Foster collaboration between Partner States, research institutions, academia, and international partners to encourage knowledge exchange and joint research projects.
		7.1.3. Establish, coordinate and enhance the production and dissemination of publications in the East African Journal of Health Research and epidemiological reports
	7.2. Continuously strengthen ICT, E-Health, Effective Monitoring and Evaluation Mechanisms in the EAC Partner States	7.2.1. Develop and implement standardized interoperability E-Health platforms to facilitate electronic health records, telemedicine, other digital health solutions, and to enhance cross-border healthcare, data exchange and protection among EAC Partner States
		7.2.2. Strengthen EAC M&E systems by ensuring transparency and accountability through regular reporting and feedback mechanisms.
		7.2.3. Develop, harmonize, and implement data analytics software to analyze effectiveness of health interventions and data for evidence-based decision-making in EAC Partner States
		7.2.4.Develop and implement an EAC harmonized framework for the implementation of civil registration and vital statistics and patient ID in Partner States including cross-border healthcare services
8.Health Governance, leadership, and management	8.1. Reinforce health governance, leadership, and management in the EAC Region to ensure effective and efficient healthcare service delivery.	8.1.1. Establish and implement clear and comprehensive health policies that outline goals, priorities, and strategies for the cross-border collaboration in terms of Disease prevention and control; client and HCPs protection.
		8.1.2. Harmonize and implement the EAC Partner States independent regulatory bodies' standards to oversee healthcare providers, facilities, and practices aligning with evolving healthcare needs, technological advancements, and international standards.

CHAPTER 5: MONITORING AND EVALUATION

The implementation of EAC Regional Health Sector Strategic Plan 2024-2030 will be continuously and regularly monitored to ensure that the strategic objectives, interventions and activities are performed as planned. Assessing the progress and performance of the strategy will be undertaken through an EAC regional led Monitoring and Evaluation (M&E) platform with strengthened structures and coordination mechanisms; strengthened capacity for data collection, management and analysis and; well-articulated mechanisms for review and action. Strategic objectives contained in the strategic plan will be monitored, evaluated and periodically reported within the existing institutional monitoring and evaluation (M&E) framework of the EAC. Existing systems and capacities in the EAC will be used to support design, coordination and implementation of a strong M&E. The design and implementation periodic reports, needful tools for data collection as well as the gathering of data will base on the M&E plan and existing systems in the region including HMIS as well as the tools and protocols which capture data for regional reporting. A unified data observatory will guide accessibility to and compatibility with the different data sources across Partner Statesas well as linkages with programs or systems that have different M&E systems.

The EAC M&E office will provide guidance and routine program for the M&E of the strategic plan. M&E activities will include developing indicators which will be used to track and report on progress. The indicators will be reflected in the strategic plan's logical framework and annual work-plans. Using the EAC standardized and approved tools; quarterly and annual planning and reporting within the health department will be done as well as periodic progress reports on results submitted to the office of the Secretary General through the EAC Directorate of Planning for onward submission to the policy organs for critical reviews and policy directions. The policy organs will include the Technical Working Groups, Sectoral council of Health Ministers, Coordination Committees and EAC Council. Monitoring and Evaluation activities that are not fully incorporated into the institutional framework will be approved by the Council.

There will be periodic meetings within the health department for information sharing, critical and peer reviews of program implementation. These meetings will review the implementation progress of the annual work plans so as to detect early warning deviations from the strategic directions. The activities carried out at EAC Regional and Partner State levels will be reported following the existing institutional arrangements and frameworks. Regular monitoring will focus on the following items:

1) Activities being implemented within set timelines and progress being made;
2) The extent to which the desired results are being achieved in relation to set targets;
3) The rate at which ressources (budget execution in relation to other inputs such as staffing, equipment, infrastructure, other logistic costs) are being used within agreed budget lines; and
4) The changes in the project environment and whether the assumptions still hold.

5.1. Monitoring and evaluation rationale and mechanism

Monitoring and evaluation is an important part of the strategic plan implementation. It entails the monitoring part, which aims to periodically look at "how it's going", and evaluation that entails a systematic and objective assessment of ongoing or completed objectives, interventions or activities as well as the resulting impact. Hence an effective framework for monitoring and evaluating the implementation of this EAC HSSP 2024-2030 will be important to:

1) Provide regular information to all stakeholders on the progress of implementation and aid informed decision making on the way forward;
2) Ensure the strategic interventions and activities being carried out conform to the strategic plan;
3) Ensure the results being achieved are aligned with the set goals, objectives and targets;
4) Serve as an "early warning system" to detect potential implementation problems, challenges, facilitators and implement timely corrective action and fine tuning not only the strategic interventions or activities but also the whole planning process, leading to improved performance;
5) Demonstrate public accountability and transparency in the implementation of the various priority regional health projects and programs as stipulated in the plan;
6) Promote learning, feedback, and knowledge sharing on results and lessons learned among implementing Partners.

5.2. Monitoring and evaluation key phases and components

Overall, 3 phases are necessary to initiate and implement and conclude the strategic plan implementation as follows:

5.2.1. Setting the baseline for strategic plan implementation

This phase is critical as it allows to planners to put in place baseline indicators which the endline indicators will base on. Baseline indicators can be readily available if the pre-existing M&E system is robust enough to regularly collect necessary indicators; or baseline indicators can be collected through a baseline evaluation during the first months of the strategic plan implementation. This is an important phase to set the initial reference point for future evaluations and progress reports. Prior to this evaluation of baseline indicators, a dissemination of the strategic plan to all the stakeholders is paramount as a starting point.

5.2.2. Executing and managing the strategic plan

Once you have the plan, you're ready to implement it. Kick-off meetings are always necessary to understand the strategic plan and agree on its implementation plan including the prioritization of certain activities and interventions and speeding up them. Different ressources are to be mobilized including financial, human, equipment, infrastructiure to be able to execute the plan. An annual action plan developed from the strategic plan is always important to shed more light on the annual assignments and expected results. Periodic reviews including quarterly and annual are also paramount to evaluate the progress and adjust the implementation speed, inputs or processes whenever necessary.

