



**EAST AFRICAN COMMUNITY**

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

**MAIN CONFERENCE HALL,  
EAC HEADQUARTERS, ARUSHA, TANZANIA  
16<sup>TH</sup> OCTOBER 2014**

**REPORT OF THE MEETING**

**EAC Secretariat,  
EAC COMPLEX  
P.O. BOX 1096,  
Arusha, Tanzania.**

**October 2014**

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#### REPORT OF THE MEETING

#### 1.0 Introduction

#### 1.1 Convening of the Meeting

The “10<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council for Health was held in accordance to the EAC Calendar of Activities for the period July to December 2014 at the EAC Main Conference Hall located on the Ground Floor of the EAC Headquarters in Arusha, Tanzania from 15<sup>th</sup> October 2014.

The meeting was attended by **Hon. James W. Macharia**, Cabinet Secretary, Ministry of Health, Republic of Kenya, **Hon Rashid Seif Suleiman (MP)**, Minister of Health, Revolutionary Government of Zanzibar of the United Republic of Tanzania, **Hon. Dr. Elioda Tumwesigye**, Minister of State, Ministry of Health, Republic of Uganda, **Hon. Nzeyimana Leontine** Minister to the Office of the President Responsible for East African Community Affairs, Republic of Rwanda was represented by the Permanent Secretary **Dr. Solange Hakiba**. The meeting was also attended by the Principal/Permanent Secretaries, Senior Officials from the Partner States Ministries responsible for Health, EAC Affairs, National Statutory Regulatory and Services Authorities, National Food and Drug Agencies, Boards and Councils.

The List of participants is hereto attached as **Annex A - I**

#### 1.2 Constitution of the Bureau

In accordance with the existing Rules of Procedure for EAC Policy Organs Meetings, the 10<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers of Health was chaired by **Hon. James Macharia** Cabinet Secretary Ministry of Health Kenya while **Mr Charles A. Pallangyo** Permanent Secretary Ministry of Health and Social Welfare United Republic of Tanzania served as the rapporteur assisted by the **EAC Secretariat**.

#### 1.3 Adoption of the Agenda and Programme of the meeting

The Agenda and Programme of the meeting was adopted and are hereto attached as **Annex A - II**

## 1.4 Official Opening

**Hon. James W. Macharia**, Cabinet Secretary, Ministry of Health, Republic of Kenya and Chair of the 10<sup>th</sup> Sectoral Council of Ministers of Health welcomed the Hon. Ministers of Health, Permanent/Principal Secretaries and Senior Officials from the EAC Partner States to the Meeting. He thanked the United Republic of Tanzania for hosting the meeting. He noted that as the 2015 deadline for the Millennium Development Goals draws nearer, many Countries are unlikely to achieve some targets despite the progress made thus far.

Hon. Macharia noted that the African region is currently grappling with one of the greatest epidemics in recent history both in terms of the magnitude and spread. To date, 4,400 people have died from the Ebola Virus Disease in West Africa. It is against this background that the EAC convened a high level inter-ministerial meeting to develop a common regional approach to the scourge in Nairobi, Kenya in September 2014.

He thanked the Chairpersons and Rapporteurs for the Session of the Senior Officials and Coordination Committee Sessions and the EAC Secretariat for having effectively facilitated the respective Sessions. He further noted that no country could manage to mitigate the threat of Ebola alone and called upon the Partner States to work together in the spirit of regional cooperation. He called upon the Sectoral Council to come up with robust recommendations and measures to address the threat of Ebola..

## 1.5 Remarks by Heads of delegations of Partner States:

### Republic of Burundi

Head of the Burundi Delegation **Hon. Nzeyimana Leontine**, Minister to the Office of the President Responsible for East African Community Affairs conveyed greetings from home and deep gratitude to the EAC Secretariat for convening and preparing the 10<sup>th</sup> Sectoral Council Meeting. She also thanked The United Republic of Tanzania and the People of Arusha for their warm welcome and hospitality extended to them since they arrived.

She further conveyed a condolence message to EAC and other countries who have lost their citizens and to those affected and infected by Ebola and Marburg Viral hemorrhagic Fever.

She further states that Burundi salutes the EAC spirit of equitable distribution of benefits of the community. The Minister however requested for information and progress made in establishing the EAC Nutritional Sciences Institute and the EAC Health Research Commission that are set to be established in Burundi.

She reaffirmed commitment from the government of Burundi in implementing the regional approach to preventing and controlling epidemics in the region and wished the meeting full success and fruitful deliberations and thanked everybody for their kind attention.

## **Republic of Kenya**

Head of the Kenyan Delegation **Dr. Khadijah Kassachoon**, Principal Secretary for Health and Head of Kenyan Delegation informed the meeting that Kenya was honoured to participate in the 10th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health.

She thanked the United Republic of Tanzania for hosting this meeting and for their continued hospitality. She informed the meeting that Kenya was undergoing a very critical transition of aligning the management of primary Health care services to the devolved system in line with the provisions of the 2010 Constitution. She informed the meeting that in this system, primary Health care services have been devolved in the county governments. While the national government is responsible for health policy, regulatory framework, coordination and management of national referral services Health policy, Health Research and Quality management, among others functions

She further informed the meeting that the Ministry is concluding the National health policy and Health Bill, which are intended to guide devolution of health services to the counties.

She noted that the scale and magnitude of the Ebola Outbreak in parts of West Africa was unprecedented both in terms of the number of those affected and the geographical spread of the disease and she emphasized the need for collaboration in developing a common regional approach to mitigating the risk posed by Ebola to our region and to the continent.

The Principal Secretary further informed the meeting that the government of Kenya released an alert to all health facilities and ports of entry to be vigilant and to step up surveillance for any possible occurrence of Ebola in Kenya. Immediately information about the Ebola outbreak was relayed by the WHO in March 2014. The government also strengthened two National Laboratories that have the capability of confirming Viral Hemorrhagic Fevers including Ebola.

She informed the meeting that Kenya pledged one million US dollars in financial support to assist the prevention and control efforts in the three worst affected countries during the recently concluded African Union Executive Council meeting on Ebola that was held in September 2014, in Nairobi Kenya. She urged the Partner States to explore other ways in which the EAC region can assist those affected by this disease.

In conclusion, the PS noted that working as a regional block would give significant gains in the health sector and she reaffirmed Kenya's commitment to regional cooperation in health and Integration. She wished all fruitful deliberations.

## **Republic of Rwanda**

The Permanent Secretary Ministry of Health Rwanda **Dr. Solange Hakiba** conveyed the greetings and sincere apologies from **Hon. Dr. Agnes Binagwaho, the Minister of Health Rwanda** who was not able to attend the meeting due to

other equally important assignments that she was handling back home. She however extended her appreciation to the United Republic of Tanzania for hosting the meeting and the EAC Secretariat for organizing the 10<sup>th</sup> Sectoral council meeting that affords for the opportunity to come together to discuss key issues related to regional health.

She expressed Rwanda's continued commitment to support regional efforts to address the various challenges facing the region and called upon the Partner States to stand together as one people to protect our population in as far as health is concerned. She also informed the meeting that over the past couple of days, the experts had discussed many key issues and had recommendations that would definitely lead to progressive improvement in the general health of the people in the region.

Dr. Hakiba concluded her remarks by expressing her gratitude to being part of the discussions and wished all fruitful deliberations.

### **United Republic of Tanzania**

The **Hon. Rashid Seif Suleiman** welcomed the delegates to Tanzania and Arusha in particular. He expressed his profound appreciation to the EAC for organizing the 10<sup>th</sup> EAC Sectoral Council of Ministers of Health meeting and hoped that it covers all agenda items that would help improve the health of East Africans.

He informed the meeting that Tanzania was moving on to achieve the MDGs as planned. Tanzania had achieved MDG4 before the dead line of 2015 and had reduced maternal Mortality from 578 in 2012 to 410 per 100,000 live births currently.

He further informed the meeting that Tanzania constituted a National Coordination National Task force to respond to Ebola which is composed of Government officials, Civil Society, development partners and members of the private sector. The task force is chaired by the Prime Minister's Office.

He informed the meeting that Tanzania had developed an emergency preparedness and contingency plan and had Personal Protective Equipment (PPE), trained staff; procured equipment, including thermo scans that had been distributed at all airports and most cross border points in the country and the creation of public awareness about Ebola. He also noted that Tanzania has isolation centres in place for contact management and suspect holding.

The Hon. Minister further informed the meeting that Tanzania had developed a costed Emergency response plan to fight Ebola, trained health workers and has sent 5 experts to West Africa as Tanzania's contribution to the global effort in curbing the Ebola outbreak.

With the foregoing, the Minister reaffirmed his Government's continued commitment to support regional efforts to keep the Ebola scourge out of the East Africa region.

He concluded his remarks by welcoming the participants Arusha, wished them fruitful deliberations while urging them to find time and visit the historical sites that Arusha has to offer.

## Republic of Uganda

The head of delegation **Hon. Dr. Elioda Tumwesigye**, Minister of State, Ministry of Health, Republic of Uganda welcomed the ministers and the delegations from EAC Partner States to the 10<sup>th</sup> EAC Sectoral Council of Ministers of Health. He thanked the EAC Secretariat for organizing the meeting in a consistent manner, and the Republic of Tanzania for hosting and the warm reception accorded to the Ugandan delegates. He conveyed cordial greetings from his ministry and the people of Uganda.

He informed the meeting that Uganda was committed to regional integration and cooperation on health. The Minister noted that following the Regional Meeting on Ebola held in September 2014, he noted that Ebola and other Viral Hemorrhagic fevers pose a huge challenge to the health system and therefore call for urgent response.

He noted that the meeting that curbing the Ebola epidemic requires a regional approach, including screening of travellers. He further informed the meeting that Uganda had sent a team of 30 doctors to West Africa who are working to contain the Ebola Epidemic. Out of the 30 doctors, 2 doctors had contracted the disease, one had been cured of the disease and continued to work in West Africa and one was receiving treatment in Germany. He also informed the meeting that two doctors who were working in West Africa had died from Ebola but these were not among the team of 30 experts.

The ministers also informed the meeting that one patient had died of Marburg Viral hemorrhagic fever. Among the 160 suspect with the viral infection have been traced and are under surveillance, 28 showed signs and symptoms of Marburg hemorrhagic fever but none had the disease on testing. The Minister noted that the 10<sup>th</sup> Sectoral Council of Ministers of Health offers a good opportunity to review and discuss Regional Emergency Preparedness Plan to prevent any spread of the viral hemorrhagic fevers and called upon all countries to embrace the regional approach in fighting Ebola.

Regarding strategies for preventing Ebola and other viral hemorrhagic fevers, the minister informed the meeting that Uganda was training health workers in the region and intensifying on disease surveillance.

The Minister also informed the meeting that Uganda was committed to Social Health Protection and Universal Health Coverage for its people. Referring to finding in recent situation analysis report on social Health protection in the EAC region, he noted that despite the fact that the report states that 1% of Ugandans had access to Health insurance, 72% of Ugandans have access to health care within 5km radius.

He also informed the Ministers that Uganda was committed to hosting the 5<sup>th</sup> EAC Health and Scientific conference to be held from 25<sup>th</sup> – 27<sup>th</sup> March 2015 at Speke Resort Hotel Munyonyo in Kampala.

He reiterated Uganda's commitment to implement EAC led initiative such as the East African Public Health Laboratory Net Work project whose official

building would be opened next year and EAC Centre of Excellence on Cancer Research and training.

In conclusion, he looked forward to the discussion in the EAC Donor Round Table that will be discussing funding for sustainable Programme to ensure that East African have access to safe and efficacious medicines . He concluded his remarks by calling upon the EAC Partner States to work together to ensure that the East Africans enjoy good health and prosperity.

He thanked members for listening and wished them fruitful deliberations

### **EAC Secretariat**

**Hon. Jesica Eriyo** Deputy Secretary General East African Community Productive and Social Sectors, extended warm welcome to the home , the EAC Secretariat and to the United Republic of Tanzania and specifically to the 10<sup>th</sup> Ordinary Meeting of EAC Sectoral Council on Health. She said she was indeed privileged and honoured to welcome all delegations present to the five day 10<sup>TH</sup> Ordinary Meeting of EAC Sectoral Council on Health which will have the Senior Officials' Session, Session of Permanent Secretaries and the Ministerial Session.

She said improving the life and health of East Africans is an important issue and one the EAC is placing focus on by holding this Council meeting. She said she strongly believe that all of us here we are here to share a common vision of fostering EAC integration, where good health is key for regional integration and development. For speedy development to occur, we need to have healthy East Africans to contribute in their individual ways, and benefit from the EAC integration programmes.

She informed the meeting that in April this year the EAC held the 9<sup>th</sup> Ordinary Meeting of EAC Sectoral Council on Health in Zanzibar, United Republic of Tanzania. The meeting, among other things, built a firm foundation for development and implementation effective regional health policies and high impact interventions as we move to the end of the MDGs. The meeting also strengthening health infrastructure, human resources for health and Health financing systems so as to provide universal health coverage. The council also proposed and made recommendations for initial staffing requirements for the East African Health Research Commission and Establishment and Implementation of the multinational EAC Regional Centres of Excellence for skills and tertiary education in higher education and health science education programmes.

She said was pleased to note that progress has been made on various grounds in implementation of the recommendations from the 9<sup>th</sup> ordinary meeting of the Sectoral Council on Health. She covered details which are the purpose of this meeting but to highlight that the EAC has made good progress in the areas of coordinating Regional and National Level Emergency Preparedness and Response to epidemics such as the Epidemic Outbreak of Ebola Viral Hemorrhagic Fever which is currently afflicting many African Countries and Marburg in Uganda.

The EAC Secretariat through CASSOA and a high level inter-ministerial meeting that brought together ministers of Health, Transport and Immigration from 16<sup>th</sup> to 17<sup>th</sup> September 2014 put in place robust response mechanisms. I am happy to note that all the Partner States put in place equally robust mechanisms to counter the threats of Ebola Virus Disease in line with decisions and directives of the 9<sup>th</sup> Meeting of the Sectoral Council on Health.

In June this year, the EAC hosted the 2<sup>nd</sup> conference on Persons With Disabilities (PWDs) in Nairobi Kenya. The World Bank statistics state that 20% of the world's poverty is related to disability; however none of the national budgets of the Partner states designate 20% of their funds to address issues of disability. Many health conditions lead to disability in this region, Non-Communicable diseases such as Hypertension, motor accidents contribute the disabilities and these have to be addressed. It is further estimated that PWDs represent 10% of the world's population. This equates to approximately 13 million people in the EAC with some form of disability. However the policies made in the EAC region do not reflect this situation. There is need for disaggregated data to provide for the statistics that enable governments to plan for PWDs and the health sector has a role to play in making this happen by contributing to awareness creation.

With regard to Reproductive Maternal New-born and Child health, she said she was happy to note that through then Open Health Initiative and the EAC-UNFPA Collaboration the following strategic interventions are being implemented: strengthening of accountability for results and resource through use of innovative tools such as scorecards and the District Health Information System-2; operations research; legislative policy and technical exchanges and quality assurance for reproductive and child health commodities.

She informed the meeting that the 29<sup>th</sup> meeting of the EAC Council of Ministers adopted the final EAC harmonized technical guidelines, standards and requirements for Medicines Evaluation and Registration (MER), Good Manufacturing Practices (GMP) inspections, Quality Management System (QMS) requirements for National Medicines Regulatory Authorities and recommended the same to the EAC Council of Ministers for consideration and approval. These guidelines will significantly increase access to quality medicines and health services in the region.

She concluded her remarks by acknowledging the Partner States for supporting their country delegations to attend this meeting and thanked all Partner States' experts that provided the materials that we will be discussing over the five days. She also to express her gratitude to the development Partners for their valuable financial contributions which have enabled us to meet some of the financial obligation for implementation of the various health programmes.



## 2.0 Consideration of agenda items

### 2.1 Consideration of the Report of the TWG on Health Systems, Policy And Research

#### 2.1.1 Review of the Status of Implementation of Previous Decisions of the EAC Sectoral Council of Ministers of Health and the EAC Council With Regard to Regional Cooperation and Integration in Health

The Sectoral Council considered the Report and Recommendations of the 19<sup>th</sup> Ordinary Meeting of the Sectoral Committee on Health with regard to the progress of implementation of previous decisions of the EAC Sectoral Council of Ministers of Health and the EAC Council of Ministers concerning regional cooperation and integration in the health sector and the development of an electronic Monitoring Tool and Evaluation Framework through the EAC Regional Scorecard on Health similar to the “**East African Common Market Scorecard (2014)**” under the technical and financial support from the International Finance Corporation (IFC) of the World Bank Group (Trade Sector) in coordination with the Republic of Burundi and the other EAC Partner States. The East African Common Market Scorecard (2014) and also the EAC Regional Health Scorecard will greatly contribute to the on-going monitoring and evaluation of the implementation of the Common Market by tracking progress of Partner States in fulfilling their commitments as provided in the Protocol. The EAC Regional Health Scorecard will examine selected commitments by the Partner States, outlines progress in removing legislative and regulatory restrictions to the EAC Common Market Protocol with regard to regional cooperation and integration in the health sector and recommends reform measures. In addition, the EAC Regional Health Scorecard is expected to contribute to better compliance of commitments with regard to the health sector under the EAC Common Market Protocol, through fostering peer learning and facilitating adoption of best practice in the EAC region. East Africans look forward to a high quality and efficient and regionally integrated health services that will achieve international standards and global competitiveness. **The Matrix of previous decisions is hereto attached as Annex A-I**

The Sectoral Council took note of the progress with regard to previous decisions of the EAC Sectoral Council of Ministers of Health and the EAC Council of Ministers and adopted the matrix as attached in Annex A- III. The Sectoral Council also took note of the long delay in recruitment of a **Senior Health Officer (Reproductive, Child and Adolescent Health)** which became vacant since resignation of the previous officer in March 2014.