5.2.3. Review and revise the strategic plan

The final stage of the plan is the review and revision. It gives an opportunity to reevaluate the implementation progress, priorities and course-correct based on past successes or failures.

- On a quarterly basis, it determines which key performance indicators have been met and they can be continuously achieved, adapting the plan as necessary.
- On an annual basis, it's important to reevaluate the progress, priorities and strategic position to ensure that you stay on track for success in the long run.
- At the middle of the period, a mid-term review is conducted to track the progress, to comprehensively understand the achieved performance and adjust subsequent strategic interventions and activities to meet the ste goals ate the end of the plan.
- At the end of the strategic plan implementation period, an end-term review is conducted to make sure that initial objectives, interventions, indicators and targets have been achieved as planned but also to evaluate the impact of the strategic plan implementation.

5.3. Monitoring and evaluation key activities, evaluations and reporting periodicity

Monitoring and evaluation activities are those which will allow the counduct of a continuous evaluation of the strategic plan implementation progress

1. **A baseline evaluation will be conducted within the first six months of implementing the strategic plan (July - December 2024)** and baseline progress in implementing the ste targets will be established.

   During the same period a**n orientation / dissemination meeting** of the new HSSP 2024-2030 **will also take place especially within the first month of implementing the strategy (July 2024) or even before the July 2024**. The activity will put together the EAC representatives, Partner States representatives and other Stakeholders including implementing Partners. This meeting may be

followed by specific meetings in different Partner States to disseminate and initiate the implementation of the new EAC HSSP.

2. **Quartery evaluations and reports** followed by internal quarterly review meetings to evaluate the progress and adjust where necessary, will be mandatory for the continuous monitoring of the implementation of the strategy. Quarterly departmental progress reports shall be generated to provide the status of achievement of targeted objectives, interventions and indicators. The Partner States through the EAC Sectoral Council on Health, and the EAC Sectoral Council on EAC Affairs and Planning, will have a link with EAC Secretariat overall Monitoring and Evaluation (M&E) systems to provide information, and updates on projects and programmes under implementation.

3. **Annual evaluations and reports** will be paramount and will be followed by internal annual review meetings to evaluate the progress and adjust where necessary. The outcomes of the review will be reported in the Sector Annual Report's M&E section. The annual report shall provide information and data on the progress made in implementing the EAC HSSP 2024-2030 by all relevant stakeholders at both EAC Regional and Partner State levels. The report will highlight the success stories, challenges encountered and innovative solutions to the challenges. It will also highlight the priorities for the subsquest year and strategies for maintaining and improving existing programs. In order to create common standards in reporting, agreed formats will be adopted and used at different levels. The Annual Report will be submitted to the EAC Council of Ministers through the EAC Sectoral Council on Regional Cooperation on Health in line with the established EAC institutional and organizational structures.

4. **Mid-Term Evaluation** of the Strategic Plan **in Quarter 2 and Quarter 3 of 2027/2028 Fiscal Year (October- December 2027 and January – March 2028)**. The findings of the Mid-Term Review will inform the progress of the strategic plan's objectives, outputs and indicators and will allow stakeholders to adjust where necessary. This will contribute to the update of the strategic plan to reflect the most current and realistic health situation and challenges in the EAC Region.

5. **End-Term Evaluation** of the Strategic Plan **within the 6 months following the end of the strategic plan implementation (July- December 2030).**

5.4. Monitoring and Evaluation logical framework

The implementation of the Monitoring and Evaluation (M&E) framework for this Strategic Plan will require periodic checks of the implementation progress for the objectives, interventions, activities and indicators towards achieving the set targets and expected outcomes and impact. The EAC HSSP 2024-2030 implementation plan including monitoring and evaluation is presented in appendix 2 and the baseline indicator evaluation tool is presented in appendix 3.

CHAPTER 6: RESOURCE MOBILIZATION AND REQUIREMENTS

5.1. Resource Mobilization

The resources required for implementation of the EAC HSSP 2024-2030 were estimated. Funding for the Strategic Plan was met through internal sources, including joint funding with other EAC organs, Partner States contributions and mainly by external sources from different development partners. Overall, around 99% of the budget will come from external sources while the remaining 1% will come from internal sources including EAC organs and Partner States (see table 6.1 Funding types and sources). Summary costing per objective is presented in table 6.2 while detailed costing per objective, interventions and activities is presented in appendix 4. The EAC will be funded from different types of funding sources as detailed below:

Table 6.1. Funding types and sources

Type of funding	Description of funding type	Possible Sources
Core Funding	Involve providing direct un-earmarked core funding towards the implementation of the strategic plan. This funding is likely to come from the EAC Annual budget and direct contributions from EAC Partner States	EAC Annual budget, Partner State contributions, Development Partners
Funding an Objective	Development Partners with specific mandate can chose to fund an objective	Development Partners
Project Funding	Project funding is targeted to support specific activities which are specified in project documents. In some cases, these activities are not adequately aligned to the strategic plan.	Development Partners, Partner States, RECs
Parallel Funding	Rely on existing funding in regional and national projects, programs and/or governments for implementation. Close coordination with existing ongoing funding sources is required.	Partner State Governments, institutions and Organizations
In-kind Support	Involves receiving support in terms of goods or services, e.g. consultants, venues, travel etc.	EAC, Development Partners,

5.2. Resource Requirements

Table 6.2 Resource Requirement for the Implementation of EAC HSSP 2024-2030 (see appendix 4)

SNº	Objective	Estimated Cost (US $)
1	Strengthen and sustain the prevention and control of communicable and non -communicable diseases in EAC region;	
2	Ensure accessibility, affordability and quality health products and technologies within the EAC;	
3	Ensure universal access to quality Reproductive, Maternal, Newborn, Child, and Adolescent Health and Rights, promoting equity and leaving no one behind;	
4	Improve resource mobilization, health financing, and universal health coverage, including financial risk protection in EAC Partner States;	
5	Improve healthcare service delivery including access to quality essential health-care services and access to safe, effective, quality and affordable diagnostics, essential medicines and vaccines;	
6	Strengthen Human Resource for Health (HRH) Education, Regulation, and Management;	
7	Establish an EAC regional, comprehensive and sustainable framework for disaster preparedness and management;	
8	Enhance Health System Resilience and Outcomes through Comprehensive Research and Innovation;	
9	Continuously strengthen ICT, E-Health, Effective Monitoring and Evaluation Mechanisms in the EAC Partner States;	
10	Reinforce health governance, leadership, and management in the EAC Region to ensure effective and efficient healthcare service delivery.	
	Total	
	Overheads (9%)	
	Grand total	

CHAPTER 7: CONCLUSION

In conclusion, the EAC HSSP 2024-2030 is an important document which needs a special consideration for implementation as it will conclude the implementation of the SDGs targets in 2030. The achievements of this strategic plan will be the most visible as they will be compared to the SDGs targets. Its activities are to be implemented as per the set timelines to avoid delays and align with the overall plan. Its monitoring and evaluation plan is to be tightly respected to make sure that the implementation is always on track. Its mid-term review will pave the mid-term implementation progress to appreciate the so far achieved indicators/ targets and those needing an acceleration, a catch-up plan or an adjustement. The end-term review will be conducted after the implementation of the strategy, to evaluate the level of target achievement aligning with global, continental and regional targets.

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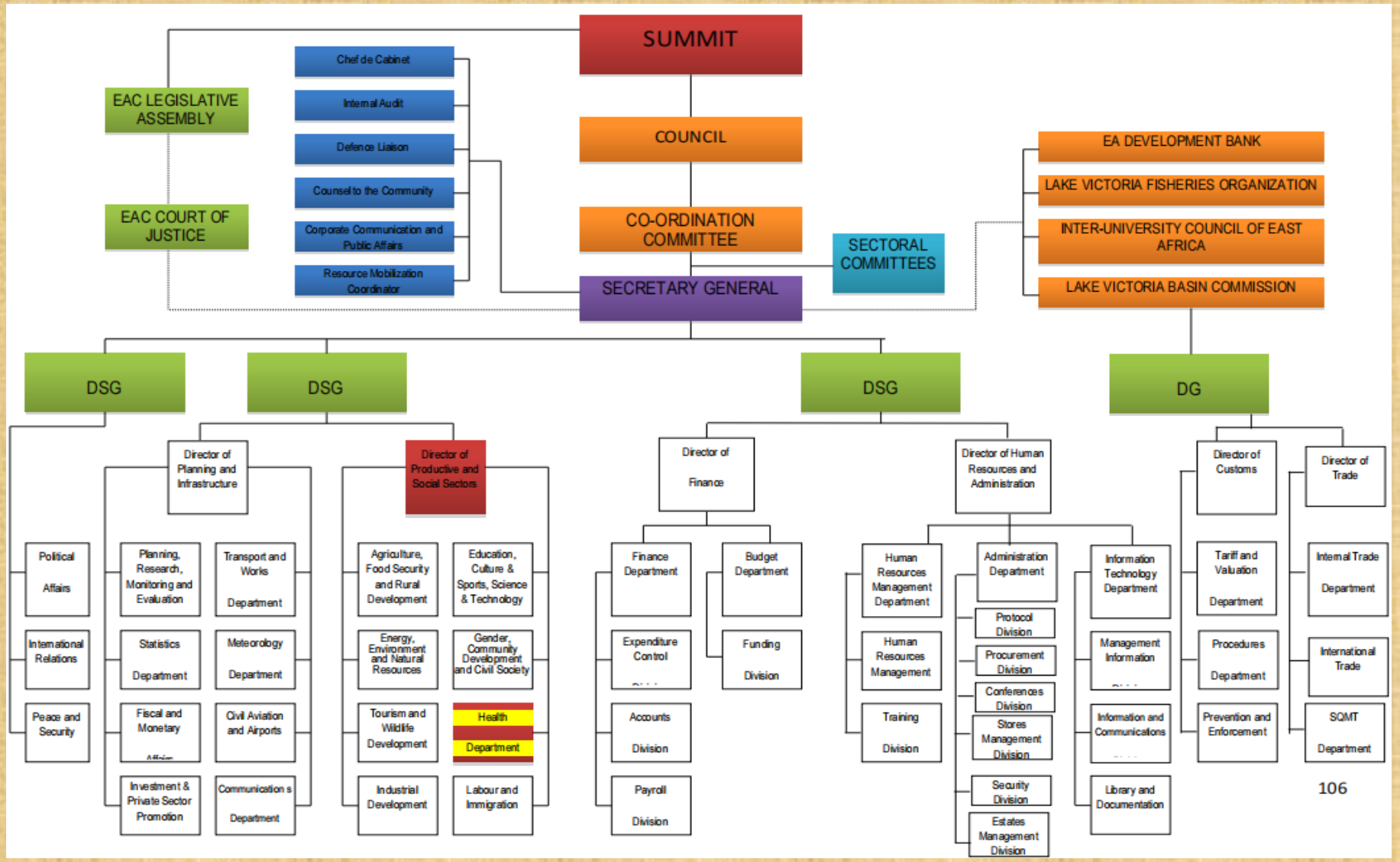
APPENDIXES