The Sectoral Council was informed that the World Bank through the IFC will support the EAC to develop a Health Score Card for monitoring and evaluation of compliance and implementation of various EAC regional health policies, laws and regulations by the EAC partner states through a health scorecard

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

- (a) **Took note that the Secretariat has advertised the position of the Senior Health Officer (Reproductive, Child and Adolescent Health) and it is expected to be filled by March 2015.** (EAC/Health/SCM-10/Decision 001)
- (b) **Urged Partner States to constitute a National Consultation meeting by Dec 15, 2014** (EAC/Health/SCM-10/Decision 002)
- (c) **Directed the EAC Secretariat to ensure that Partner States receive the Implementation matrix in good time to enable consultation prior to Sectoral Council** (EAC/Health/SCM-10/Directive 001)
- (d) **Directed the EAC Secretariat to Convene a Regional Committee of Experts to review matrix by January 20, 2015**

### **2.1.2 Consideration of the Progress in Finalization of the “EAC Regional Health Sector Strategic Plan (2015-2019)” and “EAC Protocol on Regional Cooperation on Health”**

The Sectoral Council took note that an EAC Regional Multisectoral Stakeholders/Experts meeting held from 17<sup>th</sup> to 18<sup>th</sup> July in Kigali, Rwanda reviewed the progress in incorporation of the Partner States' comments into the “**EAC Regional Health Sector Strategic Plan (2015-2019)**” and “**EAC Protocol on Regional Cooperation on Health**”. The Sectoral Council further took note that the said EAC Regional Multisectoral Stakeholders/Experts meeting observed that the Partner State's comments was diverse and needed to be harmonised and incorporated and thereafter a meeting of EAC Health Policy Experts has to be convened to review and finalise the document.

In addition, the Sectoral Council was informed that the Kigali meeting further urged the EAC Secretariat to incorporate Partner States' comments generated during Country consultations and circulate the updated draft Protocol to Partner States by 31<sup>st</sup> August 2014. The Sectoral Council are also took note that the incorporation of the comments on the Strategic plan is ongoing while that for the protocol is being done within the framework of re-drafting the entire protocol with support from the EAC Legal Office. The report of the Kigali meeting is hereto attached as **Annex A-IV**.

The Sectoral Council took note that the EAC Secretariat has not incorporated the Partner States' comments on the Health Strategic Plan generated during in country consultation as recommended by the EAC Regional Multisectoral meeting and directed by the Sectoral Council meeting of the EAC Sectoral Council of Ministers of Health; and redrafted the protocol on Regional Cooperation on Health as directed by the EAC Sectoral Council of Legal and Judicial Affairs. **The Sectoral Council was informed that the 19<sup>th</sup> Ordinary Meeting of the Sectoral Committee on Health noted with concern the delay to incorporate Partner States comments and finalize the Protocol and the Strategic Plan.**

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

- a) **Directed the EAC Secretariat to implement the recommendations given in the previous meetings by 15<sup>th</sup> January 2015.** (EAC/Health/SCM-10/Directive 003)
- b) **Directed the EAC Secretariat to incorporate Partner States' comments, circulate and conduct validation workshop prior to submission of the report to the Sectoral Council meeting before 15<sup>th</sup> January 2015 for consideration.** (EAC/Health/SCM-10/Directive 004)
- c) **Directed the EAC Secretariat to complete the redrafting of Protocol on Regional Cooperation on Health and convene the expert meeting for review and finalisation by 15<sup>th</sup> January 2015.** (EAC/Health/SCM-10/Directive 005)

### **2.1.3 Consideration of Preparations for the 5<sup>th</sup> Annual East African Health and Scientific Conference & International Health Exhibition and Trade Fair Scheduled to be held in Kampala, Uganda from 25<sup>th</sup> to 27<sup>th</sup> March 2015.**

The Sectoral Council noted that the 9<sup>th</sup> EAC Sectoral Council of Ministers of Health approved the hosting of the 5<sup>th</sup> Annual East African Health and Scientific Conference and International Health Exhibition and Trade Fair" by the Republic of Uganda, in accordance with the rotational basis of hosting the conferences. This was after the Republic of Burundi expressed challenges in hosting the 5<sup>th</sup> meeting because 2015 is an election year and instead opted to host the 6<sup>th</sup> Conference. The first, second, third and fourth Conferences was hosted by the Republic of Uganda (2007), United Republic of Tanzania (2008), Republic of Kenya (2009) and the Republic of Rwanda (2013) respectively.

The Uganda National Steering Committee and the Regional Steering Committee have been established and they respectively held their first preparatory meeting from 8<sup>th</sup> to 9<sup>th</sup> and 10<sup>th</sup> to 11<sup>th</sup> July 2014.

The meetings among others reviewed the themes, sub themes and topics of the Conference and related symposia and gave guidance on resource mobilisation.

The first meeting of the Regional Steering Committee approved the refined theme; sub themes, topics and symposia as indicated in the report of the 19<sup>th</sup> Sectoral Committee on Health here to attached as **Annex A-V**

### **MAIN THEME**

**"Investing in Health through strengthening regional health systems, and institutions towards the prevention and control of communicable and non-communicable diseases".**

The Sectoral Council noted that, deadline for submission of abstracts by 30<sup>th</sup> September 2014 is not realistic.

**The Sectoral Council:-**

- (a) Took note of the revised sub-theme 4 and topics for symposia for the 5<sup>th</sup> Annual East African Health and Scientific Conference.** (EAC/Health/SCM-10/Decision 003)
- (b) Approved the revised deadline of abstracts submission from September 30, 2014 to 30<sup>th</sup> November 2014.** (EAC/Health/SCM-10/Decision 004)
- (c) Urged Partner States to advertise the Conference in their official websites** (EAC/Health/SCM-10/Decision 005)
- (d) Directed the Committees organising various symposia related to the 5<sup>th</sup> EAC Health and Scientific Conference to regularly update the Regional and national Steering Committees of the Conference about the status of their preparations.** (EAC/Health/SCM-10/Directive 006)
- (e) Approved hosting of the 6<sup>th</sup> Annual East African Health and Scientific Conference in 2016 by the Republic of Burundi.** (EAC/Health/SCM-10/Decision 006)

#### **2.1.4 Consideration of the Report on Ratification of the Protocol on the Establishment of the “East African Community Health Research Commission (EACHRC)” by the United Republic of Tanzania and Preparations for the Operationalization of the Commission**

The Sectoral Council noted that the Protocol on the establishment of the EAC Health Research Commission (EACHRC) was ratified by the Republic of Uganda and Republic of Kenya on 29<sup>th</sup> October 2009 and 9<sup>th</sup> September 2010 respectively. The Republic of Burundi and the Republic of Rwanda both acceded to the protocol on the establishment of the East African Health Research Commission in accordance with the relevant provisions of their respective instruments of accession to the Treaty on the establishment of the East African Community as from 1<sup>st</sup> July 2007. However, the meeting once again noted that the United Republic of Tanzania has not yet ratified the EAC Health Research Commission Protocol and informed that the Protocol may be presented to the Parliament in November 2014.

The meeting also noted that the East African Legislative Assembly appropriated **\$924,067** in the 2014/15 EAC Budget to facilitate the operationalization of the East African Health Research Commission to be located in the Republic of Burundi. It also took note of the preparations for the recruitment of core personnel adopted by the 9<sup>th</sup> Sectoral Council of Ministers of Health (in bold) out of the proposed basic organogram of the institutions below:

- 1. Executive Secretary – (One Post)**
- 2. Deputy Executive Secretary (Research) – (One Post)**
- 3. Principal Health Officer Operational/Applied Research (One Post)**

4. **Principal Health Officer Clinical Research – (One Post)**
5. **Accountant – (One Post)**
6. **Office secretary /Administrative Assistant – (One Post)**
7. **Driver/Messenger – (One Post)**

The Sectoral Council considered and took note of the revised Job Descriptions and the proposed qualifications incorporating recommended by the 19<sup>th</sup> Sectoral Committee on Health, hereto attached as **Annex VI a-e**.

The recruitment of the Commission staff for the seven (7) priority posts will proceed immediately after the ratification of the Protocol on the establishment of the EAC Health Research Commission by the United Republic of Tanzania.

**The Sectoral Council:-**

- (a) **Took note of the report from the United Republic of Tanzania on the progress of ratification of the Protocol on the establishment of the EAC Health Research Commission (EACHRC) that the protocol will be presented and ratified in November 2014. (EAC/Health/SCM-10/Decision 007)**
- (b) **Took note that EAC had allocated USD.924,067/= for operations of the EACHRC for the financial year 2014/2015, which could be returned to General Reserve fund due to non-implementation by 30<sup>th</sup> June 2015. (EAC/Health/SCM-10/Decision 008)**
- (c) **Approved the draft Job descriptions and the proposed qualifications for each of the seven priority posts for the EAC Health Research Commission (EAC/Health/SCM-10/Decision 009)**
- (d) **Directed the EAC Secretariat to review nomenclature with regard to the “Health Officer” title used so as to cover all Health Professional disciplines as part of the on-going EAC Institutional Review process. (EAC/Health/SCM-10/Directive 007)**

**2.1.5 Consideration of the “EAC Regional Situational Analysis and Feasibility Study on Options for Harmonization of Social Health Protection Systems (SHP) towards Universal Health Coverage to Ensure Maximum Access to Health Services in the East African Community Partner States”**

The Sectoral Council took note that the EAC with technical and financial support from the Federal Government of Germany through the German Technical Cooperation Agency (GIZ) conducted an **“EAC Regional Situational Analysis and Feasibility Study on Options for Harmonization of Social Health Protection (SHP) Systems towards Universal Health Coverage to ensure Maximum Access to Health Services in the East African Community Partner**

**States”**. Partner States validated the assessment report in July 2014. The study shows that only 25% of the population in the EAC is currently covered by any form of health insurance. The insurance coverage rates by country are as follows: 65% in Burundi, 32% in Kenya, 95% in Rwanda, 15% in Tanzania, and under 1% in Uganda. **The full assessment report is hereby provided as Annex A-VII.**

The Sectoral Council noted that, information contained in the assessment report is out-dated because it does not reflect the current situation in Partner States' and that; the Republic of Uganda is still in the process of developing the SHP framework. The Session also noted that, EAC has not developed a comprehensive EAC health policy and Legal Framework that includes SHP.

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

- (a) Took note of the report of the “EAC Regional Situational Analysis and Feasibility Study on Options for Harmonization of Social Health Protection Systems (SHP) towards Universal Health Coverage to Ensure Maximum Access to Health Services in the East African Community Partner States” (EAC/Health/SCM-10/Decision 010)**
- (b) Directed the EAC Secretariat to Constitute a team experts from EAC Partner States Review and update the Social Health Protection assessment report before making recommendations on proposed options for Harmonization of Social Health Protection Systems towards Universal Health Coverage to ensure Maximum Access to Health Services in the East African Community Partner States” and be presented at the 10<sup>th</sup> Sectoral Council on Health, March 2015. (EAC/Health/SCM-10/Directive 008)**
- (c) Urged the Republic of Uganda to expedite the introduction of the SHP system. (EAC/Health/SCM-10/Decision 011)**
- (d) Directed the EAC Secretariat to develop Regional Health Policy and Legal Framework that incorporate SHP and universal health coverage harmonization. (EAC/Health/SCM-10/Directive 009)**
- (e) Directed the EAC Secretariat to develop a strategy and road-map for implementation Framework of SHP and universal health coverage harmonization. (EAC/Health/SCM-10/Directive 010)**
- (f) Directed the EAC Secretariat to create a coordinating desk/office within the EAC Secretariat to handle SHP and universal health coverage harmonization. (EAC/Health/SCM-10/Directive 011)**
- (g) Directed the EAC Secretariat to coordinate Partner States to put in place an ICT system to facilitate portability of benefits of SHP and universal health coverage. (EAC/Health/SCM-10/Directive 012)**
- (h) Directed the EAC Secretariat to propose to the Council of Ministers to advocate for Universal Health Coverage to the EAC Summit of Heads of States and invite one of them to be the policy champion. (EAC/Health/SCM-10/Directive 013)**

## **2.1.6 Consideration of the Progress Report on Harmonization of the EAC Regional and National Policies, Laws and Regulations for the Free Movement, Trade and Provision of Quality Health Services and the Training and Practice of Various Health Professions in the East African Community Partner States**

The Session of the Sectoral Council noted that following the recommendations of the “**19<sup>th</sup> Ordinary Meeting of the EAC Sectoral Committee on Health**” that was held at the EAC Headquarters in Arusha, Tanzania from 10<sup>th</sup> to 12<sup>th</sup> September 2014, the International Finance Cooperation of the World Bank Group (WBG) has accepted to re-advertise all the Four (4) tenders for Lots (A, B, C and D) for the strengthening and harmonization of national and regional policies, laws and regulations in support of free movement, establishment, trade and provision of quality health services and the training and practice of various health professions in the East African Community Partner States in accordance with the Common Market Protocol and the EAC Treaty.

In this regard, the first three (3) Lots A, B and C have been combined under one (1) Consultancy Package under the WBG/IFC Health Sector Group (Health in Africa Initiative) to be re-advertised as one (1) tender for only qualified registered consultancy firms/companies which will be expected to put together the different expertise for the respective Tender for Lots A, B and C as appropriate but which will be managed as a single tender/contract as per attached revised and integrated (combined) EAC Regional Health Sector Consultancy Services Terms of Reference (TORs) that are hereto attached as Annex --- and which was approved by the 15<sup>th</sup> Ordinary Meeting of the EAC Council of Ministers on 17<sup>th</sup> March 2008 for Lot A and by the 9<sup>th</sup> Joint Meeting of the East African Community Health Professional Boards and Councils and also the Terms of Reference (TORs) for Lot C as approved by the 25<sup>th</sup> Ordinary Meeting of the EAC Council of Ministers that was held in Bujumbura, Burundi from 27<sup>th</sup> to 31<sup>st</sup> August 2012 (*Report Reference No: EAC/CM25/Directive 22*) and also the Terms of Reference (TORs) for LOT B as developed by the EAC Expert Working Group (EWG) on Pharmaceutical Policy, Legal and Regulatory Reforms.

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

- a) Took note of the developments;** (EAC/Health/SCM-10/Decision 012)
- b) Took note of the new ToRs circulated by the EAC Secretariat in collaboration with the IFC which is a member of the World Bank Group hereto attached as Annex A-VIII** (EAC/Health/SCM-10/Decision 013)
- c) Directed the EAC Secretariat to work with the World Bank to re-advertise the four Lots and make sure that the process is open and participatory.** (EAC/Health/SCM-10/Directive 014)
- d) Directed the EAC Secretariat to ensure that the Consultant works with respective regulatory bodies in the Partner States.** (EAC/Health/SCM-10/Directive 015)

### **2.1.7 Consideration of the Report of the Second Joint Inspection of the International Medical and Technological University (IMTU) in Dar Es Salaam, Tanzania and Moi University Dental School in Eldoret, Kenya**

As directed by the EAC Sectoral Council of Ministers of Health held in Zanzibar Tanzania on 17<sup>th</sup> of April 2014, the EAC Secretariat in collaboration with the EAC Partner States National Medical and Dental Practitioners Boards and Councils through financial support from the International Finance Corporation (IFC) of the World Bank Group (WBG) carried out the second joint inspection of International Medical and Technological University (IMTU) in Dar es salaam, Tanzania and Moi University Dental School in Eldoret, Kenya from 21-25 July 2014. The Report of the inspection is hereto attached as **Annex A-IX and Annex A-X**. As a result of the joint inspection of the above 2 mentioned institutions, the following recommendations was made in respect to each of them and are presented for consideration by the Session of Senior Officials.

#### **A) International Medical and Technological University (IMTU) in Dar es salaam, Tanzania**

- The EAC Sectoral Council of Ministers of Health is requested to direct the EAC National Boards and Councils to accord reciprocal recognition to MBBS graduates from IMTU.

#### **B) Moi University Dental School in Eldoret, Kenya**

- The EAC Sectoral Council of Ministers of Health is requested to direct the EAC National Boards and Councils to accord reciprocal recognition to BDS graduates from Moi University.

The Sectoral Council took note and considered the recommendations of the joint inspection reports.