APPENDIX 1: East African Community comprehensive organization chart



APPENDIX 2: Strategic plan implementation, monitoring and evaluation

Strategic Objective	Strategic Intervention	Output	Indicator	Target	Means of verification	Timeframe																										Responsible
						2024-2025				2025-2026				2026-2027				2027-2028				2028-2029				2029-2030				2030/2031		
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1.1. Strengthen and sustain the prevention and control of communicable and non - communicable diseases in EAC region	1.1.1. Establish, and implement harmonized health policies that outline goals, priorities, and strategies for cross-border collaboration in terms of communicable and non-communicable disease prevention and control	Harmonized policies and guidelines on cross-border Collaboration in terms of Disease prevention and control, developed, adopted and implemented	Number of EAC Partner States that have adopted and implemented harmonized cross-border policies, and guidelines by December 2026	All the EAC Partner States have adopted and and implemented harmonized cross- border collaboration guidelines by December, 2026	Quartery reports Annual reports Mid-term review report End-term review report	DISSEMINATION OF THE NEW HSSP 2024-2030 RESOURCE MOBILIZATION BASELINE ASSESSMENT TO DOCUMENT BASELINE INDICATORS		X	X	X	X	X	X	X	X				MTR	MTR								ETR	ETR	EAC Secretariat and Partner States
	1.1.2. Strengthen measures towards reduction of incidence of HIV, TB, malaria, NTDs, waterborne diseases and other communicable diseases in EAC Partner States.	Prevention and control measures for HIV, TB, malaria, NTDs, waterborne diseases and other communicable diseases in EAC partner states are implemented	By June 2030: Number of EAC Partner States that have developed, adopted and and are implementing measures for HIV ,TB , malaria , NTDs, waterborne diseases and other communicable diseases implemented in EAC partner states • Number of New HIV infections per 1,000 uninfected population, by sex, age, and	By June 2030: • All Partner States have developed, adopted and and are implementing measures prevention and control measures for HIV, TB, Malaria , NTDS, waterborne diseases • Number of New HIV infections per 1,000 uninfected population, by sex , age , and key population Reduced by ½ in each Partner State • Tuberculosis incidence per	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			EAC Secretariat and Partner States

			key population Reduced by ½ in each Partner State • Tuberculosis incidence per 100,000 population reduced by ½ in each Partner State • Malaria incidence per 1,000 population reduced by ½ in each Partner State • Hepatitis B incidence per 100,000 population reduced by ½ in each Partner State • Number of people requiring interventions against NTDs reduced by ½ in each Partner State	100,000 population reduced by ½ in each Partner State • Malaria incidence per 1,000 population reduced by ½ in each Partner State • Hepatitis B incidence per 100,000 population reduced by ½ in each Partner State • Number of people requiring interventions against neglected tropical diseases reduced by ½ in each Partner State.																																				
	1.1.3. Develop and implement an "EAC Regional Strategic Plan for the prevention and control of non-communicable diseases, trauma and disabilities 2024- 2030"	EAC Regional Strategic plan for the Prevention and Control of Non-Communicable Diseases, Trauma and Disabilities 2024- 2030 developed and implemented in Partner States	Number of EAC Partner States that have developed, adopted and and implemented EAC Regional Strategic plan for the Prevention and Control of Non-Communicable Diseases, Trauma and Disabilities 2024- 2030 by March 2027	All Partner States have developed, adopted and implemented the Strategic plan for the Prevention and Control of Non-Communicable Diseases, Trauma and Disabilities 2024-2030 by March 2027	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X																						EAC Secretariat and Partner States

	1.1.4. Develop, harmonize, and implement EAC regional policies, laws, strategies, guidelines, standards, and procedures for prevention and control of NCDs in EAC Partner States with an emphasis on community engagement, and inclusiveness of vulnerable populations and people with disabilities.	Harmonized EAC regional policies, laws, strategies, guidelines, standards and procedures for NCDs at EAC level and Partner States in place and implemented	Number of Partner States implementing harmonized laws, strategies, guidelines, standards and procedures for NCDs by December 2028	All Partner States to implement harmonized laws, strategies, guidelines, standards and procedures for NCDs by December 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X		X	X	X	X	X	X	X		X	X											EAC Secretariat and Partner States
	1.1.5. Reduce by 1/3 premature mortality from NCDs and promote mental health well-being in EAC Partner States.	•EAC strategies to reduce by 1/3 premature mortality from NCDs diseases, developed, harmonized and implemented by Partner States and premature mortality rate from NCDs is reduced by 1/3	• Number of Partner States implementing the strategies by June 2026 • Mortality rate attributed to cardiovascular disease, cancer , diabetes and chronic respiratory diseases. • Premature mortality rate from NCDs • Suicide mortality rate	• All Partner States are implementing the strategies by June 2026 • Mortality rate attributed to cardiovascular diseases, cancer ,diabetes and chronic respiratory diseases reduced by 1/3 by June, 2030 • Premature mortality rate from NCDs reduced by June, 2030 • Suicide mortality rate reduced by 1/2 by June, 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			EAC Secretariat and Partner States

	1.1.6. Strengthen the prevention and control of substance abuse in EAC Partner States	EAC regional strategies of prevention and control of drug abuse and harmful use of alcohol are developed, harmonized and implemented by Partner States June 2025 -Number of Partner States covered by treatment interventions (pharmacological, psychosocial and rehabilitation and after care) for substance use disorders by June 2030	-Number Partner States adopting and implementing EAC strategies by June 2025 -Number of Partner States covered by treatment interventions (pharmacological, psychosocial and rehabilitation and after care) for substance use disorders by June 2030	• All Partner States have adopted and are implementing the EAC strategies on prevention and control of drug abuse and harmful use of alcohol by June 2025 • All Partner States are covered by treatment interventions (pharmacological, psychosocial and rehabilitation and after care) for substance use disorders by June 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	X	X			EAC Secretariat and Partner States
	1.1.7. Enhance and establish harmonized multisectoral and multistakeholder health promotion programmes (awareness) including consumer awareness of health risks and appropriate use of health systems to address communicable and non-communicable diseases	EAC regional harmonized documents regarding multisectoral and multistakeholder health promotion programs to address communicable and NCDs developed, harmonized and implemented by Partner States	Number of Partner States possessing and implementing harmonized EAC regional documents regarding multisectoral and multistakeholder health promotion programs to address communicable and NCDs by June 2026	All Partner States to possess and implement harmonized EAC regional documents regarding multisectoral and multistakeholder health promotion programs to address communicable and NCDs by June 2026	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X																			EAC Secretariat and Partner States

	1.1.8. Develop, harmonize and implement strategies to reduce the number of deaths related to trauma and injuries	Harmonized EAC startegies to reduce trauma and injuries in place and implemented and death related to trauma and injuries is halved by 2030 in EAC Partner States	• Number of Partner States implementing harmonized EAC strategies to reduce trauma and injuries by December 2027	•All the Partner States are implementing harmonized EAC strategies to reduce trauma and injuries by December 2027	Quarterly reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X													EAC Secretariat and Partner States
			• Death rate due to trauma and injuries /year /Partner State by 2030	• Death rate due to trauma and injuries /year /Partner state reduced by 1/2 per Partner State by 2030			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	1.1.9. Develop, harmonize and implement EAC integrated framework for prevention and control of mental health diseases	EAC harmonized integrated framework for mental health disease prevention and control in place and implemented by Partner States	Number of Partner States that have developed, adopted and implemented the harmonized integrated mental health disease prevention and control by September 2026	All Partner States have developed, adopted and and are implementing EAC harmonized integrated framework for mental health disease prevention and control by September 2026	Quarterly reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X																		EAC Secretariat and Partner States
2.1. Ensure accessibility, affordability and quality health products and technologies within EAC	2.1.1. Develop, harmonize and implement EAC regulatory frameworks for vaccines, blood and blood products, diagnostics, medical devices and technologies, tobacco, cosmetics and bio-hazardous products	EAC Regulatory frameworks for vaccines, blood and its products, diagnostics, medical devices and technologies, tobacco, cosmetics and bio-hazardous products developed, harmonized and implemented	Number of Partner States implementing the EAC harmonized regulatory frameworks by June, 2026	All Partner States are implementing harmonized EAC regulatory frameworks by June , 2026	Quarterly reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X																			EAC Secretariat and Partner States

	2.1.2. Enhance and implement a harmonized robust regional procurement and supply chain management systems for essential medical products, health technologies and supplies	EAC Regional mechanisms for bulk pooled procurement (Operational Group Contracting Mechanism) for health products and technologies adopted and implemented	Number Partner States implementing pooled bulk procurement and logistics for medicines and health supplies through Operational Group Contracting Mechanism by June, 2030	All the Partner States are implementing pooled bulk procurement and logistics for medicines and health supplies through Operational Group Contracting Mechanism by June, 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States
	2.1.3. Sustain mechanisms for maintenance of health devices, equipment and technologies within the region	Harmonized regional policy and guidelines to strengthen sustainable mechanisms for maintenance of health devices, equipment and technologies adopted and implemented	Number of Partner States adopting and implementing harmonized policy and guidelines for maintenance of health devices, equipement and technologies by December 2026	All Partner States are adopting and implementing harmonized policy and guidelines for maintenance of health devices, equipement and technologies by December 2026	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X																			EAC Secretariat and Partner States
	2.1.4. Facilitate the development of regional manufacturing hubs for health products	Regional manufacturing hubs for health products developed	Number Partner States with manufacturing hubs for health products in place by June, 2030	All partners states having manufacturing hubs for health products by June, 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States
3.1. Ensure universal access to quality Reproductive, Maternal, Newborn, Child, and Adolescent Health and Rights, promoting equity and	3.1.1. Develop and implement harmonized RMNCAH&R Laws, Regulations, Guidelines, and Frameworks to enhance sexual education, family planning and reduce gender based violence as well as maternal	EAC harmonized RMNCAH&R Laws, Regulations, Guidelines, and Frameworks are developed and implemented to enhance sexual	Number of Partner States that have developed, adopted and implemented EAC harmonized RMNCAH&R Laws, Regulations, Guidelines, and Frameworks by	All Partner States have developed, adopted and implemented EAC harmonized RMNCAH&R Laws, Regulations, Guidelines, and Frameworks by June, 2026 • 70% of women of reproductive	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States

leaving no one behind	and neonatal mortality rates	education, family planning and reduce gender based violence as well as maternal and neonatal mortality rates	June, 2026 • Proportion of women of reproductive age (aged 18 years and older) who have their need for family planning satisfied with modern methods/ June 2030 • Reduced maternal mortality rate (less than 70/100,000 live birth)/2030 • Reduced neonatal mortality rate (less than 25/1,000 live birth) / June 2030	age (aged 18 and older) who have their need for family planning are satisfied with modern methods/June 2030 • Reduced maternal mortality rate (less than 70/100,000 live births)/ June 2030 • Reduced neonatal mortality rate(less than 25/1,000 live births) / June 2030																												
	3.1.2. Develop and implement a framework for Adolescent Girls and Young Women (AGYW) within EAC Partner States.	• Harmonized EAC AGYW program framework developed and implemented.	• Number of Partner States that developed and implemented harmonized EAC framework for AGYW program by June 2026 • Percent of AGYW achieving 95%-95%-95% HIV UNAIDS targets •Adolescent pregnancy rate (aged 10–14 years; aged 15–19 years) per 1,000 women	All Partner States implementing a harmonized EAC framework for AGYW program by June 2026 • 95%-95%-95% HIV UNAIDS targets are achieved by June 2030 • Adolescent pregnancy rate (aged 10–14 years; aged 15–19 years) per 1,000 women in	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			EAC Secretariat and Partner States