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

- a) Directed the EAC National Boards and Councils to accord reciprocal recognition to the Bachelor of Medicine and Bachelor of Surgery (MBBS) graduates from the International Medical and Technological University (IMTU) in Dar es Salaam, Tanzania; (EAC/Health/SCM-10/Directive 016)**
- b) Directed the EAC National Boards and Councils to accord reciprocal recognition to the Bachelor of Dental Surgery (BDS) graduates from Moi University in Eldoret, Kenya; (EAC/Health/SCM-10/Directive 017)**
- c) Directed the EAC Secretariat to convene joint meeting of the Inter University Council of East Africa, Regulatory Professional Bodies and Commission for Universities within the Partner States to review the existing Joint inspection tools for the training of medical doctors and dentists, and develop tools for other health professionals. (EAC/Health/SCM-10/Directive 018)**
- d) Directed the EAC Secretariat in collaboration with the EAC Partner States Medical and Dental Boards and Councils to conduct a comprehensive**



## **2<sup>nd</sup> Joint inspection of all Medical and Dental Schools in the EAC Partner States by 31<sup>st</sup> December 2016; (EAC/Health/SCM-10/Directive 019)**

### **2.1.8 Consideration of the progress of the EAC Regional Project on the Harmonization and Strengthening of Nursing and Midwifery Education and Practice in the East African Countries through the support of the German Development Bank (KfW)**

The Sectoral Council was informed that the East African Community Secretariat in collaboration with the Partner States and various international development partners and stakeholders seeks to harmonize and strengthen regional and national policies, laws, regulations and also human resources, institutional and infrastructure capacity in order to achieve quality health within the Community, including the development of specialized health training, health research preventive, curative and rehabilitative health services as well as the provision of high quality nursing and midwifery services, among others.

In this regard, the 3<sup>rd</sup> and 4<sup>th</sup> Ordinary Meetings of the EAC Sectoral Council of Ministers of Health and also the 15<sup>th</sup> and the 18<sup>th</sup> Ordinary Meetings of the EAC Council of Ministers considered the progress of regional cooperation and integration in the health sector and made various decisions in support of the harmonization and strengthening national health professions regulatory authorities in the East African Community Partner States, including the establishment of the proposed **“East African Community Health Professions Authority (EACHPA)”** and also **“National Health Professions Authorities (NHPAs)”** in each Country. (Report Ref: EAC/CM 15/Decision 15 – 18<sup>th</sup> March 2008)

Consequently, the East African Community Secretariat in collaboration with the Aga Khan Development Network (AKDN) under the German Financial Cooperation support that is channelled through the EAC for the expansion of the Aga Khan University's (AKU) health programmes across East Africa commissioned a **“consultancy study to develop regional harmonized nursing and midwifery training curriculum and guidelines, standards and procedures for the regulation of training and practice of nurses and midwives and mutual reciprocal recognition in the East African Community Partner States”** with effect from 15<sup>th</sup> November 2013.

The ToRs for the Consultancy was approved by the 9<sup>th</sup> Ordinary Meeting of the Sectoral Council of Ministers of Health that was held in Zanzibar Tanzania from 14 – 17<sup>th</sup> April 2014

#### **Achievements**

1. The 9<sup>th</sup> Joint meeting EAC Health Professional Boards and Councils was held at the EAC Headquarters in Arusha, Tanzania from 25<sup>th</sup> to 29<sup>th</sup> November 2013.

2. A consultancy Firm has been identified through the international tender bidding process and will start work as soon as the contract is signed. The tender bidding process cost approx. 7,000USD from the project.

The Sectoral Council took note of the progress report and roadmap towards the completion of the consultancy study.

**The Sectoral Council:-**

- a) **Took note that the EAC and the Aga Khan University have concluded the advertisement and selection of the team of consultants and recommendations for the award of the consultancy has been approved by the German Development Bank (KfW) who are providing financial support to the EAC for the activity.** (EAC/Health/SCM-10/Decision 0014)
- b) **Took note of the roadmap and calendar of activities for the completion of the consultancy study.** (EAC/Health/SCM-10/Decision 015)

**2.2 Consideration of the Report of the Technical Working Group (TWG) on the Prevention and Control of Communicable and Non-Communicable Diseases.**

**2.2.1 Consideration of the Status of implementation of EAC Regional and National Level Emergency Preparedness and Response to the on-going Outbreak of Ebola Viral Haemorrhagic Fever in West Africa**

The Sectoral Council was reminded that following the recent outbreak of Ebola Virus Disease (EVD) in West Africa in December 2013, the 9<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council on Health urged the EAC Partner States and directed the Secretariat to establish and implement mechanisms to prevent and control Ebola in the EAC region.

The Sectoral Council was informed of the surveillance and epidemic preparedness and response measures put in place by the Partner States, including a) development of contingency plans; b) development of Standard Operating Procedures (SOPs); c) screening at ports of entry; d) establishment of isolation facilities; e) provision of Personal Protective Equipment (PPEs) and f) public sensitization and awareness.

The Sectoral Council was further informed that the EAC through the Civil Aviation Safety and Security Oversight Agency (CASSOA) convened an Emergency Meeting of the EAC Partner States' National Civil Aviation Authorities and National Airport Authorities to discuss the Regional Approach to mitigate the risks caused by Ebola Threat in the East African Region on 21<sup>st</sup> August 2014. The Sectoral Council took note of the meetings recommendations including a) the need to screen passengers at ports of entry; b) institute measures to detect, investigate and manage of Ebola Virus Disease; c) provide protection against Ebola for Air traffic crew and Passengers; d) enforce use of Public Health Passenger Locator Form (PLF) for contact tracing of potentially exposed travellers; and e) CASSOA to develop a Monitoring and Evaluation

Tool to facilitate follow-up of implementation of these recommendations. The report of the meeting is hereto attached as **Annex B-I**.

The Sectoral Council took note of the High Level Multi-Sectoral Ministerial meeting on emergency preparedness and response to Ebola Virus Disease (EVD) that was convened in Nairobi, Kenya from 15<sup>th</sup> to 17<sup>th</sup> September 2017 by the EAC Secretariat in collaboration with the Republic of Kenya, IGAD and WHO. The meeting was attended by Ministers Responsible for Health, Transport, EAC Affairs and Immigration from the Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Rwanda, South Sudan, United Republic of Tanzania, Uganda, African Union Commission (AUC), WHO, International Civil Aviation Organization (ICAO), EAC CASSOA, and the EAC Secretariat. The Sectoral Council took note of the recommendations of the Joint Communiqué, which is hereto attached as **Annex B-II**.

The Sectoral Council considered a Note Verbal from the African Union (AU) STRC/480/480-31 dated 01 April 2014 requesting Member States to identify a consortium of national institutions and constitute a National Centre on Infectious Disease Surveillance (NatCIDS) and designate their Focal/coordinating Institution to act as the National Hub of the African Union Network of Infectious Diseases (the AUNIDS). The Note Verbal is hereto attached as **Annex B-III**.

The Sectoral Council was informed of the objectives of the network which include: a) strengthening of systems for the detection, identification, and monitoring of infectious diseases; b) promotion of adherence to international Standards of animals, humans and plant Health; c) building of evidence base for the response to infectious diseases and; d) promotion of intra-African cooperation in infectious disease surveillance covering the three domains of humans, animals and plant health.

The Sectoral Council took note of the reports and recommendations of the joint EAC/ECSA-HC cross-border disease prevention and control meetings between Rwanda, Tanzania and Uganda and the report and recommendations of the table-top simulation exercise on emergency preparedness and response to Ebola Virus Disease and the other viral haemorrhagic fevers held in Mbarara, Uganda from 29<sup>th</sup> September to 3<sup>rd</sup> October 2014. The report of the Ebola Table Top Simulation Exercise is hereto attached as **Annex B-IV**.

The Sectoral Council was informed of the main challenges facing the East African Partner States and neighbouring countries with regard to prevention and control of Ebola being weak infrastructure and human resource capacity of the National and Regional Reference Public Health Laboratory since most of the medical laboratories are at Biosafety Level 2. The Sectoral Council discussed the logistical challenges experienced in the acquisition, storage and distribution of Commodities and Equipment in responding to EVD and other emerging viral haemorrhagic fevers. Furthermore, the Sectoral Council

reviewed the proposed Regional work plan and budget to support emergency preparedness and response to Ebola Virus Disease (EVD) and other highly infectious diseases of international public health concern in East African Partner states. The work plan is attached as **Annex B-V**.

The 4th EAC Development Strategy 2011/12-2015/16 -Section 4.5 Development of Social Sectors, Priority area 1, page 65, provides for the establishment of a Supra-National Regional Reference Public Health Laboratory focusing on communicable diseases. Given the current scourge of Ebola Virus Diseases ravaging parts of Africa as well as holding the entire world on its toes; this activity could not even be more urgent. It is in this vein that the EAC Secretariat has approached a number of partners for financial and technical support.

Accordingly, one particular donor has signalled the willingness to up to €10 million to establish the Supra-National Regional Reference Public Health Laboratory. Meanwhile the donor has requested the EAC Secretariat to name at least 5 laboratory sites that will be evaluated for suitability. The donor requires this information urgently to plan the feasibility and landscape assessment of these sites, without waiting for formal communication to come through official channels.

The Sectoral Council took note of the communication from the Secretary General concerning plans to establish a regional reference laboratory (Biosafety Level 3+) with satellite Laboratories in the other EAC Partner States, to facilitate diagnosis of Viral Haemorrhagic Diseases and other infectious diseases with support from International Collaborating partners. The Sectoral Council was informed of a regional feasibility study that will be carried out to identify the regional Reference Laboratory. The Sectoral Council suggested the following institutions for consideration:

1. Republic of Burundi- National Institute for Public Health (INSP) – National Reference Laboratory;
2. Republic of Kenya – Kenya Medical Research Institute;
3. Republic of Rwanda- Rwanda National Reference Laboratory;
4. United Republic of Tanzania- National Health Laboratory Quality Assurance and Training Centre (NHLQATC);
5. Republic of Uganda- Uganda Virus Research Institute.

The Sectoral Council was informed about the outbreak of Marburg Virus Disease in the Kasese district, Western Uganda. The meeting was informed that only one case of Marburg Virus Disease has been confirmed to date.

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

- a) Took note of progress on implementation of the directives and decisions of the 9th Ordinary Meeting of the EAC Sectoral Council on Health with regard to Ebola and other viral haemorrhagic fevers (EAC/Health/SCM-10/Decision 016)**
- b) Directed the Secretariat to facilitate harmonization of the SOPs and guidelines for screening passengers across the borders/international**

- ports of entry in the EAC in line with IHR (2005) (EAC/Health/SCM-10/Directive 020)
- c) **Urged Partner States and Directed the Secretariat to implement the recommendations of the meeting of the EAC Partner States National Civil Aviation Authorities (NCAAs) and National Airport Authorities (NAAs).** (EAC/Health/SCM-10/Decision 017)
  - d) **Approved the EAC Regional Ebola Emergency Preparedness and Response Plan of Action** (EAC/Health/SCM-10/Decision 018)
  - e) **Directed the EAC Secretariat to constitute a Regional Haemorrhagic Fever Task Force** (EAC/Health/SCM-10/Directive 021)
  - f) **Urged Partner States and relevant Partner States' Institutions to implement resolutions contained in the Communiqué of the high level Multi-Sectoral Ministerial meeting on emergency preparedness and response to Ebola Virus Disease (EVD) held in September 2014.** (EAC/Health/SCM-10/Decision 019)
  - g) **Directed that the "East African Community Integrated Disease Surveillance Network (EAIDSNet)" be designated as the regional Focal point (Hub) for the "African Union Network of Infectious Diseases (the AUNIDS)".**
  - h) **Urged the 30<sup>th</sup> Ordinary Meeting of the EAC Council of Ministers to approve the allocation of supplementary budget \$750,000 from the EAC General Reserve Fund to support the EAC regional communicable diseases emergency preparedness and response to Ebola virus disease and other highly communicable diseases** (EAC/Health/SCM-10/Decision 020)
  - i) **Urged the Council of Ministers to allocate \$500,000 annually for regional communicable diseases emergency preparedness and response activities** (EAC/Health/SCM-10/Decision 021)
  - j) **Took note and respond to the Note Verbale from the African Union (AU) requesting African Union Member States to identify a consortium of national institutions and constitute the National Centre on Infectious Disease Surveillance (NatCIDS): The list of proposed Institutions for each Partner States is hereby attached as annex B-VII:** (EAC/Health/SCM-10/Decision 022)
  - k) **Directed the EAC Secretariat to convene a regional meeting of experts to give guidance on the logistics and infrastructure interventions including establishment of a Regional Biosafety Level 3+ Reference Laboratory.** (EAC/Health/SCM-10/Directive 023)

### **2.2.2 Progress of The Drafting of The "EAC Regional Contingency Plan for Epidemics Due to Communicable Diseases, Conditions and Other Events of Public Health Concern for The East African Community Region (2015 – 2020)".**

Currently, the East African Community is collaborating with the EAC Partner States, the East, Central and Southern Africa Health Community Secretariat (ECSA-HCS), the World Health Organization (WHO), the US Centres for Disease Control and Prevention (US CDC) and the Microsoft Corporation (USA) in the

implementation of the World Bank supported “East Africa Public Health Laboratory Network Project (EAPHLNP)”. The project has contributed to the strengthening of the “East African Integrated Disease Surveillance Network (EAIDSNet)”. This is a regional collaborative initiative of the EAC Partner States’ national ministries responsible for human and animal health, including wildlife as well as the national health research and academic institutions in both the public and private sector.

The main objective of the “East Africa Public Health Laboratory Network Project (EAPHLNP)” is to establish a network of efficient, high quality, accessible public health laboratories for the diagnosis and surveillance of Tuberculosis (TB) and other communicable diseases. Specifically, the project will complement on growing regional and global initiatives to improve Integrated Disease Surveillance and Response (IDSR) country systems.

The EAC/ECSA-HC Secretariat is developing an **“EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern for the East African Community Region”**. The Terms of Reference (ToR) for this Consultancy was approved by the 9<sup>th</sup> EAC Sectoral Council of Ministers of Health in April 2014, and was advertised through the East Central and Southern Africa Health Community (ECSA-HC) Secretariat. The region has obtained financial support under the World Bank supported **“East African Public Health Laboratory Network (EAPHLN) Project”** to facilitate the preparation of the plan. The Sectoral Council was informed that the deadline for sending in applications was extended from 15<sup>th</sup> September, 2014 to 15<sup>th</sup> October 2014.

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

- a) Took note that deadline of application for the consultancy was extend from 30<sup>th</sup> September to 15<sup>th</sup> October 2014 and post the advertisement to the websites of EAC and Partner States and present the final contingency plan to the 11<sup>th</sup> ordinary meeting of the EAC Sectoral Council of Ministers of Health on 20<sup>th</sup> March 2015. (EAC/Health/SCM-10/Decision 023)**
- b) Took note of the progress of the development of the “EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern for the East African Community Region. (EAC/Health/SCM-10/Decision 024)**

#### **2.2.3 Consideration of the Progress of Implementation of The World Bank Financial Support Through the “East African Public Health Laboratory Networking Project (EAPHLNP)’ for an “EAC Regional Consultancy Study to Develop**

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## **Harmonized Medical Laboratory regulation of training and practice in EAC Partner States”.**

Currently, the East African Community Secretariat and the East, Central and Southern Africa – Health Community Secretariat (ECSA-HCS) are collaborating in the regional coordination of the implementation of the World Bank (WB) supported East African Regional Public Health Laboratory Networking Project (EAPHLNP) since the year 2010. This five (5) year project aims to support the establishment and strengthening of a network of efficient, high quality, accessible public health laboratories for the diagnosis and surveillance of TB and other communicable diseases. The project is being implemented in the five (5) East African Community (EAC) Partner States, namely; Burundi, Kenya, Uganda, Tanzania and Rwanda. In this regard, the East African Community Secretariat and the East, Central and Southern Africa – Health Community Secretariat (ECSA-HCS) jointly wishes to recruit the consultant to develop regional harmonized medical laboratory training curriculum and guidelines, standards and procedures for the regulation of admission criteria, certification, registration, practice, quality assurance and medical laboratory accreditation in the East African Community Partner States”.

The Terms of Reference (ToR) for this Consultancy was approved by the EAC Sectoral Council of Ministers of Health that was held in Zanzibar, Tanzania from 14<sup>th</sup> to 17<sup>th</sup> April 2014. The Sectoral Council noted the progress on developing the Harmonized Medical Laboratory Training and Practice regulation in the EAC partner states and the consultancy was approved by the World Bank and has been advertised at the ECSA-HC website [www.ecsahc.org](http://www.ecsahc.org) , the closing date is 15<sup>th</sup> September, 2014; the consultancy is expected to Took 35 days;

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

- a) Took note that deadline of application for the consultancy was extend from 30<sup>th</sup> September to 15<sup>th</sup> October 2014 and post the advertisement to the websites of EAC and Partner States and present the final curriculum to the 11<sup>th</sup> ordinary meeting of the EAC Sectoral Council of Ministers of Health on 20<sup>th</sup> March 2015. (EAC/Health/SCM-10/Decision 025)**
- b) Took note of the progress of the development of the Harmonized Medical Laboratory Training and Practice Regulation and Accreditation in EAC and Urged the EAC secretariat/ECSA to ensure timely finalization of the whole process (EAC/Health/SCM-10/Decision 026)**

#### **2.2.4 Review of the Progress of Preparations for the “2<sup>nd</sup> East African Integrated Disease Surveillance Epidemiological Symposium” During the 5<sup>th</sup> Annual East African Health and Scientific Conference & International Health Exhibition and Trade Fair Scheduled to be held in Kampala, Uganda from 25<sup>th</sup> to 27<sup>th</sup> March 2015.**

In accordance with the provisions of the EAC Treaty as set out in Article 118 (a), the Partner States undertake to co-operate and Took 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, among others.