			in that age group / Partner State	that age group/ Partner State is reduced by 70% by June 2030																																
4.1. Improve resource mobilization, health financing, and universal health coverage, including financial risk protection in EAC Partner States	4.1.1. Develop, harmonize, and implement EAC strategies for Public-Private Partnerships (PPP) and stakeholders engagement for planning, resource mobilization, and implementation of health strategies.	Strategies for Public-Private Partnerships and stakeholder engagement, for planning, resource mobilization, and implementation of health strategies developed, harmonized and implemented	Number of Partner States implementing harmonized strategies for Public -Private ,partnership and stakeholders engagement for planning, resource mobilization ,and implementation of health strategies	All Partner States implementing strategies for Public -Private ,partnership and stakeholders engagement for planning, resource mobilization, and implementation of health strategies by June 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States
	4.1.2. Monitor and track allocation and utilization of resources to ensure effective service delivery	Resource tracking implemented and institutionalized in Partner States	Number of Partner States implementing resource tracking	All Partner States have implemented resource tracking by June 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States
	4.1.3. Develop, harmonize and Implement EAC innovative financing models towards UHC including community-based health insurance (CBHI)	Developed and harmonized EAC innovative financing models, such as CBHI developed, harmonized and implemented	-Number of Partner States with developed and harmonized innovative financing models and their coordination -Proportion of population covered by health insurance in all Partner States	-All Partner States have developed and harmonized innovative financing models and they are coordinated by 2030 -90% of the population is covered by health insurance in all Partner States by June, 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States
4.2. Improve healthcare service delivery including access to	4.2.1. Increase access to safe, efficacious and affordable preventive, care	Mechanisms to facilitate access to safe, efficacious and affordable preventive,	Number of Partner States having an increased access to safe, efficacious and	All Partner States have increased access to safe, efficacious and affordable preventive, care	Quartery reports Annual reports Mid-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partn

quality essential health-care services and access to safe, effective, quality and affordable preventive, care and treatment services	and treatment services	care and treatment services are in place	affordable preventive, care and treatment services. *Number of health workers (physicians, nurses and midwives) per 1000 population *Distance to nearest health facility	and treatment services by June 2030 *Not less than 4.45 health workers (physicians, nurses and midwives) per 1000 population * Not more than 5 km to the nearest health facility	End-term review report																																	er States
	4.2.2. Develop, harmonize and implement laws and policies for essential health services for vulnerable populations	Laws and policies for essential health services for vulnerable populations developed , harmonized and implemented	Number of Partner States implementing harmonized laws and policies for essential health services for vulnerable populations	All Partner States are implementing harmonized laws and policies for essential health services for vulnerable populations by December, 2027	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X																	EAC Secretariat and Partner States
	4.2.3. Establish, harmonize and implement gender-responsive health policies among EAC Partner States.	Gender-responsive policies among EAC Partner States are developed, harmonized and implemented	Number of Partner States implementing harmonized gender-responsive policies	All partner States are implementing harmonized gender-responsive policies by June, 2027	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X																		EAC Secretariat and Partner States
	4.2.4. Establish harmonized mechanisms facilitating accessibility to specialized and non-specialized services in-country and cross-border health services;	Harmonized mechanisms facilitating accessibility to specialized and non-specialized services in-country and cross-border health services in place and implemented	Number of Partner States implementing mechanisms facilitating to specialized and non-specialized services in-country and cross-border health services	All Partner States are implementing mechanisms facilitating to specialized and non-specialized services in-country and cross-border health services by June 2027	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X																		EAC Secretariat and Partner States

	4.2.5 Strengthen One health approach by developing, harminizing and implementing guidelines on hazardous chemicals, air, water, soil pollution and contamination in EAC Partner States	EAC Partner States harmonized guidelines on hazardous chemicals, air, water, soil pollution and contamination in EAC Partner States developed, harmonized and implemented	• Number of Partner States implementing harmonized guidelines by December, 2027 • Mortality rate attributed to household and ambient air pollution • Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe water, sanitation and hygiene for All (WASH) services) • Mortality rate attributed to unintentional poisoning	• All Partner States are implementing harmonized guidelines by December, 2027 • Mortality rate attributed to household and ambient air pollution reduced • Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) reduced • Mortality rate attributed to unintentional poisoning reduced	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X																EAC Secretariat and Partner States
	4.2.6. Establish EAC regional guidelines for health facilities and laboratory quality management system audits, quality improvement processes and accreditation.	EAC regional guidelines for health facilities and laboratory audit and accreditation are in place and implemented	Number of health facilities / Laboratory accredited /recognized by international bodies per Partner States	All Partner States possess at least 5 health facilities / laboratories accredited/ recognized by international bodies by June 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States

5.1. Strengthen Human Resource for Health (HRH) Education, Regulation, and Management	5.1.1. Develop and implement an EAC harmonized comprehensive training program for healthcare professionals, aligned with evolving healthcare needs, technological advancements, and international standards	Regional harmonized comprehensive training programs for health professionals, are in place and implemented	Number of Partner States implementing harmonized comprehensive training programs for health professionals	All Partner States are implementing harmonized comprehensive training programs for health professionals, by December 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X													EAC Secretariat and Partner States
	5.1.2. Develop, harmonize and implement EAC strategic workforce planning initiatives	EAC strategic workforce planning initiatives in place and implemented	Number of Partner States implementing EAC strategic workforce planning initiatives	All the Partner States are implementing EAC strategic workforce planning initiatives by December 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											EAC Secretariat and Partner States
	5.1.3. Develop, harmonize and Implement performance management systems that recognize and reward excellence, fostering a positive and motivated healthcare workforce in EAC Partner States.	EAC Partner States performance management systems that recognize and reward excellence, fostering a positive and motivated healthcare workforce in place and implemented	Number of Partner States implementing EAC harmonized performance management systems	All Partner States are implementing EAC harmonized performance management systems by June 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X													EAC Secretariat and Partner States