Currently, the East African Community is collaborating with the EAC Partner States, the East, Central and Southern Africa Health Community Secretariat (ECSA-HC), the World Health Organization (WHO), the US Centres for Disease Control and Prevention (US CDC) and the Microsoft Corporation (USA) in the implementation of the World Bank supported “East Africa Public Health Laboratory Network Project (EAPHLNP)” which will also contribute to the strengthening of the “East African Integrated Disease Surveillance Network (EAIDSNet)” which is a regional collaborative initiative of the EAC Partner States’ national ministries responsible for human and animal health, including wildlife as well as the national health research and academic institutions in both the public and private sector.

In this regard, the “2<sup>nd</sup> East African Integrated Disease Surveillance Epidemiological Symposium” during the 5<sup>th</sup> Annual East African Health and Scientific Conference & International Health Exhibition and Trade Fair scheduled to be held in Kigali, Rwanda from 25<sup>th</sup> to 27<sup>th</sup> March 2015. The aim of the Symposium is to further contribute and complement the on-going regional and global initiatives to improve Integrated Disease Surveillance and Response (IDSR) country systems which will enhance the availability of quality information by: (i) strengthening competence of laboratory and facility personnel to collect, analyse, and use surveillance data; (ii) reinforcing laboratory networking and district capacity (particularly those in border areas) to report, investigate, and adequately respond to disease outbreaks; and (iii) strengthening communications and data sharing to respond rapidly to outbreaks, including those which are: (a) outbreak prone (cholera, meningitis, haemorrhagic fever), (b) endemic (multi-drug resistant TB), or have (c) pandemic potential (influenza). The meeting reviewed the progress on preparations for the symposium and took note;

- i) of the on-going preparation for the “2<sup>nd</sup> East African Integrated Disease Surveillance Epidemiological Symposium” during the 5<sup>th</sup> Annual East African Health and Scientific Conference & International Health Exhibition



and Trade Fair scheduled to be held in Kampala, Uganda from 25<sup>th</sup> to 27<sup>th</sup> March 2015;

- ii) that the organising committee for the 2<sup>nd</sup> Epidemiological symposium is yet to be constituted;
- iii) that ECSCA-HC through the EAPHLNP will support part of the budget for the symposium

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

- a) **Directed the EAC Secretariat to fast track the preparation for the symposium;** (EAC/Health/SCM-10/Directive 024)
- b) **Directed the EAC Secretariat to constitute the Epidemiological symposium organizing committee;** (EAC/Health/SCM-10/Directive 025)
- c) **Directed the EAC Secretariat through the organizing committee to work with the Partner States disease surveillance teams to identify keynote speakers and sub topics for the symposium. The Committee suggests the following sub-topics to be considered for the symposium;**
  - **Emergency preparedness and response,**
  - **Country experiences on VHF threats/ Outbreaks including Ebola,**
  - **Role of laboratories in outbreaks/ emergencies,**
  - **One health approach to prevention and control of zoonotic diseases** (EAC/Health/SCM-10/Directive 026)
- d) **Directed the EAC Secretariat to work closely with ECSCA-HC and other partners to mobilize resources for the symposium.** (EAC/Health/SCM-10/Directive 027)

#### **2.2.5 Consideration of the Progress Report on the Implementation of the “EAC/WHO Regional Project on the Implementation of the Framework Convention on Tobacco Control (FCTC) in the East African Community Partner States (2013 – 2015)”.**

The East African Community through technical and financial support from the World Health Organisation and funding from the Bill and Melinda Gates Foundation is implementing the “EAC/WHO Regional Project on the Implementation of the Framework Convention on Tobacco Control (FCTC) in the East African Community Partner States (2013 – 2015)”. The project covers implementation of various obligations to the WHO FCTC including measures to support tobacco farmers and workers transition to economically viable and sustainable alternative livelihoods as a tool for public health.

It is in this regard that the EAC Secretariat convened an EAC meeting of experts on the alternative livelihoods (AL) to tobacco growing as a supply reduction measure for tobacco control with the aim of preventing possible adverse social and economic impacts on populations whose livelihoods depend on tobacco production. The meeting was held at Entebbe, Uganda from July 14 – 16, 2014. The meeting reviewed and approved the report and the recommendations of

the EAC/WHO team of experts on alternative livelihood to Tobacco growing in the EAC Partner States which was held in Entebbe, Uganda on 14<sup>th</sup> to 16<sup>th</sup> July, 2014, ;the report and recommendations are hereto attached **Annex B-VI**.

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

- a) **Took note of the report and recommendations** (EAC/Health/SCM-10/Decision 027)
- b) **Urged the EAC partner states, EAC Secretariat, WHO and other development partners to implement the recommendations.** (EAC/Health/SCM-10/Decision 028)

#### **2.2.6 Progress on Implementation of Previous Directives and Decisions of Various EAC Council of Ministers and Sectoral Council of Ministers of Health regarding “WHO/EAC Project on implementation of the WHO Framework Convention on the Tobacco Control (WHO-FCTC) by the EAC Partner States (2013-2015)”.**

The Sectoral Council took note that the EAC Sectoral Council of Ministers of Health that was held in Zanzibar, Tanzania, from 14<sup>th</sup> to 17<sup>th</sup> April, 2014 considered the progress, achievements and challenges of “WHO/EAC Project on implementation of the WHO Framework Convention on the Tobacco Control (WHO-FCTC) by the EAC Partner States (2013-2015)”.

This project covers areas of tobacco taxation, curbing of illicit trade, tax administration systems and tobacco control, within a framework of ensuring a balance between public health, fiscal policy, trade and agriculture realities as well as revenue, livelihoods, and foreign exchange earnings of the EAC Partner States. The World Health Organization (WHO) committed to provide technical assistance to EAC Partner States policy makers and experts in health, finance, trade and agriculture and other relevant governmental departments and WHO committed to work closely with the EAC Secretariat to complete studies on these agreed areas to inform policy.

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

In addition, the EAC Sectoral Council of Ministers of Health also considered the progress report on the implementation of decision of the EAC Sectoral Council on Trade, Industry, Finance and Investment (SCTIFI) of 2nd November 2012. The EAC Sectoral Council of Ministers of Health also noted that the meeting of SCTIFI had directed the EAC Secretariat to urgently convene a meeting of EAC Partner States’ national Ministries responsible for EAC Affairs, Health, Trade, Industry, Agriculture and Finance as well as to apply for observer status at the

Conference of Parties (COP).

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

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

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

The Sectoral Council was informed that the 19<sup>th</sup> Sectoral Committee on health reviewed the current status of implementation of the above previous decisions and directives of EAC Council of Ministers with regards to tobacco control interventions in the EAC region and noted that;

- i) Some Partner States have partially implemented the directives and decisions
- ii) Some Partner States have not submitted the status report on implementation of the directives and decisions
- iii) The EAC Secretariat has not convened the joint meeting of EAC Partner States to develop a common Regional position for the implementation of the WHO-FCTC as directed by the EAC Sectoral Council on Trade, Industry, Finance and Investment (SCTIFI) and the EAC Sectoral Council of Ministers of Health.

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

- a) Took note that the Secretariat has not implemented the directive and decision of the EAC Council of Ministers of Health regarding the withdrawal of the application to join the Conference of Parties (COP) of the WHO Framework Convention on Tobacco Control (WHO-FCTC) as an Observer and Directed again the Secretariat to withdraw the application (EAC/Health/SCM-10/Decision 029)**
- b) Directed the EAC Secretariat to liaise with the Partner States and implement all the previous decisions and directives of both SCTIFI and the EAC Sectoral Council of Ministers of Health with regard to the**

**implementation of the WHO Framework Convention on Tobacco Control (WHO-FCTC)** (EAC/Health/SCM-10/Directive 028)

**c) Directed the Secretariat to convene Multisectoral Council meeting to discuss the matter.** (EAC/Health/SCM-10/Directive 029)

## **2.3 Consideration of the Report of the EAC Technical Working Group (TWG) On Medicines and Food Safety**

### **2.3.1 Review of progress report on the Development of Harmonized EAC Pharmaceutical Policy, Legal, Regulatory Frameworks and the Bill for Establishment of the East African Community Medicines and Food Safety Commission (EACMFSC)**

The Sectoral Council took note that regional and national pharmaceutical policies are important tools for attaining the goal of universal access to medicines. Development and implementation of pharmaceutical policies, integrated within health policies will guide the region in strengthening product selection, procurement, pricing and financing, regulation and organization systems and ensure access to safe, affordable and quality medicines.

In realizing the challenges of access to medicines in the region, the 9<sup>th</sup> Meeting of the Council of Ministers that was held from 21<sup>st</sup> to 24<sup>th</sup> November 2004, adopted recommendations of the 7<sup>th</sup> Meeting of Health Committee on harmonization of Partner States pharmaceutical policies, legal and regulatory frameworks (**EAC/CM9/Decision 61**) and **EAC/CM9/Directive 29**). Furthermore, the 15<sup>th</sup> EAC Council of Ministers meeting that was held from 17<sup>th</sup> to 18<sup>th</sup> March 2008, adopted recommendations of the Sectoral Council on Health on establishment of the East African Community Medicines and Food Safety Commission (EACMFSC) to oversee regulation of medicines and food safety in the region (**EAC/CM15/Decision 15**).

In addition, the 6<sup>th</sup> EAC Sectoral Council of Ministers approved implementation of the East African Community Medicines Regulation Harmonization Project with financial support from the Global Multi-Donor Trust Fund which also aimed to support development of the EAC Regional Pharmaceutical Policy, Legal and Regulatory Framework (**EAC/SCM06/Decision 31**).

The EAC Secretariat established an expert working group (EWG) on Pharmaceutical policy, legal and regulatory reforms and among other roles, developed and approved terms of reference for recruitment of consultancy firm to support development of legal frameworks.

The World Bank managing Multi-Donor Trust Fund identified financial resources from member of the World Bank Group namely International Financing Corporation (IFC) to support the initiative which is amounting to USD 200,000.

The Sectoral Council further took note that the 19<sup>th</sup> Ordinary Sectoral Committee reviewed the report of the recruitment process that was submitted by IFC to EAC Secretariat on 20<sup>th</sup> August 2014 and noted that process of recruitment and selection did not comply with criteria set by the EAC Expert Working Group (EWG) on Pharmaceutical Policy, Legal and Regulatory Reforms. Among the issues identified include:-

- (i) Technical Challenges in uploading of Expression of Interest in the World Bank E-Consultant portal
- (ii) Short period provided to shortlisted firms for submission of technical proposals
- (iii) Scoring for some firms is not tallying and there are no verification documents.
- (iv) There was bias in assigning points to the consultancy firms.
- (v) The scoring sheet had five criteria to be considered during evaluation process with the total marks of 50.0 points. However the summary report indicated a total of 100.0 points being used.
- (vi) There was no clarity on the composition and profile of the evaluators of the bids.

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

**Directed the EAC Secretariat to work with the International Financing Corporation (IFC) which is a member of the World Bank Group (WBG), to re-advertise the recruitment of the consultancy and be participatory. (EAC/Health/SCM-10/Directive 030)**

#### **2.3.2 Review of the progress report on the implementation of East African Medicines Regulatory Harmonization (EAC-MRH) Programme**

The Sectoral Council was informed that the mid-term review on the implementation of the first phase of the EAC MRH programme was jointly conducted by EAC Secretariat and African Medicines Regulatory Harmonization Partners namely the World Health Organization (WHO), African Union New Partnership for Africa's Development (AU-NEPAD) and the World Bank (WB) from 26<sup>th</sup> May 2014 to 14<sup>th</sup> June 2014.

According to the review conducted, notable progress has been made in achieving the key milestones of the EAC-MRH programme since its launch in March 2012. The programme was ranked satisfactory according to the World Bank procedures and recommended the second phase of the project for the next two years.

Some of the key achievements of the project at the time of mid-term review include development of harmonized protocol and guidelines for regulation of medicines, joint assessment of eight medicinal products undertaken in collaboration with the World Health Organization (WHO) followed by marketing authorization of evaluated products, national and regional capacity building programmes on regulatory sciences, additional workforce at EAC Secretariat

and Six (6) National Medicines Regulatory Authorities (NMRAs) and information technology infrastructure development at national and regional level.

Key challenges identified during the midterm review include limited regional legal framework to support enforcement of harmonized technical requirements for regulation of medicines, varied levels of maturity among NMRAs within the EAC region including resources made available by Partner States for medicine regulation, lack of enabling laws for effective functioning of NMRAs in some countries and if they exist, the NMRAs is still operating as departments in the Ministries of Health, some NMRAs have serious constraints of space, human resource and equipment and industry capacity to meet EAC Good Manufacturing Practices (GMP) standards.

The meeting was informed that in the Republic of Kenya Food and Medicines are regulated separately, however they have started the process of establishing the unified Food and Drugs Authority

The second phase of the project will focus on development of the remaining technical guidelines, carrying out joint dossier evaluation and GMP inspections, advocacy and communication, monitoring and evaluation. At National level activities to be implemented will include domestication and implementation of EAC harmonized technical guidelines, requirements and standards and capacity building programmes. The budget for the second phase of the project at regional and national level is hereto attached as **Annex C – I (a) & and C – I (b)**

#### **The Sectoral Council of Ministers on Health:-**

- (a) Took note of the progress made on implementation of the first phase of the East African Community Medicines Regulatory Harmonization Project;** (EAC/Health/SCM-10/Decision 030)
- (b) Urged EAC Partner States which have no medicines regulatory authorities to facilitate establishment and strengthening of the National Medicines Regulatory Authorities in order to effectively and efficiently implement their mandate;** (EAC/Health/SCM-10/Decision 031)
- (c) Urged the Republic of Kenya to fast-track the process of establishing the Food and Medicines Authority.** (EAC/Health/SCM-10/Decision 032)
- (d) Urged EAC Partner States to provide Government Subventions to those NMRAs which do not receive and commit technical and financial resources to support establishment of NMRAs and operations of the institutions;** (EAC/Health/SCM-10/Decision 033)
- (e) Took note of the implementation plan for phase II of the project and Urged EAC Partners States to implement the plan according to the agreed timelines.** (EAC/Health/SCM-10/Decision 034)
- (f) Directed EAC Secretariat to facilitate timely disbursement of funds for implementation of National Plans.** (EAC/Health/SCM-10/Directive 031)

### **2.3.3 Review of Progress Report of the Expert Working Group (EWG) on Information Management System (IMS) for Medicines Regulatory Harmonization Project**

The Sectoral Council was informed that the East African Community MRH project was officially launched on 30th March 2012, in Arusha, Tanzania. The Purpose is to improve access to safe, efficacious and good quality essential medicines for the treatment of conditions of public health importance. Through this, a common integrated information Management System will be developed for management of medicines registration in National Medicines Regulatory Authorities (NMRAs) Established and linked in all EAC Partner States and EAC Secretariat

The Sectoral Council was informed that an EAC Expert Working Group (EWG) on Information Management System (IMS) met from 14th to 18th July 2014 at Sports View Hotel, Kigali, Rwanda and reviewed country's progress in terms of Information Management Systems (IMS) implementation.

The Sectoral Council noted that Partner States NMRAs are at different levels of strengthening their information technology infrastructure to support integrated information management system (IMS) for EAC harmonized medicines regulation processes. For instance, the Republic of Kenya and United Republic of Tanzania are in the process of putting in-place IMS for regulatory functions through financial support from Trade Mark East Africa. The other NMRAs of Republic of Rwanda, Republic of Burundi, Republic of Uganda and United Republic of Tanzania-Zanzibar are in the preliminary stage of engagement with Trade Mark East Africa to support ICT infrastructure development. Trademark East Africa aims to boost economic growth in the region by increasing international and intra- regional trade. Through automation of trade procedures and processes, TMEA working in conjunction with the relevant National Medicines Regulatory Authorities (NMRAs) aim to create an enhanced trading environment for NMRAs and Importers and exporters of processed foods (and related products) within and beyond the region.

TMEA's collaboration with the NMRAs and EAC has the sole purpose of supporting implementation of a common integrated information Management System Established and linked in all EAC Partner States and EAC Secretariat that will ensure that there is an efficient and effective system in place that guarantees consumer protection, while at the same time faster movement of the products to market.

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

- (a) Took note of the technical update from EWG on IMS, roadmap for installation and implementation of EAC Harmonized Minimum System Requirements that is interfaced, interoperable and linked to each of the six (6) EAC NMRAs and to other EAC regional systems eg. National and**

**Regional Electronic Single window systems;** (EAC/Health/SCM-10/Decision 035)

- (b) Took note of the ongoing support of TradeMark East Africa on Information and Communication Technology to facilitate Trade within the EAC Single Customs Territory (SCT) Framework;** (EAC/Health/SCM-10/Decision 036)
- (c) Urged EAC Partner States to implement the EAC minimum system requirements in collaboration with EAC Secretariat;** (EAC/Health/SCM-10/Decision 037)
- (d) Directed EAC Secretariat and TradeMark East Africa to establish responsibility and activity matrix for Integrated Information Management System (IMS) to avoid duplication;** (EAC/Health/SCM-10/Directive 032)
- (e) Directed EAC Secretariat and TradeMark East Africa to develop a Memorandum of Understanding (MoU) in support of the EAC health sector projects and programmes.** (EAC/Health/SCM-10/Directive 033)

#### **2.3.4 Convening of the EAC–African Medicines Regulatory Harmonization (AMRH) Donors Round Table Conference, 17th October 2014.**

The Sectoral Council took note that the ninth (9th) Ordinary Meeting of the EAC Sectoral Council of Ministers of Health that was held in Zanzibar, Tanzania on 17th April 2014 approved convening of the EAC/AMRH Donors Roundtable during the 10th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health Meeting. In this regard, the EAC Secretariat in collaboration with AMRH Partners will hold Donor's Roundtable meeting on Friday, 17th October 2014 at EAC Headquarters in Arusha, Tanzania.

The main purpose of the EAC/AMRH Donors' Roundtable Meeting is:

- (i) To give an overview of the overall AMRH initiative, its vision and underlying implementation plan.
- (ii) Showcase the exciting progress made to date in the EAC.
- (iii) To present the plans to consolidate the progress in the EAC and, as a next step, to expand the initiative to other product streams and regulatory functions in the EAC and to other RECs – next wave to cover eight Western African countries.
- (iv) To expand the donor funding base for AMRH in order to consolidate the EAC progress and drive the expansion of the initiative.

Participants will include donors from developed and emerging markets, Partner States, Ministers of Health and Finance, Heads of National Medicines Regulatory Authorities (NMRAs), representatives from the East African Legislative Assembly (EALA) and Pan African Parliament (PAP), high level political leaders from the EAC and African Union (AU), representatives from Regional Economic Communities (RECs), namely Southern African Development Community (SADC) and West African Health Organisation (WAHO).



The concept note and programme for the EAC/AMRH Donor Roundtable meeting is hereto attached as **Annex C - II**.

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

- (a) Took note of the planned roundtable meeting and Urged EAC Partner States to mobilize key Policy Makers from respective Ministries and Parliamentarians (heads of health committee) to participate in the EAC-AMRH Donor Roundtable meeting; (EAC/Health/SCM-10/Decision 038)**
- (b) Urged EAC Partner States to commit financial resources to sustain EAC medicines regulation harmonization initiative and strengthening of national medicines regulatory authorities; (EAC/Health/SCM-10/Decision 039)**
- (c) Directed the EAC Secretariat to develop a Regional strategy to sustain the action and results of the MRH project (EAC/Health/SCM-10/Directive 034)**
- (d) Requested AMRH Partners to allocate resources for EAC for implementation of the following activities:-**
  - (i) Development of Harmonized EAC Pharmaceutical Policy, Legal, Regulatory Frameworks and the Bill for Establishment of the East African Community Medicines and Food Safety Commission (EACMFSC).**
  - (ii) Strengthening Pharmacovigilance and Post Market Surveillance.**
  - (iii) Strengthening regulation of medical devices and diagnostics.**
  - (iv) Strengthening of clinical trials and the regulation of biotherapeutic products (EAC/Health/SCM-10/Decision 040)**

#### **2.3.5 Review Progress report on the Implementation of the EAC Regional Project on Aflatoxin Control and Improved Nutrition**

The Sectoral Council was informed that as part of the overall implementation of the EAC Food Security Action Plan (2011-2015), the USAID and the EAC entered into an assistance agreement on 23rd September 2009 and subsequently USD 730,000 was provided to support “**EAC Regional Project on Aflatoxin Control and Improved Nutrition**” through the “**Multi-Regional Aflatoxin Abatement Program (MRAAP) and Aflatoxin Policy and Program for the East African Community (APPEAR)**” across the EAC Agriculture, Health and Trade Sectors.

The main goal of the “**EAC Regional Project on Aflatoxin Control and Improved Nutrition**” is to design and implement policies and programs to strengthen food security and food safety with a focus on aflatoxin abatement as well as dietary diversification and nutrition throughout the East African Community region.

As part of program implantation, IITA have been engaged by USAID to assist EAC Secretariat in developing Technical Papers that will be used to inform the

development of an evidence-based EAC Regional Policy on Aflatoxins abatement. The Technical Papers developed will focus on establishment of a scientific knowledge base; situational analysis of existing regional information; current status and interventions in context of EAC and discussion on appropriateness of existing interventions and identification of gaps. The EAC Secretariat will be responsible for validation of the Technical Papers and the Policy development process. Technical papers are being generated in the following areas:

- i) Aflatoxin Levels in Food Standards
- ii) Aflatoxin Levels in Feed Standards
- iii) Impacts on Human Health
- iv) Mycotoxins and the 1000 days
- v) Impacts on Animal Health and Production
- vi) Biocontrols
- vii) Alternative Uses
- viii) Post-Harvest Handling
- ix) Economic Impacts on Trade
- x) Disposal of Mycotoxin Contaminated Material
- xi) Mycotoxin Awareness Communication Strategies at Regional and National Level, including the development of the EAC Aflatoxin Free Food Logo
- xii) Adoption of Hepatitis A and B Vaccinations in the EAC National Immunization Programmes.

The Sectoral Council further noted that since March 2014 five (5) Technical Papers, namely; **(i) Impact of Aflatoxin on Animal Health, (ii) Impact of Aflatoxin on Human health, (iii) Mycotoxins and the 1000 days of Life, (iv) Standards and Regulations for Human Food** and **(v) Animal Feed Regulations and Standards** have been developed and validated by the EAC Regional Animal Health and Human Health Experts meetings in Kigali, Rwanda from 16<sup>th</sup> to 22<sup>nd</sup> June 2014. The Technical Reports of the two (2) Validation Meetings are hereto attached as **Annex C – III** and **Annex C-IV**.

The remaining Seven (7) Technical papers are expected to be finalized and validated by January 2015; thereafter the work of making Regional Policy and Policy briefs on controlling Aflatoxin in the EAC region will follow.

The Sectoral Council was also informed that the 7th Ordinary Meeting of the EAC Sectoral Council of Ministers of Agriculture and Food security that was held in Kigali, Rwanda from 1<sup>st</sup> to 5<sup>th</sup> September 2014 adopted the Terms of Reference (TORs) of the **“EAC Regional Experts Working Group on Aflatoxin (REWGA)”**, hereto attached as **Annex C – V**.

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

- (a) Took note of the progress made in development of EAC Technical Policy Papers to inform development of EAC Regional Aflatoxin Policy and**

- subsequently an implementation strategy on the prevention and control of Aflatoxins. (EAC/Health/SCM-10/Decision 041)
- (b) Took note of the adoption of the Terms of Reference (TORs) for the establishment of the EAC Regional Experts Working Group on Aflatoxin (REWGA) by the 7th Ordinary Meeting of the EAC Sectoral Council of Ministers of Agriculture and Food Security. (EAC/Health/SCM-10/Decision 042)
  - (c) Directed the EAC Secretariat to ensure that the Developing the Policy and Strategy is finalized within the set timeline. (EAC/Health/SCM-10/Directive 035)

### **2.3.6 Review of Progress on Preparations of Symposium on Medicines and Food Safety which will be held during the 5<sup>th</sup> Annual East African Health and Scientific Conference and International Health Exhibition and Trade Fair**

The Sectoral Council took note of the plans to hold a symposium on Aflatoxin Control and Prevention in East Africa: Public Health and Socio-Economic Impact and Mitigation Intervention and the mobilisation of pharmaceutical companies and industries to exhibit their products during the conference.

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

- (a) Urged EAC Partner States to mobilize Pharmaceutical and Food Experts to submit abstracts and facilitate their participation to the 5<sup>th</sup> Annual East African Health and Scientific Conference and International Health Exhibition and Trade Fair”; (EAC/Health/SCM-10/Decision 043)
- (b) Urged EAC Partner States to mobilize health service providers, pharmaceutical manufacturers and dealers to participate and exhibit their services and products during the conference. (EAC/Health/SCM-10/Decision 044)

## **2.4 Consideration of the Report of the EAC Technical Working Group (TWG) on HIV and AIDS, TB and Sexually Transmitted Infections**

### **2.4.1 Reflections on HIV in the post 2015 development agenda and process of setting new targets for the HIV response in the post 2015 period**

The Sectoral Council was informed that in June 2011, the United Nations held a High Level Meeting on HIV and AIDS which came up with new recommendations to bolster the response. At the High Level Meeting, UN Member States adopted a Political Declaration on AIDS, providing a roadmap towards achieving the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. The declaration set 2015 as the deadline for achieving a number of specific targets.

The Sectoral Council was further informed that maintaining the gains made in the HIV and AIDS response in the EAC region would be difficult if the epidemic is not given due attention in the post 2015 development agenda. However, it has been noted that as we come end of the MDGs period (September 2015), the discussions on the post 2015 development agenda have focused on various development aspects, with minimal attention to HIV and AIDS. The Sectoral Council took note of the discussions and recommendations from the Sectoral committee on health.

#### **The Sectoral Council of Ministers on Health:-**

- (a) Urged the EAC Secretariat to advocate for Partner States to adopt the global set of new Treatment Targets 90/90/90: 90% of People Living with HIV know their status; of those who know their status, 90% are on ART; of those on ART, 90% achieve viral suppression by 2030; (EAC/Health/SCM-10/Decision 045)**
- (b) Urged the EAC Secretariat to advocate that Partner States adopt the prevention target of reducing the incidence of HIV by 70% by 2020 and 90% by 2030; (EAC/Health/SCM-10/Decision 046)**
- (c) Urged the EAC Partner States to create a conducive environment for local production and bulk pooled procurement of medicines and other medical/health supplies and commodities in the EAC region; Urged Partner States to support mechanisms aimed at establishing national and regional sustainable financing for HIV and AIDS, TB and STIs programming in the region. (EAC/Health/SCM-10/Decision 047)**
- (d) Directed the EAC Secretariat to work closely with the UN Secretariat and the African Union Commission, RECs and Civil Society Organisations to coordinate the inclusion of HIV and AIDS, STIs and TB in the Post 2015 Development Agenda; (EAC/Health/SCM-10/Directive 036)**
- (e) Directed the EAC Secretariat to collaborate with UNAIDS in coordinating the setting up of Regional and National targets by October 2014; (EAC/Health/SCM-10/Directive 037)**

#### **2.4.2 Presentation of the EAC Progress Report on the implementation of the HIV and AIDS Programme and Summary of activities by EAC Secretariat**

The Sectoral Council was updated on implementation of the HIV and AIDS programme for the period 1<sup>st</sup> April to 30<sup>th</sup> August 2014 and took note of the progress made. The meeting considered the presentation of the report which is hereto attached as **Annex D-I**.

The Sectoral Council took note the progress made in implementing the activities as planned and observe that the recommendation made during the 8<sup>th</sup> EAC HIV and AIDS Partners' Forum requesting EAC develop a concept note on the '**Big City Initiative**' to address common challenges posed by a relatively higher HIV prevalence in major urban centres had not been addressed. The Sectoral

Council are further expected to that the UNAIDS RST ESA had resources to support this initiative. IN addition, the Sectoral Council are also expected to note that the EAC could learn and borrow from experiences of **UN Habitat programme, "UNAIDS Mega City" Concept** as well the Global Fund targeted interventions to showcase programming among key populations, to inform the development if its initiative

#### **The Sectoral Council of Ministers on Health:-**

- (a) Directed the EAC Secretariat to liaise with UNAIDS RST for financial and technical support to develop the concept on the Big City Initiative for the EAC region; (EAC/Health/SCM-10/Directive 038)**
- (b) Directed the EAC Secretariat to highlight structural issues affecting access to HIV and AIDS and sexual reproductive health services by young people and address the same in the 2<sup>nd</sup> HIV and AIDS, TB and STIs strategic plan (2015-2020) (EAC/Health/SCM-10/Directive 039)**
- (c) Urged Partner States to send a status report on the national retargeting process, by 30<sup>th</sup> November 2014; (EAC/Health/SCM-10/Decision 048)**
- (d) Directed the EAC Secretariat to Convene the EAC regional retargeting meeting to agree on the prevention, care and treatment targets for the region by 31<sup>st</sup> January 2015; (EAC/Health/SCM-10/Directive 040)**
- (e) Directed the EAC Secretariat to include children and adolescents interventions in the planned activities, including capacity building for the health care providers in the 2<sup>nd</sup> EAC HIV and AIDS Regional Strategic Plan 2015 – 2020; (EAC/Health/SCM-10/Directive 041)**
- (f) Directed the EAC Secretariat to expedite the development of a minimum package on HIV and AIDS, STIs and TB for the transport corridors to inform and guide related capacity building initiatives in the region by January 2015 (EAC/Health/SCM-10/Directive 042)**

#### **2.4.3 Presentation of the highlights and recommendations of the validation meeting of the Epidemic Report and the Report of Comprehensive Analysis of EAC Laws and Policies**

The Sectoral Council took note the highlights and recommendations of the validation meeting of the Epidemic Report and the Report of EAC Comprehensive Analysis of EAC Laws and Policies. The validation meeting was convened in June 2014, following a directive of the 9<sup>th</sup> EAC Sectoral Council on Regional Cooperation on Health held in Zanzibar on 17<sup>th</sup> April 2014 that **directed the EAC Secretariat to convene a meeting of Experts to validate the report of the Comprehensive analysis and the HIV Legal and Policy Reform Framework.** (EAC/SCM/Health/Decision 063) and **directed the EAC Secretariat to convene a**

**meeting of Experts to validate the 1<sup>st</sup> EAC Annual HIV Epidemic Report 2013** (EAC/SCM/Health/Decision 065).

The Sectoral Council was informed that both the epidemic and comprehensive Analysis report for EAC Partner States HIV Laws, polices and strategies was validated in a meeting held from the 16<sup>th</sup> to 18<sup>th</sup> June 2014. Report of the validation meeting is hereto attached as **Annex D II**.

The Sectoral Council was informed that the EAC Comprehensive analysis report of HIV laws, polices and strategies was ready and is attached as **Annex D III**.

The Sectoral Council was informed that recommendations and inputs from the validation meeting have been incorporated in to the **“EAC Comprehensive analysis report of HIV laws, polices and strategies for EAC Partner States”** and the **“EAC Regional HIV and AIDS Response Report 2013: Realising the regional goals in HIV and AIDS, TB and STI programming”** here to attached as **Annex D III and Annex D - IV**.

**The Sectoral Council:-**

- (a) Took note of the amended title of the report i.e. “EAC Regional HIV and AIDS Response Report 2013” under the Theme: “Realising the regional goals in HIV and AIDS, TB and STI Programming “instead of the “1<sup>st</sup> EAC Annual HIV Epidemic Report 2013” (EAC/Health/SCM-10/Decision 049**
- (b) Approved the EAC Regional HIV and AIDS Response every two years and each subsequent report will reflect a different theme; (EAC/Health/SCM-10/Decision 050)**
- (c) Approved the EAC Regional HIV and AIDS Response Report and forward the same to the EAC Council of Ministers for noting and Summit of Heads State for adoption. (EAC/Health/SCM-10/Decision 051)**
- (d) Approved the EAC Comprehensive analysis report of HIV laws, polices and strategies and forward the same to the EAC Council of Ministers for noting and Summit of Heads State for adoption; (EAC/Health/SCM-10/Decision 052) and**
- (e) Directed the EAC Secretariat to develop an accountability matrix within the main Monitoring & Evaluation Plan as a means of follow up mechanism for the implementation of the recommendations in the report. (EAC/Health/SCM-10/Directive 043)**

#### **2.4.4 Presentation of the concept note on preparation of the EAC Regional High Level Dialogue meeting on sustainable HIV financing**

The Sectoral Council took note that the EAC Secretariat prepared and presented the concept note for guiding discussions on a proposed high level discussion on seeking alternative ways to sustain the financing of HIV and AIDS

programmes in the region. The proposed “**EAC Regional High Level Dialogue Meeting on Sustainable HIV and AIDS Financing (HLDM)**” proposes to bring together Ministers of Health in the Partner States as well as experts from the donor community and countries that have already established alternative sources of funds for the HIV and AIDS response i.e. Ghana and Zimbabwe. The Sectoral Council are expected to note and acknowledge that the discussion on domestic financing was very important and timely. The Concept Note is hereto attached as **Annex D-V**.

Following recommendations of the 13<sup>th</sup> TWG, the EAC Secretariat held further discussions with UNAIDS RST and agreed to start by developing a technical paper proposing alternative financing models for HIV and AIDS in the region.

The Session was informed that the 14<sup>th</sup> TWG reviewed the draft terms of reference for developing a technical paper proposing alternative financing models for HIV and AIDS in the region and suggested that the consultant identified to develop a sustainable financing analysis for EAC. The Terms of Reference are hereto attached as **Annex D-IV**.