	5.1.4. Promote lifelong learning and Continuous Professional Development (CPD) by harmonized EAC mechanisms (e-learning platform along EAC health department e-portal) to keep healthcare professionals abreast of emerging trends, best practices, and advancements in their respective fields.	EAC e-learning platform and CPD system established, functional and accessible by Partner States	• E-learning platform in place and used by Partner States • Percent of CPD courses offered and accessible by HCPs per Partner State • Percent of HCPs per Partner State accessing and utilizing e-learning platform	• All Partner States have access and are using e-learning platform by June 2028 • 50% of training courses are CPD courses in all Partner States by June 2028 • At least 50% of HCPs per Partner State are accessing and utilizing e-learning platform by June 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X												EAC Secretariat and Partner States
	5.1.5. Advocate for investment in medical and health sciences education by private sector / stakeholders	Investment by Private sector/ stakeholders in medical and health sciences education is done in Partner States	Number Partner States with private institutions / stakeholders investing in medical and health sciences education	All Partner States are having Private institutions/ stakeholders investing in medical and health sciences education by 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			EAC Secretariat and Partner States
	5.1.6. Strengthen the capacity of teaching institutions to produce highly qualified and enough health professionals.	The capacity of teaching institutions to increase HRH production is strengthened in EAC region	Number of HCPs produced by teaching institutions per Partner State	The number of HCPs produced by teaching institutions per Partner State is doubled by June 2030.	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			EAC Secretariat and Partner States
6.1. Harmonize, implement an EAC regional, comprehensive and sustainable framework for disaster preparedness	6.1.1. Harmonize, implement and regularly update EAC plans to respond to public health emergencies, including pandemics and natural disasters.	EAC plans to respond to public health emergencies, including pandemics and natural disasters are harmonized, implemented and regularly updated	Number of Partner States with harmonized, implemented EAC plans to respond to public health emergencies, such as pandemics and natural disasters	All Partner States are implementing harmonized EAC plans to respond to public health emergencies, including pandemics and natural disasters by June 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X												EAC Secretariat and Partner States

and management	6.1.2. Develop and maintain systems to prevent biosafety, biosecurity threats including bioterorism	Systems to prevent biosafety, biosecurity threats including bioterrorism are in place	Number of Partner States with functional systems to prevent biosafety, biosecurity threats including bioterrorism	All Partner States have functional systems to prevent biosafety, biosecurity threats including bioterrorism by June 2027	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X																				EAC Secretariat and Partner States
	6.1.3. Establish and operationalize EAC regional disaster management coordination	Operationalized EAC regional disaster management coordination	Number of Partner States with disaster management coordination team	All Partner States have disaster management coordination team by June 2026	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X																								EAC Secretariat and Partner States
7.1. Enhance Health System Resilience and Outcomes through Comprehensive Research and Innovation	7.1.1. Establish Health Research Institute per Partner State to conduct cutting-edge research on prevalent health issues	Health Research Institute per Partner State to conduct cutting-edge research on prevalent health issues is in place and operational	Number of Partner States possessing Research Institute	All Partner States are possessing Research Institute by June 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States
	7.1.2. Foster collaboration between Partner States, research institutions, academia, and international partners to encourage knowledge exchange and joint research projects.	Developed MoU between Partner States research institutions, academia, and international partners to encourage knowledge exchange and joint research projects	Number of Partner States possessing and implementing MoUs between research institutions, academia, and international partners to encourage knowledge exchange and joint research projects	All Partner States are possessing and implementing MoUs between research institutions, academia, and international partners to encourage knowledge exchange and joint research projects by June 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States

	7.1.3. Establish, coordinate and enhance the production and dissemination of publications in the East African Journal of Health Research and epidemiological reports	Publications are produced and disseminated in the East African Journal of Health Research and epidemiological reports	Number of publications produced and disseminated per year per Partner State	At least 5 publications per Partner State per year	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States
7.2. Continuously strengthen ICT, E-Health, Effective Monitoring and Evaluation Mechanisms in the EAC Partner States	7.2.1. Develop and implement standardized interoperability E-Health platforms to facilitate electronic health records, telemedicine, other digital health solutions, and to enhance cross-border healthcare, data exchange and protection among EAC Partner States	Interoperability of e-Health systems among Partner States to enhance cross-border healthcare, data exchange and protection among EAC Partner States in place and operational	Number of Partner States implementing interoperable electronic systems for management of medical records across **all health facilities,** telemedicine, and other digital health solutions	All Partner States are implementing interoperable electronic systems for management of medical records across **all health facilities,** telemedicine, and other digital health solutions by June 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X																							EAC Secretariat and Partner States
	7.2.2. Strengthen EAC M&E systems by ensuring transparency and accountability through regular reporting and feedback mechanisms.	EAC secretariat to regularly report on quarterly and annual basis on achievements, challenges and next plans via EAC website	Number of reports published via EAC website	EAC secretariat regularly reporting quarterly and annually	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	EAC Secretariat and Partner States
	7.2.3. Develop, harmonize, and implement data analytics software to analyze effectiveness of health interventions and data for evidence-based decision-	EAC Partner States data analytics software in place and operational to analyze effectiveness of health interventions and data for	Number of Partner States that possess and are using data analytics software	All Partner States possess and are using data analytics software by June 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																	EAC Secretariat and Partner States

	making in EAC Partner States	evidence-based decision-making.																														
	7.2.4. Develop and implement an EAC harmonized framework for the implementation of civil registration and vital statistics and patient ID in Partner States including cross-border healthcare services	Harmonized EAC framework is in place and civil registration and vital statistics and patient ID are implemented in-country and in the region.	Number of Partner States that have put in place civil registration, vital statistics and patient ID systems that are effective nationally and regionally	All Partner States have put in place civil registration, vital statistics and patient ID systems that are effective nationally and regionally by June 2030	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			EAC Secretariat and Partner States
8.1. Reinforce health governance, leadership, and management in the EAC Region to ensure effective and efficient healthcare service delivery.	8.1.1. Establish and implement clear and comprehensive health policies that outline goals, priorities, and strategies for the cross-border collaboration in terms of Disease prevention and control; client and HCPs protection.	Policies and guidelines on cross-border collaboration in terms of disease prevention and control; client and HCPs protection are developed, disseminated and implemented	Number of Partner States implementing, policies and guidelines on cross-border collaboration in terms of disease prevention and control as well as client and HCPs protection	All Partner States are implementing policies and guidelines on cross-border collaboration in terms of disease prevention and control as well as client and HCPs protection by June 2029.	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							EAC Secretariat and Partner States
	8.1.2. Harmonize and implement the EAC Partner States independent regulatory bodies' standards to oversee healthcare providers, facilities, and practices aligning with evolving healthcare needs, technological advancements, and international standards.	EAC independent regulatory bodies' standards developed and harmonized and implemented	Number of EAC Partner States implementing independent regulatory bodies' standards	All EAC Partner States are implementing, independent regulatory bodies' standards by June, 2028	Quartery reports Annual reports Mid-term review report End-term review report		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X										EAC Secretariat and Partner States

APPENDIX 3: Baseline indicator evaluation tool

SN	Health indicators	Burundi				Democratic Republic Congo				Federa Republic of Somalia				Kenya				Republic of South Sudan				Rwanda				Uganda				United Republic of Tanzia			
		Indicator Value by Dec, 2020	Source	Indicator Value by Dec, 2023	Source	Indicator Value by Dec, 2020	Source	Indicator Value by Dec, 2023	Source	Indicator Value by Dec, 2020	Source	Indicator Value by Dec, 2023	Source	Indicator Value by Dec, 2020	Source	Indicator Value by Dec, 2023	Source	Indicator Value by Dec, 2020	Source	Indicator Value by Dec, 2023	Source	Indicator Value by Dec, 2020	Source	Indicator Value by Dec, 2023	Source	Indicator Value by Dec, 2020	Source	Indicator Value by Dec, 2023	Source	Indicator Value by Dec, 2020	Source	Indicator Value by Dec, 2023	Source
1	Maternal Mortality Ratio /100, 000 Live Births (LB)																																
2	Neonatal Mortality Rate/1000 live births																																
3	Percentage of births attended by skilled health professionals																																
4	ANC coverage (8 contacts)																																
5	Modern contraceptive prevalence rate (mCPR)																																
6	Unmet need for Family Planning																																
7	Teenage pregnancy rate (15-19 years)																																
8	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group																																
9	Prevalence of malnutrition (Stunting) among Children under five																																
10	Vaccination coverage																																
11	HIV prevalence among people aged 15–49 years																																
12	Proportion of persons diagnosed with HIV infection receiving sustained ART per age /sex																																
13	HIV incidence/1000 population per age category /sex																																
14	TB incidence per 100,000 population																																
15	Malaria incidence per 1,000 population																																
16	Malaria proportional mortality rate																																
17	Percentage of NCD combined high risk factors in the population aged between 15-64 years																																
18	Age-standardized prevalence of current tobacco use among persons aged 15 years and older (outcome)																																
19	Number of people requiring interventions against NTDs																																
20	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory																																
21	Premature mortality from NCDs																																
22	Suicide Mortality rate																																
23	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders																																
24	Average time to walk to a nearby HF (in minutes)																																
25	Ratio ground ambulance / population																																
26	Doctor/population ratio (General practitioners and Specialists as well)																																
27	Nurse/population ratio																																
28	Midwife/population ratio (women aged from 15-49)																																
29	Pharmacist /population ratio																																
30	Laboratory technicians /population ratio																																

APPENDIX 4: Costed implementation plan

Activities	Inputs	Unit Costs(US$)	Quantities	Total Cost (US$)
Priority area 1: Prevention and control of communicable and non-communicable diseases				
Strategic objective 1.1. Strengthen and sustain the prevention and control of communicable and non -communicable diseases in EAC region				
1				
2				
3				
4				
5				
Priority area 2: Management of health products and technologies				
Strategic objective:2.1. Ensure accessibility, affordability and quality health products and technologies within the EAC;				
1				
2				
3				
4				
5				
Priority area 3: Reproductive maternal, newborn, child and adolescent health and rights				
Strategic objective: 3.1. Ensure universal access to quality Reproductive, Maternal, Newborn, Child, and Adolescent Health and Rights, promoting equity and leaving no one behind.				
1				
2				
3				
4				
5				
Priority area 4: Resource mobilization, health financing, health service delivery and universal health coverage				
Strategic objective 4.1. : Improve resource mobilization, health financing, and universal health coverage, including financial risk protection in EAC Partner States				
1				
2				
3				
4				
5				

Strategic objective 4.2. Improve healthcare service delivery including access to quality essential health-care services and access to safe, effective, quality and affordable diagnostics, essential medicines and vaccines;				
1				
2				
3				
4				
5				
Priority area 5: Human resource for health education, regulation and management				
Strategic objective : 5.1. Strengthen Human Resource for Health (HRH) Education, Regulation, and Management				
1				
2				
3				
4				
5				
Priority area 6: Preparedness and management of natural and man-made disasters				
Strategic objective : 6.1. Establish an EAC regional, comprehensive and sustainable framework for disaster preparedness and management;				
1				
2				
3				
4				
5				
Priority area 7: Research, innovation, ICT, e-health, monitoring and evaluation				
Strategic objective : 7.1. Enhance Health System Resilience and Outcomes through Comprehensive Research and Innovation				
1				
2				
3				
4				
5				
Strategic objective : 7.2. Continuously strengthen ICT, E-Health, Effective Monitoring and Evaluation Mechanisms in the EAC Partner States;				
1				
2				
3				
4				
5				

Priority area 8: Health governance, leadership and management.				
Strategic objective : 8.1. Reinforce health governance, leadership, and management in the EAC Region to ensure effective and efficient healthcare service delivery.				
1				
2				
3				
4				
5				