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

- (a) Approved the improved terms of reference for a technical paper proposing alternative financing models for HIV and AIDS in the region;**  
(EAC/Health/SCM-10/Decision 053) **and**
- (b) Directed the EAC Secretariat to present this report to the 11<sup>th</sup> Ordinary meeting of Sectoral Council of Ministers of Health for consideration**  
(EAC/Health/SCM-10/Directive 044)

#### **2.4.5 Country Presentations on progress towards implementation of the WHO 2013 Protocols on HIV Prevention, Care and Treatment**

The Sectoral Council was informed that in 2013 WHO released new guidelines for HIV and AIDS prevention, care and treatment for countries to adopt and implement. The TWG on HIV and AIDS, TB and STIs presented the progress towards adoption and implementation of the guidelines by the EAC Partner States. The meeting noted the progress made in adopting and implementing the guidelines by the Partner States and made the following observations:

- i. Limited access to services for mobile, vulnerable and key populations in view of the criminalisation of these groups.
- ii. The Partner States are at different levels of adoption and implementation of the WHO guidelines

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

- (a) Directed the EAC Secretariat to develop a framework to guide harmonisation of 2013 WHO treatment guidelines before the next ones are released in 2015; (EAC/Health/SCM-10/Directive 045)**
- (b) Directed the EAC Secretariat to work with the EAC Partner States to document best practices in the adoption, adaption and implementation of 2013 WHO treatment guidelines as a way of promoting learning and improved programming for better health outcomes; (EAC/Health/SCM-10/Directive 046) and**
- (c) Directed the EAC Secretariat to develop a roadmap for accelerating access to comprehensive services and improved health outcomes for fishing communities in the region. (EAC/Health/SCM-10/Directive 047)**

#### **2.4.6 Progress by Partner States on East and Southern Africa (ESA) Commitment**

The Sectoral Council was informed of the progress towards the implementation of the Eastern and Southern Africa (ESA) commitment on sexual and reproductive health outcomes for young people as agreed upon in December 2013 in Cape Town, South Africa. The ESA Commitment and implementation framework are hereto attached as **Annex D - VII**.

The Sectoral Council took note that:-

- i) Countries was at different stages of implementation of the commitments;
- ii) The four Partner States do not have a joint Task force in place except the United Republic of Tanzania; and
- iii) There is limited dissemination of the ESA commitment at the National Level.

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

- (a) Urged Partner States to expedite the creation of the National joint task force to spearhead implementation of the ESA Commitments; (EAC/Health/SCM-10/Decision 054) and**
- (b) Urged Partner States to share with the EAC Secretariat progress reports on implementation of the ESA Commitments by November 2014 using approved reporting framework. (EAC/Health/SCM-10/Decision 055)**

#### **2.4.7 HIV and AIDS, STIs and TB Symposium during the 5<sup>th</sup> East African Health and Scientific Conference to be held in Kampala, Uganda in March 2015**

The EAC will hold a Symposium during the upcoming 5<sup>th</sup> East African Health and Scientific Conference to be held in Kampala, Uganda in March 2015. The EAC Secretariat HIV and AIDS unit presented a concept note for the symposium for



review by the Sectoral Committee which is hereto attached as **Annex D-VIII**. The concept note outlines the process and suggested topic for the symposium. The Sectoral Council was informed that the HIV and AIDS unit would be forming a symposium organising committee to facilitate in the preparations.

The Sectoral Council took note of the progress made in preparations for the symposium.

**The Sectoral Council:-**

- (a) Adopt the proposed main topic “Working towards Zero” in the EAC region and the subtopic for the HIV and AIDS, TB and STI Symposium 2015;** (EAC/Health/SCM-10/Decision 056)
- (b) Directed the EAC Secretariat to request USAID EA and other development partners to provide technical and financial support for preparations and convening of the HIV and AIDS, TB and STI symposium;** (EAC/Health/SCM-10/Directive 048)
- (c) Directed the EAC Secretariat to spearhead the formation of a Regional Organizing Committee for the HIV and AIDS Symposium with clear ToRs by 30th October, 2014 and convene the meeting to make arrangements for the symposium** (EAC/Health/SCM-10/Directive 049)

**2.4.8 Updates on the African Union AIDS Watch Africa (AWA) Experts meeting held in Nouakchott, Mauritania from 27th to 28th May 2014**

The Sectoral Council took note that the EAC TWG on HIV and AIDS, TB and STIs informed the Sectoral Committee about the AIDS Watch Africa (AWA) Expert Meetings that was held in preparation for the AU Heads of State Summit scheduled for 27<sup>th</sup> June 2014 in Malabo, Equatorial Guinea. The AIDS Watch Africa is an initiative of the heads of States in Africa aimed at increasing access to universal health coverage and has its Secretariat at the AU Commission. The expert meeting that was held in Mauritania generated the following recommendations generated under the five thematic areas as indicated in **Annex IX**.

**The Sectoral Council:-**

- a) Took note of the AIDS Watch Africa report** (EAC/Health/SCM-10/Decision 057)
- b) Urged the EAC Partner States to nominate focal persons for the AIDS Watch Africa Initiative;** (EAC/Health/SCM-10/Decision 058) **and**
- c) Urged the EAC Partner States to implement of the AIDS Watch Africa recommendations.** (EAC/Health/SCM-10/Decision 059)

#### **2.4.9 Consideration of the Report of a meeting of Partner States Prevention / Elimination of Mother To Child Transmission of HIV (EMTCT) Experts; 25th to 27 August, 2014, Kigali, Rwanda**

Elimination of new infections among children by 2015 and substantially reducing AIDS-related maternal deaths are targets that the UN General Assembly expects all countries to embark on. To this end, all partner states are implementing Prevention of Mother to Child Transmission Programmes and different countries have adopted and implemented the PMTCT guidelines. Under the leadership of the TWG on HIV and AIDS, TB and STIs many interventions on HIV and AIDS have been implemented in the region with varying success but those targeting elimination of new HIV infections among babies have not received adequate attention.

The Sectoral Council was informed that the EAC Secretariat had organized a meeting of PMTCT experts to document success stories and lessons learnt from Partner States PMTCT programmes. The meeting of experts was held on 25<sup>th</sup> to 27<sup>th</sup> August 2014 at Sports View Hotel, Kigali Rwanda. The experts noted that

- i. Involvement of high level political leader's e.g. First ladies in high level advocacy, and promoting of PMTCT/ eMTCT programmes.
- ii. Weekly reports in Uganda, and monthly summary to all districts
- iii. Monthly reports in Rwanda and other countries
- iv. Advocacy for fund raising e.g raising funds through marathon

A detailed report of the meeting is hereto attached as **Annex X** the Sectoral Council took note of the deliberations.

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

- a) **Directed the EAC Secretariat to identify regional champions to advocate for scale up of PMTCT/eMTCT services in the region** (EAC/Health/SCM-10/Directive 050)
- b) **Directed the EAC Secretariat to work with the EAC Partner States to identify best practices and innovations whose impact they can demonstrate which will in turn be used to advocate for the scale up of PMTCT/eMTCT services in the region** (EAC/Health/SCM-10/Directive 050)

#### **2.4.10 Progress on development of the 2nd EAC Multisectoral Strategic Plan for HIV and implementation framework for AIDS, TB and STIs (2015-2020)**

The Sectoral Council was informed that on the progress made by the EAC Secretariat in developing EAC Multisectoral Strategic Plan for HIV and AIDS, TB and implementation framework, 2015-2020 was presented to the 19<sup>th</sup> Ordinary Meeting of the EAC Sectoral Committee on Health. The detailed proposed

inputs and recommendations are shared in the report of the 14th TWG on HIV and AIDS, TB and STIs, hereto attached as **Annex XI**.

The Sectoral Council was further informed that the EAC secretariat had convened a meeting of Partner States experts and key stakeholders to refine Key Result Areas, and research priorities in the 2<sup>nd</sup> EAC Multi- Sectoral strategic plan for HIV and AIDS, TB and STIs from 7<sup>th</sup> to 9<sup>th</sup> October 2014 in Mombasa Kenya. A report of the experts meeting on research priorities and target setting for the 2<sup>nd</sup> strategic plan is hereto attached as **Annex XII**.

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

- a) **Took note of the progress made in developing the EAC Multisectoral Strategic Plan for HIV and implementation framework for AIDS, TB and STIs (2015-2020);** (EAC/Health/SCM-10/Decision 060)
- b) **Directed the EAC Secretariat to incorporate all proposed changes and submit a revised draft EAC Multi- Sectoral strategic plan for HIV and AIDS, TB and STIs 2015 – 2020 to the 11<sup>th</sup> EAC Sectoral Council of Ministers of Health for consideration and adoption** (EAC/Health/SCM-10/Directive 052)
- c) **Directed the EAC Secretariat to convene the meeting of experts from Partner States to define the key populations that will be addressed in the 2<sup>nd</sup> EAC multi-Sectoral strategic plan for HIV and AIDS, TB and STIs 2015 – 2020.** (EAC/Health/SCM-10/Directive 053)

## **2.5 Consideration of the Report of the Meeting of the EAC Technical Working Group (TWG) on Reproductive, Child, Adolescent Health and Nutrition**

### **2.5.1 Consideration of the Progress Report on the Establishment of the “EAC Regional Centre of Excellence (RCE) for Health, Vaccines and Immunization Logistics”**

The Sectoral Council took note that the 19th Ordinary Sectoral Committee had considered the progress made in the establishment of the EAC Regional Centre of Excellence (RCE) for Health, Vaccines and Immunization Logistics in the Republic of Rwanda in accordance with the decision of **Meeting of the EAC Sectoral Council of Ministers of Health** and recommendations of the **“Third Meeting of EAC Vaccines and Immunization Managers”** that took place in Nairobi, Kenya from 3<sup>rd</sup> to 6<sup>th</sup> June 2014. Following conclusion of the feasibility/landscaping assessment study, conducted in March and April 2014, the School of Public (SPH), College of Medicine and Health Science, University of Rwanda was selected to host the **EAC RCoE for Health, Vaccines and Immunisation Logistics and Supply Chain Management**.

The Sectoral Council also took note that the German Development Bank (KfW) had contracted HERA, an International Consultancy Firm based in Brussels, Belgium to prepare the project proposal. HERA is scheduled to commence field visits as follows:

- a) **Field mission to Benin: from 15/09 to 19/09**
- b) **Field mission to Rwanda: from 24/09 onwards**
- c) **The final Germany Government appraisal mission will be conducted between 1-15 November including a visit to Arusha to agree on the institutional and financing arrangements.**
- d) **The German Government is expected to provide funds from 1<sup>st</sup> July 2015 in preparation for the launch of the Centre in September 2015.**

The Sectoral Council took note that the establishment of the EAC Regional Centre of Excellence (RCE) for Health, Vaccines and Immunization Logistics is also being supported by GAVI, AMP (France) and LOGIVAC Reference Centre for West Africa.

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

**Took note of the progress in establishment of the EAC Regional Centre of Excellence (RCE) for Health, Vaccines and Immunization Logistics (EAC/Health/SCM-10/Decision 061)**

#### **2.5.2 Establishment of the East African Community Centre of Excellence for Nutrition and Health Sciences in the Republic of Burundi**

The Session of Ministers of Health discussed the progress in the establishment of the East African Community Centre of Excellence for Nutrition and Health Sciences in the Republic of Burundi following its approval by the 9<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council on Health. The Session of Ministers of Health was informed that the Board of the African Development Bank that was held 3<sup>rd</sup> October 2014, approved a loan of USD 98.2 Million for the operationalization of the Centers of Excellence in the Republic of Kenya, , United Republic of Tanzania and the Republic of Uganda. This USD.98.2 Million loan includes the Establishment of the EAC Regional centre of Excellence in Biomedical Engineering and eHealth in the Republic of Rwanda.

The Session of Ministers of Health further observed that since the year 2012, the East African Community (EAC) Partner States and the African Development Bank (AfDB) have been exploring opportunities for supporting the East African Community region in transforming medical and health sciences, bio-engineering, pharmaceutical sciences, eHealth and eLearning and other Information and Communication Technologies (ICTs) and research as well as health care delivery through the implementation of the proposed **“Multi-National “East African Community Regional Centres of Excellence (CoE) for**

## **Skills and Tertiary Education in Higher Medical and Health Sciences Education Program”.**

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

- (i) The Republic of Kenya to host the “**East African Community Regional Kidney Institute (EACKI)**”.
- (ii) The United Republic of Tanzania to host the “**East African Community Regional Heart Institute (EACHI)**”.
- (iii) The Republic of Uganda to host the “**East African Community Regional Cancer Institute (EACCI)**”.
- (iv) The Republic of Burundi to host the proposed “**East African Community Regional Nutritional Sciences Institute (EACNSI)**”
- (v) The Republic of Rwanda to host the proposed “**EAC Regional Centre of Excellence (RCE) for Health, Vaccines and Immunization Logistics in the East African Community Partner States**”, in collaboration with LOGIVAC Reference Centre in West Africa, WHO, GAVI, AMP (France) and KfW (Germany).

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

- a) **Took note the Republic of Burundi has expressed dissatisfaction on the fact that is not sure on their position of the project (EAC/Health/SCM-10/Decision 062)**
- b) **Directed the EAC Secretariat to communicate with African Development Bank to provide details of the project to be given to the Sectoral Council of Health (EAC/Health/SCM-10/Directive 054)**

### **2.5.3 Progress Report on implementation of the EAC Regional Open Health Initiative (OHI) for improving reproductive maternal New-born and child health**

The Sectoral Council took note that the 19th Ordinary Sectoral Committee had considered the progress in the implementation of the EAC Regional Open Health Initiative (OHI) which seeks to advance innovations, enhance access to data and information for better results, and provide stronger oversight of results and resources for women's and children's health.

The EAC Open Health initiative focuses on strengthening Accountability for Results and Resources, Innovations, Results Based Financing, Best Practices and sharing of Knowledge and Acceleration Fund for Reproductive Maternal New-born and Child Health (RMNCH).

The Sectoral Council was informed of the following progress made to date:

- Finalization of EAC Regional RMNCH Scorecard which awaits final validation of data values by Partner States.
- Implementation of regional and national level interventions to strengthen tracking of RMNCH resources. The United Republic of Tanzania (Both the

Mainland and Zanzibar) finalised resource tracking activities whose results was adopted into policy making processes. The republic of Burundi is now finalising data analysis data from the standard National Health Accounts. The Republic of Kenya and Uganda are finalizing plans to conduct resource tracking starting late 2014.

- Enhancement of political momentum through engaging the Regional and National Committees responsible for health population and development. The Open Health Initiative facilitated the 6<sup>th</sup> meeting of the East African Inter-Parliamentary Forum on Health Population and Development (EA-IPF-HPD) which substantively discussed and committed itself to support regional efforts for strengthening accountability for results and resources. The Communiqué of the 6<sup>th</sup> EA-IPF-HPD is hereto attached as **Annex E-I**.
- The EAC Regional data warehouse/DHIS2 and the OHI website are 80% complete. The regional DHIS2 platform populates data for an agreed set of 41 RMNCH indicators from National DHIS2 Platforms. The basic DHIS2 framework for Burundi (which originally had 8 parallel HIS) is being established.
- A major EAC Regional Technical Exchange on RMNCH resource tracking covering the areas of financing, human resources for health and medicine was held in June 2014.

In addition, the Sectoral Council took note that the Resource mobilisation for the EAC Open Health Initiative Acceleration Fund is in high gear following the approval of the Acceleration Fund architecture/framework by the 9<sup>th</sup> EAC Sectoral Council of Ministers on Health.

So far, the Royal Government of Norway through (NORAD) has confirmed that it will contribute especially if more Partners get on Board.

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

- a) Took note of the progress in implementation of the Open Health Initiative and the efforts to mobilise resources for operationalization of the Acceleration Fund (EAC/Health/SCM-10/Decision 063)**
- b) Urged Partner States to incorporate all the 13 Life Saving Commodities for women and children's health into the National Essential Medicines and Supplies List and track and report on their availability at all levels of the supply chain, including the facility level annually (EAC/Health/SCM-10/Decision 064)**
- c) Urged Partner States to institutionalise and strengthen resource tracking by among others allocating financial, human and logistical resources to the relevant units within the national budget and report on the progress of institutionalisation of health sector resource tracking (EAC/Health/SCM-10/Decision 065)**

- d) **Urged Partner States to capture data for the first Postnatal Care (PNC) visit within 48 hours in line with the new WHO guidelines (EAC/Health/SCM-10/Decision 066)**
- e) **Directed the Secretariat to finalize and disseminate the EAC Regional Reproductive, Maternal New-born and Child Health Scorecard and Urged Partner States to develop National Scorecards (EAC/Health/SCM-10/Directive 055)**
- f) **Directed the Secretariat to facilitate integration of the various Resource Tracking Tools (RTTs) including Financing, HRH and Medicines and Medical Equipment (EAC/Health/SCM-10/Directive 056)**
- g) **Directed the Secretariat to conduct a Regional situational/comparative analysis on the status of Human Resources (HRH) for Health, Medicines and Medical Equipment and Financial resources for RMNCH (EAC/Health/SCM-10/Directive 057)**
- h) **Directed the EAC Secretariat to progressively expand the scope of the EAC DHIS-2 Data Warehouse to incorporate other useful data such as those related to IDSR, Malaria, vital financial statistics such as National Health Accounts (NHA), Health Resource Tracking and Human Resources for Health Tracking, emerging diseases, cross border disease surveillance and health insurance data. (EAC/Health/SCM-10/Directive 058)**

#### **2.5.4 Progress report on the status of implementation of the EAC - UNFPA Sexual, Reproductive Health, Child and Adolescent Health Project**

The Sectoral Council took note that the EAC Secretariat has been collaborating with the United Nations Population Fund (UNFPA) Eastern and Southern Africa Regional Office to implement various sexual reproductive health and rights, and maternal and child health interventions in the EAC Partner States since 2006. During the first phase of the collaboration, UNFPA supported EAC to develop and implement the EAC regional Sexual and Reproductive Health and Rights Strategy 2008-2013. It also supported various advocacy activities of the EA Regional Inter Parliamentary Forum on Health, Population and Development. The meeting took note of the continued collaboration between EAC and UNFPA following the signing of a new Letter of Understanding (LoU) covering the period 2014 – 2017 as well as the activities that will be implemented during this period.

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

**Took note of the renewed collaboration between EAC and UNFPA ESARO for the period 2014 to 2017 (EAC/Health/SCM-10/Decision 067)**

### **2.5.5 Consideration of the Report of an EAC Regional Multi-Sectoral Stakeholder Meeting on Quality Assurance Policies, Systems and Mechanisms for Reproductive Health Commodities**

The Sectoral Council took note that the EAC with support from UNFPA Eastern and Southern Africa Regional Office convened an EAC Regional Multi-Sectoral Stakeholder Meeting on Quality Assurance Policies, Systems and Mechanisms for Reproductive Health Commodities from 18<sup>th</sup> to 21<sup>st</sup> August 2014 in Nairobi, Kenya. The meeting took note of the various recommendations made by the EAC Regional Multi-Sectoral Stakeholder Meeting with regard to strengthening of quality assurance policies, systems and mechanisms in the EAC in the following areas:

- i) Capacity building through accreditation and certification of laboratories and other institutions involved in quality assurance along the supply chain and sharing of knowledge and expertise among the EAC Partner States
- ii) Amendments to the EAC Standards, Quality Assurance Metrology and Testing (SQMT) Act 2006 and implementation of the EAC SQMT regulations for designation of testing laboratories 2013
- iii) Establishment of a medicines and medical devices QA Technical Committee under the East African Standards Committee
- iv) Determination of a set of tracer commodities for pursuing RHC quality assurance issues in the EAC

The Sectoral Council also took note of the wide gaps and differences in the capacity of Partner States to implement quality assurance laws and policies for RMNHC commodities. The Report of the meeting is hereto attached as **Annex E-II**.

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

- a) **Urged Partner States to zero rate (not tax) equipment, materials, electrical gadgets and fixtures and fittings used in quality control/assurance laboratories for medicines and medical devices (EAC/Health/SCM-10/Decision 068)**
- b) **Directed the EAC Secretariat to Present the Report of the EAC Regional Multisectoral Stakeholder Meeting on Quality Assurance Policies, Systems and Mechanisms for Reproductive Health Commodities to the East African Standards Committee (EAC/Health/SCM-10/Directive 059)**
- c) **Directed the EAC Secretariat to constitute a team of Experts from the National Competent Regulatory Authorities and Bureaux of Standards as indicated below to carry out the first joint inspection of the EAC Partner States National Quality Control/Assurance Laboratories for Reproductive Health Commodities including Condoms:**
  - (i) **One (1) Representative from the National Bureaux of Standards (NBS) from each Partner State**



**(ii) One (1) Representative from the National Medicines Regulatory Authorities from each Partner State (EAC/Health/SCM-10/Directive 060)**

- d) Directed the EAC Secretariat in collaboration with the EAC Partner States, WHO, UNFPA and other Internationally recognized proficiency testing bodies to conduct proficiency testing for all the laboratories responsible for post shipment testing of Reproductive and Child Health Commodities including Condoms in the EAC Partner States (EAC/Health/SCM-10/Directive 061)**
- e) Directed the EAC Secretariat in collaboration with the EAC Partner States, WHO, UNFPA to undertake comprehensive multi-Sectoral situational analysis of quality assurance capacity of the testing laboratories and institutions in all the EAC Partner States (EAC/Health/SCM-10/Directive 062)**

#### **2.5.6. Report on the Election of EAC as the Chair of the East Southern and Horn of Africa TWG on Reproductive Health Commodity Security (ESHA RHCS TWG)**

The Sectoral Council took note that the EAC is a member of the East Southern and Horn of Africa (ESHA) TWG on Reproductive Health Commodity Security (ESHA RHCS TWG) whose other members include COMESA, IGAD AND SADC while the following are ex-officio members: Member Countries of the REC's, UNFPA, WHO, AU and CSO's. The purpose of the ESHA RHCS TWG is to support coordination of Reproductive Health Commodity Security in terms of improving logistics, promotion, acceptance, use and advocacy for adequate supplies. The TWG was established in 2013 with yearly rotational leadership. EAC was elected to Chair the ESHA RHCS TWG for the next one year at the last ESHA TWG held from 12<sup>th</sup> to 14<sup>th</sup> August 2014 in Addis Ababa, Ethiopia.

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

**Took note of the rotational election of EAC as the Chair of the East Southern and Horn of Africa TWG on Reproductive Health Commodity Security (ESHA RHCS TWG) with effect from 14<sup>th</sup> August 2014. (EAC/Health/SCM-10/Decision 069)**

#### **2.5.7 Updates on the drafting of the EAC Regional Reproductive Maternal New-born Child and Adolescent Health Policy and Strategy 2015/16- 2019/20**

The Sectoral Council took note that following the expiry of the EAC regional Sexual and Reproductive Health and Rights Strategy (2008-2013), The Sectoral Council meeting of the EAC Sectoral Council of Ministers of Health directed the EAC Secretariat to develop EAC Regional Reproductive Maternal New-born Child and Adolescent Health Policy and Strategy 2015/16- 2019/20. Funds have been obtained from UNFPA and NORAD - Open Health Initiative to facilitate the

process of developing these documents. The meeting noted that whereas both of these documents can be developed, the development of the policy should precede the strategy such that the strategy operationalizes the policy. The draft Terms of Reference (TOR) for a consultancy to develop the EAC Regional Reproductive Maternal New-born Child and Adolescent Health Policy and Strategy 2015/16- 2019/20 has been developed and is hereto attached as **Annex E-III**.

**The Sectoral Council:-**

**Approved the draft terms of reference for development of the EAC regional reproductive, maternal, new born, child and adolescent health policy and strategy 2015-2020** (EAC/Health/SCM-10/Decision 070)

**2.5.8 Updates on drafting of the EAC Regional Integrated Population, Health and Environment (PHE) Strategy (2015/16 – 2019/20)**

The 19<sup>th</sup> Ordinary Meeting of the Sectoral Committee was informed that The meeting of the EAC Sectoral Council of Ministers of Health directed the EAC Secretariat to draft an Integrated EAC Regional Integrated Population, Health and Environment (PHE) Strategy. A regional meeting of Experts with technical assistance from various partners was convened to draft Population, Health and Environment (PHE) Strategy (2015/16 – 2019/20) from 19<sup>th</sup> to 22<sup>nd</sup> August 2014. The meeting noted that PHE is an approach that addresses complex connections between humans, animals, their health and environment and that it simultaneously improves access to health services and helps communities to manage their natural resources in ways that improve their health and livelihoods and conserve the critical ecosystems they depend upon.

**The Sectoral Council:-**

- a) **Took note of the progress in the development of the Integrated EAC Regional PHE Strategy 2015/2020** (EAC/Health/SCM-10/Decision 071)
- b) **Directed the EAC Secretariat to undertake robust situational analysis to inform the strategy, given that PHE is a relatively new concept** (EAC/Health/SCM-10/Directive 063)

**2.5.9 Preparations for A symposium on the theme “Accelerating and sustaining progress in women and children’s health post 2015” during the 5<sup>th</sup> EAST AFRICAN Health and Scientific Conference**

The Sectoral Council took note that the EAC in collaboration with Partner States and development Partners such as NORAD, UNFPA, Save the Children International and the Open Society of Eastern Africa is planning to host a major symposium of the theme “accelerating and sustaining progress in women and children’s health post 2015” during the 5<sup>th</sup> East African Annual Health and

Scientific Conference scheduled for 25 – 27 March 2015 at Commonwealth Speke Resort Hotel, Munyonyo in Kampala Uganda. The Regional Director for UNFPA Eastern and Southern Africa Regional Office and Senior Official from NORAD will be some of the main speakers at the Symposium.

The Senior Officials, among other issues, considered a range of topics for the symposium, involvement of key stakeholders and resource mobilization initiatives:

**The following topics are recommended to be approved for the Symposium**

1. Harnessing Demographic Dividend for Sustainable Socio-Economic Development in the EAC
2. Family Planning and Religion
3. Enhancing the use of new ICT to increase access to FP information and services for adolescents and youth.
4. Gender Based Violence and women and children
5. RMNCH and the Rights Based Approach
6. Accountability for Results and Resources
7. Reproductive Tract Cancers
8. Reproductive Health Commodity Security and Quality Assurance
9. Enhancing capacity for delivery of RMNCAH services at the community health level and Integration of Population Health and Environment

The Sectoral Council are expected to consider the proposal that the offices of the First Ladies of the EAC Partner States and the East African Inter-Parliamentary Forum on Health Population and Development be involved in the Symposium.

The Sectoral Council recommended the approval of the establishment of an organising committee composed of the Heads of Maternal and Child Health from each of the EAC Partner States as well as the following development Partners: UNFPA ESARO, UNICEF ESARO, Open Society Initiative for Eastern Africa, WHO, ECSAOG, EAPA and the Forum of East Africa Nurses.

**The Sectoral Council:-**

**Took note of the preparations for the symposium on “Accelerating and sustaining progress in women and children’s health post 2015” (EAC/Health/SCM-10/Decision 072)**

**2.5.10 Review of the Final Technical Report and closure of the implementation of European Commission (EC) funded EAC Health Project entitled: “Invest in Adolescents: Building Advocacy Capacity in East Africa” (2010 – 2013)**

The Sectoral Council was informed that the **“EAC Invest in Adolescents: Building Advocacy Capacity in East Africa”** was implemented through a three year grant totalling to **1.497.959.00 EURO** from the European Commission (EC). The

Project commenced on 1<sup>st</sup> January 2010 and came to a close on 31<sup>st</sup> March 2014 following two (2) No-Cost Extensions. The objectives of the project was to build and strengthen individual competences, collective capabilities and overall capacity of Adolescent and Youth Serving Civil Society Organizations (AYSCSOs) necessary to advocate effectively for the development and implementation of adolescent and youth sensitive national and regional Sexual and Reproductive Health and Rights policies, programs and budgets within the East African Community Partner States and various international collaborating development partners.

The Sectoral Council noted that the Project was successfully implemented through the completion of 99.8% of all the planned activities as per the approved work plan and budget and without Audit queries. The key activities implemented included, among others; the selection and training of AYSCSOs adolescents and youth to be trained, identification of venues, and preparation of special presentations by invited participants throughout the training period and the peer learning sessions on existing Government SRH Policies, Standards and guidelines and trainings and delivery of the various training modules.

The Sectoral Council also took note of the following key outcomes of the project:

- I. Training of more than 2000 Youth Champions and AYSCSOs in resource mobilization and leadership
- II. Participation and involvement of youths in policy and decision-making processes at Regional and Personal level
- III. Commitment of policy and decision makers to invest more resources to address the needs of adolescents and young people
- IV. Sharing of experiences and best practices among youths and AYSCSOs on development of youth led and youth serving organizations

The full report is hereto attached as **Annex E –IV**

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

- a) **Took note that the “EAC Invest in Adolescents: Building Advocacy Capacity in East Africa” Project officially ended on 31<sup>st</sup> March 2014 having achieved its set objectives and activities as approved by the European Commission. (EAC/Health/SCM-10/Decision 073)**
- b) **Directed the EAC Secretariat to write a letter of appreciation to European Commission (EC) for having supported the “EAC Invest in Adolescents: Building Advocacy Capacity in East Africa”. (EAC/Health/SCM-10/Directive 064)**
- c) **Directed the EAC Secretariat to review the report and come up with the achievements for domestication of the project at the National level. (EAC/Health/SCM-10/Directive 065)**

### **3.0 Confirmation of the Dates and Venue of the 20<sup>th</sup> Sectoral Committee on Health and the 11<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers of Health**

The Sectoral Council deliberated on the proposed Dates and Venue of the 20<sup>th</sup> Sectoral Committee on Health to held in Arusha 16<sup>th</sup> to 20<sup>th</sup> February 2015 and the 11<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers of Health to be held from 20<sup>th</sup> to 24<sup>th</sup> March 2015, at the Commonwealth Speke Resort Munyonyo Kampala Uganda to precede the 5<sup>th</sup> Annual EAC Health and Scientific Conference.

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

**Approved the proposed dates and venue for the 20<sup>th</sup> Ordinary Sectoral Committee meeting to held in Arusha, Tanzania 16<sup>th</sup> to 20<sup>th</sup> February 2015 and the 11<sup>th</sup> Ordinary Meeting of the EAC Sectoral Council of Ministers of Health to be held from 20<sup>th</sup> to 24<sup>th</sup> March 2015, in Kampala Uganda, at the Venue to be confirmed by the Republic of Uganda (EAC/Health/SCM-10/Decision 074)**

..... <b>Hon. James Macharia</b>	..... <b>Hon. Rashid Seif Suleiman</b>	..... <b>Hon Nzeyimana Leontine</b>	..... <b>Hon. Dr Agnes Binagwaho</b>	..... <b>Hon. Dr. Elioda Tumwesigye</b>
Head of Delegation	Head of Delegation	Head of Delegation	Head of Delegation	Head of Delegation
<b>REPUBLIC OF KENYA</b>	<b>UNITED REPUBLIC OF</b>	<b>REPUBLIC OF BURUNDI</b>	<b>REPUBLIC OF RWANDA</b>	<b>REPUBLIC OF UGANDA</b>

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**REPUBLIC OF KENYA**

- 1. Hon. James Macharia**  
**Chairperson Sectoral Council of Ministers of Health**  
Cabinet Secretary  
Ministry of Health  
P.O.Box 30016-0010  
**Nairobi, Kenya**  
Tel: +254 202117077/ +254 722100636  
Email: [cabsecretary@health.go.ke](mailto:cabsecretary@health.go.ke)
  
- 2. Dr. Khadijah Kassachoon**  
Principal Secretary  
Ministry of Health  
P.O.Box 30006  
**Nairobi, Kenya**  
Tel: +254 202719845  
Email: [kassachoonk@yahoo.com](mailto:kassachoonk@yahoo.com)
  
- 3. Ibrahim Maalim**  
Senior Deputy Secretary  
Ministry of Health  
P.O.Box 30016-00100  
**Nairobi, Kenya**  
Tel: +254 20 273709/ +254 722749604  
Email: [1959.ima@gmail.com](mailto:1959.ima@gmail.com)
  
- 4. Dr. Patrick O. Amoth**  
Head Division of Family  
Ministry of Health  
P.O.Box 43319-00100  
**Nairobi, Kenya**  
Tel: +254 721518918/+254 722700650  
Email: [patrickamoth@gmail.com](mailto:patrickamoth@gmail.com)
  
- 5. Agnes K. Sila**  
Director, Social Affairs  
Ministry of East African Affairs Commerce and Tourism  
P.O Box 8846 – 00200  
**Nairobi, Kenya**  
Tel: +254 202245741/ +254 733716424  
Email: [dsa@meac.go.ke](mailto:dsa@meac.go.ke)
  
- 6. Ronald I. Inyangala**  
Assistant Director  
Ministry of East African Affairs Commerce and Tourism

P.O Box 8846 – 00200  
**Nairobi, Kenya**  
Tel: +254 712 666496  
Email: [ronald.inyangala@yahoo.com](mailto:ronald.inyangala@yahoo.com)

**7. Kipkerich Chumo Koskei**

Registrar / Head  
Pharmacy and Poison Board  
P.O.Box 30016  
**Nairobi, Kenya**  
Tel: +254 202717077/ +254 722743065  
Email: [koskei07@yahoo.com](mailto:koskei07@yahoo.com)

**8. Daniel M. Yumbya**

Chief Executive Officer  
Kenya Medical Practitioner and Dentists Board  
P.O.Box 44839-00100  
**Nairobi, Kenya**  
Tel: +254 2731922/ +254 722521067  
Email: [yumbyamd@gmail.com](mailto:yumbyamd@gmail.com)

**9. Fred Moin Siyoi**

Deputy Registrar  
Pharmacy and Poisons Board  
P.O.Box 27663-00506  
**Nairobi, Kenya**  
Tel: +254 717768661  
Email: [fmsiyoi@gmail.com](mailto:fmsiyoi@gmail.com)/ [fmsiyoi@pharmacyboardkenya.org](mailto:fmsiyoi@pharmacyboardkenya.org)

**10. Dr. Jacinta Wasike**

Director Pharmaceutical Manufacturing Services  
Pharmacy & Poisons Board  
P.O.Box 27663-00506  
**Nairobi, Kenya**  
Tel: +254 722842153  
Email: [visanju@yahoo.com](mailto:visanju@yahoo.com)

**11. Jostine Mutinda**

Registrar  
Nursing Council of Kenya  
P.O.Box 20056-00200  
**Nairobi, Kenya**  
Tel: +254 722214819  
Email: [jostinem2013@gmail.com](mailto:jostinem2013@gmail.com)

**12. Everlyne Rotich**

Chairperson Nursing Council of Kenya  
Nursing Council  
P.O.Box 20056  
**Nairobi, Kenya**

Tel: +254 722358834  
Email: [enanyu@yahoo.com](mailto:enanyu@yahoo.com)

**13. Dr. Peace Masinde**

International Health Relations  
Ministry of Health  
P.O. Box 30016-00100  
**Nairobi, Kenya**  
Tel: +254 202717077/ +254 724457657  
Email: [peacemutuma@gmail.com](mailto:peacemutuma@gmail.com)

**14. Halima Abdulrahman**

Personal Assistant  
Ministry of Health  
P.O.Box 30006  
**Nairobi, Kenya**  
Tel: +254 2719845/ +254 722531164  
Email: [halirama381@gmail.com](mailto:halirama381@gmail.com)

**15. Morris Karaine**

Personal Assistant  
Ministry of Health  
P.O.Box 30016-00100  
**Nairobi, Kenya**  
Tel: +254 202717077/ +254 722847297  
Email: [morriskaraine@yahoo.com](mailto:morriskaraine@yahoo.com)

**16. Shelmith W. Gikonyo**

Second Secretary  
Kenya High Commission  
P.O.Box 5231  
**Dar es Salaam, Tanzania**  
Tel: +255 765097869  
Email: [shelmithg@yahoo.com](mailto:shelmithg@yahoo.com)

**17. Michael Mkoji**

First Secretary  
Kenya High Commission, DAR  
P.O.Box 5231  
**Dar es Salaam, Tanzania**  
Tel: +255 752178871  
Email: [mwandembem@yahoo.com](mailto:mwandembem@yahoo.com)

**UNITED REPUBLIC OF TANZANIA**

**18. Hon. Rashid Seif Suleiman**

Minister of Health  
Ministry of Health



P.O.Box 236, Wizara ya Afya  
**Zanzibar, Tanzania**  
Tel: +255 777457293  
Email: [rashidseif\\_almanly@yahoo.com](mailto:rashidseif_almanly@yahoo.com)

**19. Charles A. Pallangyo**

Permanent Secretary  
Ministry of Health and Social Welfare  
P.O.Box 9083  
**Dar es Salaam, Tanzania**  
Tel: +255 754368446  
Email: [capallangyo@moh.go.tz](mailto:capallangyo@moh.go.tz)

**20. Dr. Mohammed Saleh Jiddawi**

Principal Secretary  
Ministry of Health  
P.O.Box 2136  
**Zanzibar, Tanzania**  
Tel: +255 777410954/ +255 784410954  
Email: [m\\_jiddawi@hotmail.com](mailto:m_jiddawi@hotmail.com)

**21. Dr. Mohammed Ally Mohamed**

Director Health Quality Assurance  
Ministry of Health and Social Welfare  
P.O.Box 9083  
**Dar es Salaam, Tanzania**  
Tel: +255 222136593/ +255 787292393  
Email: [mahd67@yahoo.com](mailto:mahd67@yahoo.com)

**22. Dr. Elias M. Kwesi**

Assistant Director Emergencies Prep & Response  
Ministry of Health and Social Welfare  
P.O Box 9083, 6 Samora Machel Avenue 11478  
**Dar es salaam, Tanzania**  
Tel: +255 756901014  
Email: [eliaskwesi@yahoo.com](mailto:eliaskwesi@yahoo.com)

**23. Hiiti B. Sillo**

Director General  
Tanzania Food and Drugs Authority  
P.O.Box 77150  
**Dar es Salaam, Tanzania**  
Tel: +255 222450751/+255 754307179  
Email: [hiiti.sillo@fda.or.tz](mailto:hiiti.sillo@fda.or.tz)

**24. Euniace Bandio**

Registrar- MRIPC  
Ministry of Health and Social Welfare  
6 Samora Machel Street  
**11478, Dar es Salaam, Tanzania**

Tel: +255 784405053  
Email: [ebandio@moh.go.tz](mailto:ebandio@moh.go.tz)

**25. Dr. Gabriel L. Upunda**

Member  
Medical Council of Tanganyika  
P.O.Box 5720  
**Dar es Salaam, Tanzania**  
Tel: +255 784222268  
Email: [glupunda@gmail.com](mailto:glupunda@gmail.com)

**26. Mrs. Lena M. Mfalila**

Registrar  
Tanzania Nursing and Midwifery Council  
P.O.Box 6632  
**Dar es Salaam, Tanzania**  
Tel: +255 222121974/ +255 754376771  
Email: [mfalila@yahoo.com](mailto:mfalila@yahoo.com)

**27. George P. E Lauwo**

Director Economic and Social Infrastructure  
Ministry of East African Cooperation  
P.O.Box 9280  
**Dar es Salaam, Tanzania**  
Tel: +255 222134654/ +255 754760880  
Email: [gpl1954@yahoo.com](mailto:gpl1954@yahoo.com)

**28. Edward A. Komba**

Economist  
Ministry of East African Cooperation  
P.O.Box 9280  
**Dar es Salaam, Tanzania**  
Tel: +255 713209989  
Email: [kombsed@yahoo.com](mailto:kombsed@yahoo.com)

**29. Dr. Charles G. Massambu**

Assistant Director, Diagnostics Services  
Ministry of Health and Social Welfare  
6 Samora Machel Avenue 11478  
P.O.Box 9083,  
**Dar es Salaam, Tanzania**  
Tel: +255 713217228  
Email: [cmassambu@hotmail.com](mailto:cmassambu@hotmail.com)

**30. Adv. Palloty M. Luena**

Registrar  
Medical Council of Tanganyika  
P.O.Box 9083,  
**Dar es Salaam, Tanzania**

Tel: +255 222112673/+255 754756519  
Email: [pmmluena@hotmail.com](mailto:pmmluena@hotmail.com)/ [medicalcouncil@moh.go.tz](mailto:medicalcouncil@moh.go.tz)

**31. Erasto E. Mhavi**

Health Secretary  
Ministry of Health and Social Welfare  
P.O.Box 9083  
**Dar es Salaam, Tanzania**  
Tel: +255 714004545  
Email: [erasto@yahoo.com](mailto:erasto@yahoo.com)

**32. David Robert Matle**

National Medicines Regulation Officer  
Tanzania Food and Drugs Authority  
P.O.Box 77150  
**Dar es Salaam, Tanzania**  
Tel: +255 222450751/ +255 754387521/+255 715387521  
Email: [drmatle@hotmail.com](mailto:drmatle@hotmail.com)

**33. Edna Dioniz Chuku**

Economist  
Ministry of East African Cooperation  
P.O.Box 9280  
**Dar es Salaam, Tanzania**  
Tel: +255 717100980  
Email: [chukuedna@yahoo.com](mailto:chukuedna@yahoo.com)

**34. Dr. Anath A. Rwebembera**

Program Officer  
National AIDS Control Program  
Ministry of Health  
P.O.Box 11875  
**Dar es Salaam, Tanzania**  
Tel: +255 2222131213/ +255 754265756  
Email: [arwebembera@gmail.com](mailto:arwebembera@gmail.com)

**35. Kaiza Kilango**

Food Risk Assessment Officer  
Tanzania Food and Drug Authority  
P.O.Box 77150  
**Dar es Salaam, Tanzania**  
Tel: +255 685701735/ +255 713632293  
Email: [kilangogratian@gmail.com](mailto:kilangogratian@gmail.com)

**36. Heri Mchungu**

Director of Procurement  
Medical Stores Department  
P.O.Box 9081

Dar es Salaam, Tanzania  
Tel: +255 754268618  
[Email: hmchungu@msd.ot.tz](mailto:hmchungu@msd.ot.tz)

- 37. Dr. Mariam Kalomo**  
Non-Communicable Disease  
Ministry of Health  
P.O.Box 9083  
Dar es Salaam, Tanzania  
Tel: +255 784495201  
[Email: hkmariitz@yahoo.com](mailto:hkmariitz@yahoo.com)

#### **REPUBLIC OF BURUNDI**

- 38. Hon. Nzeyimana Leontine**  
Minister,  
Ministry to the Office of the President Responsible for East African  
Community Affairs  
P.O. Box 6056  
Bujumbura, Burundi  
Tel: +257 22258042/ +257 79967214  
Email: [nzeyimanal@yahoo.com](mailto:nzeyimanal@yahoo.com)

- 39. Dr. Dionis Nizigiyimana**  
Permanent Secretary  
Ministry of Public Health and the Fight against AIDS  
P.O.Box 1820  
**Bujumbura, Burundi**  
Tel: +257 225589/ +257 77788788  
Email: [nizigiyimana.dionis@gmail.com](mailto:nizigiyimana.dionis@gmail.com)

- 40. Sinkiyajako Severin**  
Ministry of Health  
P.O.Box 6807  
**Bujumbura, Burundi**  
Tel: +257 22250074/ +257 71113377  
Email: [sinksevin@hotmail.fr](mailto:sinksevin@hotmail.fr)

- 41. Simbare Dora**  
Director of Social Affairs  
Ministry to the office of the President in charge of East African Community  
Affairs  
P.O.Box 6056  
**Bujumbura, Burundi**  
Tel: +257 22259719/ +257 79900634  
Email: [dsimbare@yahoo.fr](mailto:dsimbare@yahoo.fr)

- 42. Dr. Pontien Ndabashinze**  
Director  
University Teaching Hospital of Kamenge

P.O.Box 1820  
**Bujumbura, Burundi**  
Tel: +257 22232092/ +257 79427302  
Email: [ndabashinze@yahoo.fr](mailto:ndabashinze@yahoo.fr)

- 43. Gloriose Mbonigaba**  
Advisor in Minister's Office  
Ministry of Health  
P.O.Box 1820  
**Bujumbura, Burundi**  
Tel: +257 276819/ +257 79570412  
Email: [mbonigl@yahoo.fr](mailto:mbonigl@yahoo.fr)

#### **REPUBLIC OF RWANDA**

- 44. Dr. Solange Hakiba**  
Permanent Secretary  
Ministry of Health  
P.O.Box 84  
**Kigali, Rwanda**  
Tel: +250 788308079  
Email: [solange.hakiba@moh.gov.rw](mailto:solange.hakiba@moh.gov.rw) / [info@moh.gov.rw](mailto:info@moh.gov.rw) /  
[sol\\_hakiba@yahoo.fr](mailto:sol_hakiba@yahoo.fr)

- 45. Dr. Theophile Dushime**  
Director General of Clinical and Public Health Services  
Ministry of Health  
P.O.Box 84  
**Kigali, Rwanda**  
Tel: +250 788872978  
Email: [tsadate@gmail.com](mailto:tsadate@gmail.com)

- 46. Alex Gisagara**  
EAC NMRO  
EAC/MOH  
P.O.Box 84  
Kigali, Rwanda  
Tel: +250 788306405  
Email: [agisa2006@gmail.com](mailto:agisa2006@gmail.com)

#### **REPUBLIC OF UGANDA**

- 47. Hon. Dr. Elioda Tumwesigye**  
Minister of Health  
Ministry of Health  
P.O.Box 7272  
**Kampala, Uganda**  
Tel: +256 414340874/ +256 772489632  
Email: [teliod@yahoo.com](mailto:teliod@yahoo.com)

**48. Dr. Ezafi Isaac**

DHS (Planning and Development)  
Ministry of Health  
P.O.Box 7272  
**Kampala, Uganda**  
Tel: +256 414340883/ +256 772501727  
Email: [iezati@yahoo.com](mailto:iezati@yahoo.com)

**49. Edward Sebina**

Assistant Commissioner Production and Social Services  
Ministry of EAC Affairs  
P.O.Box 7343  
**Kampala, Uganda**  
Tel: +256 414252290/ +256 772490805  
Email: [edsebina@yahoo.com](mailto:edsebina@yahoo.com)

**50. Amutenda Salvatore**

Principal Education Officer/ Health Sector  
Ministry of EAC Affairs  
P.O.Box 7343  
**Kampala, Uganda**  
Tel: +256 772948060  
Email: [samutenda@yahoo.com](mailto:samutenda@yahoo.com)/ [amutendasalvatore30@gmail.com](mailto:amutendasalvatore30@gmail.com)

**51. Dr. Isaac Kadowa**

Principal Medical Officer  
Ministry of Health  
P.O.Box 7272  
**Kampala, Uganda**  
Tel: +256 772468777  
Email: [kadisaac@yahoo.com](mailto:kadisaac@yahoo.com)

**52. Katongole Francis**

Personal Assistant  
Ministry of Health  
P.O.Box 7272  
**Kampala, Uganda**  
Tel: +256 414340874/ +256 772828130  
Fax: +256 414321572  
Email: [katsfrancis@yahoo.com](mailto:katsfrancis@yahoo.com)

**EAC SECRETARIAT**

**53. Hon. Jesca Eriyo**

Deputy Secretary General (Productive and Social Sectors)  
EAC Secretariat  
P.O.Box 1096,  
**Arusha, Tanzania**  
Tel: +255 27 25042333/8  
Email: [JEriyo@eachq.org](mailto:JEriyo@eachq.org)

**54. Dr. Stanley Sonoiya**

Principal Health Officer (PHO)

EAC Secretariat

P.O. Box 1096,

**Arusha, Tanzania**

Tel: +255 27 25042333/8/ +255 784 535448/+255 727 332460

Email: - [SSonoiya@eachq.org](mailto:SSonoiya@eachq.org) and [stanleysonoiya@gmail.com](mailto:stanleysonoiya@gmail.com)

**55. Dr. Michael Katende**

Principal HIV&AIDS Officer

EAC Secretariat

P.O.Box 1096,

**Arusha, Tanzania**

Tel: +255 763 152492

Email: - [MKatende@eachq.org](mailto:MKatende@eachq.org)

**56. Dr. Rogers Ayiko**

Principal Health Officer - OHI

EAC Secretariat

P.O. Box 1096

**Arusha, Tanzania**

Tel: +255 786030074

Email: - [RAyiko@eachq.org](mailto:RAyiko@eachq.org)

**57. Desire Rusatira**

Project Coordinator – OHI

EAC Secretariat

P.O. Box 1096,

**Arusha, Tanzania**

Tel:+255 27 25042333/8

Email: [DRusatira@eachq.org](mailto:DRusatira@eachq.org)

**58. Dr. Stephen Karengera**

Special Advisor

EAC Secretariat

P.O.Box 1096,

**Arusha, Tanzania**

Tel: +255 783043583

Email: [skarengera@eachq.org](mailto:skarengera@eachq.org)

**59. Jane Mashingia**

Senior Health Officer (Medicines and Food Safety)

EAC Secretariat

P.O. Box 1096,

**Arusha, Tanzania**

Tel: +255 754 775335

Email: - [JMashingia@eachq.org](mailto:JMashingia@eachq.org)

**60. Mwesigye John Patrick**

Senior Health Medicine Regulation Harmonization  
EAC Secretariat  
P.O. Box 1096  
**Arusha, Tanzania**  
Tel: +255 788222548  
Email: [JMwesigye@eachq.org](mailto:JMwesigye@eachq.org)

**61. Andrew Charles**

Senior eHealth Informatics Officer  
EAC Secretariat  
P.O.Box 1096,  
**Arusha, Tanzania**  
Tel: +255 765722722  
Email: [ACharles@eachq.org](mailto:ACharles@eachq.org)

**62. Alison Gichohi**

Capacity Building Officer  
EAC Secretariat  
P.O. Box 1096,  
**Arusha, Tanzania**  
Tel: +255 27 25042333/8  
Email: - [AGichohi@eachq.org](mailto:AGichohi@eachq.org)

**63. Daniel Murenzi**

eHealth Informatics Officer  
EAC Secretariat  
P.O. Box 1096,  
**Arusha, Tanzania**  
Tel: +255 27 25042333/8  
Email: - [DMurenzi@eachq.org](mailto:DMurenzi@eachq.org)

**64. Neema Omari**

Health Logistics Assistant  
EAC Secretariat  
P.O. Box 1096,  
**Arusha, Tanzania**  
Tel: +255 784 315935  
Email: - [neemaomari2001@hotmail.com/ nomari@eachq.org](mailto:neemaomari2001@hotmail.com/nomari@eachq.org)

**65. Magdalene Mutie**

Health Data and Statistics Management Assistant  
EAC Secretariat  
P.O. Box 1096,  
**Arusha, Tanzania**  
Tel: +255 784505925  
Email: [MMutie@eachq.org](mailto:MMutie@eachq.org)

**66. Nancy Cherotich**

Pharmaceutical Assistant  
EAC Secretariat



P.O.Box 1096,  
**Arusha, Tanzania**  
Tel: +255 684644965  
Email: [NCherotich@eachq.org](mailto:NCherotich@eachq.org)

**67. Angela Msuya**

Administrative Assistant  
EAC Secretariat  
P.O. Box 1096,  
**Arusha, Tanzania**  
Tel: +255 754288299  
Email: - [AMsuya@eachq.org](mailto:AMsuya@eachq.org)

**68. Mohammed Lutaaya**

Driver/Messenger  
EAC Secretariat  
P.O.Box 1096,  
**Arusha, Tanzania**  
Email: [MLutaaya@eachq.org](mailto:MLutaaya@eachq.org)