EAST AFRICAN COMMUNITY

THE EAC STRATEGIC ROADMAP FOR HEALTH PROGRAMMING AT POINTS OF ENTRY

2023 – 2028

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1.0 INTRODUCTION

Regional integration, trade, and free movement of persons remain high on the political and development agendas of the East African Community (EAC) leaders. who consider infrastructure and capacity development are as critical in attaining the region's objective of being one big market stretching from the Indian Ocean to the Atlantic Ocean. The latest admission of the Democratic Republic of Congo demonstrates the agility of the EAC to expand beyond its socio-cultural boundaries to new contexts and trade-centered partnerships and collaboration, thus increasing trade and investment opportunities for the citizens. The Summit of the EAC Heads of State reaffirmed their commitment to implementing the EAC Common Market Protocol (CMP) during the 22nd Ordinary Summit, held from 21 – 22 July 2022 in Arusha, and made critical decisions to enhance the progress made in the implementation of the EAC CMP, which is one of the four pillars of the EAC's regional integration.[1] Since the implementation of the EAC CMP in July 2010, the EAC has seen an increase in the frequency and ease of movement of its citizens across the region, caused by the guaranteed free movement of the people, increasing intra-EAC trade, and free movement of labour. However, the Free Movement of Persons has posed challenges in terms of increased risk of diseases spreading across borders, outbreaks of major epidemics, and ultimately overwhelming of national health systems. In recent times, these freedoms came at the wake of regional and global health threats and outbreaks with the most recent cases of, the novel coronavirus (COVID-19) disease and the multi-country monkeypox (MPX)[2], taking the spotlight. Other diseases also pose significant threats such as the recurrent outbreaks of the Ebola virus disease (EVD) in the Democratic Republic of Congo spreading across multiple countries and the recurrent outbreaks of cholera in the region.

In particular, the COVID-19 pandemic has revealed the critical importance of strengthening points of entry (POEs)[3] and cross-border collaboration as an increasingly vital component in any collective action to prepare for and respond to health emergencies. The disease has spread across several borders, which has prompted demands for a coordinated regional integrated approach of policies and actions for detection, testing, reporting, and management of suspected cases at borders and POEs including seaports, airports, and ground crossings. At the same time, as the ability to move through regular channels has been limited by pandemic preventive public health measures, and with economic and social conditions worsening in many countries, there is a tendency for travellers to use irregular ground crossings and non-designated POEs within and beyond the EAC region. While national public health systems are designed to detect and minimise the impact of communicable diseases among established communities and infrastructure, the

[1] https://www.eac.int/communique/2537-communiqu%C3%A9-of-the-22nd-ordinary-summit-of-the-east-african-community-heads-of-state

[2] https://africacdc.org/news-item/multi-country-monkeypox-outbreak-declared-a-global-public-health-emergency-of-international-concern-2/

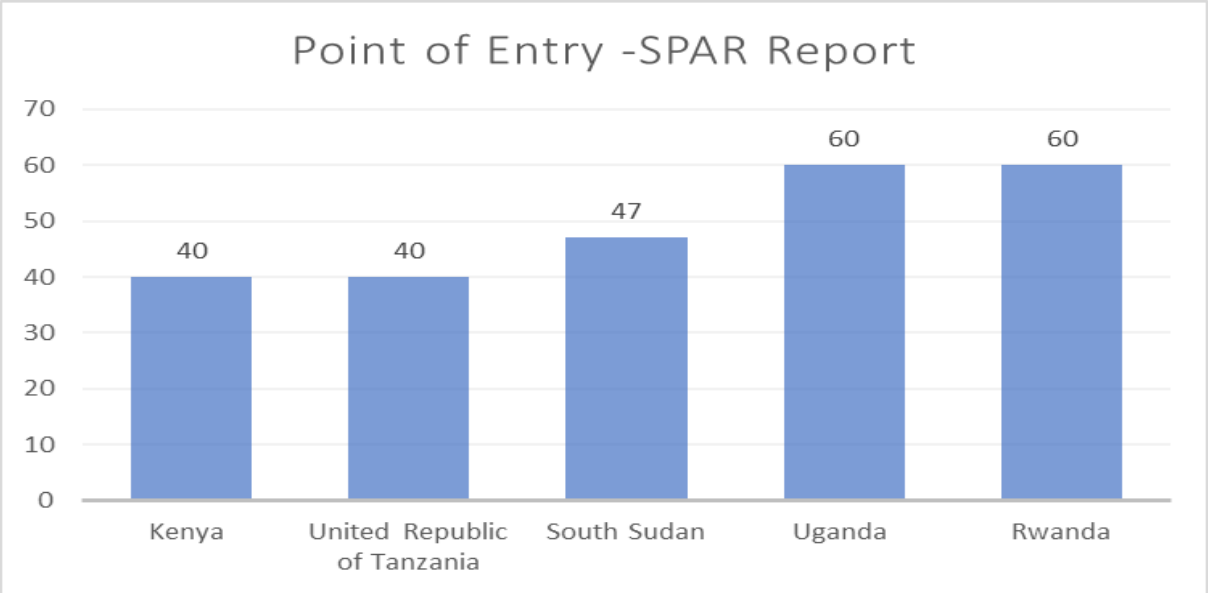
[3] A point of entry (PoE) is defined under the 2005 International Health Regulations (IHR) as "a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exit"

capacity to detect and respond to these events along the mobility continuum remains limited and requires a comprehensive approach. The challenges are exacerbated by the associated complexity of movement through the informal and formal system, the growing humanitarian situations as a result of pandemics and outbreaks, natural disasters, climate change, and conflict leading to displacement and mass movement.

As a result, pursuant to Article 118 of the Treaty for the establishment of the EAC, Partner States undertook joint action aimed toward the prevention and control of communicable diseases as well as pandemics and epidemics of communicable and vector-borne diseases that might endanger the health and welfare of the residents of the Partner States. The Partner States also agreed to promote the management of health delivery systems and better planning mechanisms to enhance the efficiency of health care services within their borders. Despite the progress and efforts being made, many challenges remain and require urgent and concerted action in the region.

Under the International Health Regulations (IHR) 2005, signed by all EAC Partner States, public health authorities at POEs are required to put in place effective preparedness and response measures through the establishment of contingency plans and arrangements for responding to events that may constitute a public health emergency of international concern and to communicate with their National IHR Focal Point about relevant public health measures. However, according to WHO data, most Member States in the region, including the EAC Partner States, are yet to achieve the required IHR core capacities, as shown in figure 1 below, with all IHR core capacities scoring at or below 60 per cent. An independent Joint External Evaluation (JEE) of the IHR capacities in the WHO African region (including in EAC Partners states) observed major gaps in preparedness and emergency response, including at POEs, with most countries scoring level 1 or 2. POEs play a critical role in slowing and preventing the transmission of international public health risks and are among the necessary core capacities required by the IHR. Hence efforts are required in improving and strengthening POEs. This entails strengthening multi and intersectoral collaborations, including cross-border collaboration, surveillance, and early detection at the community level, strengthening operational capacities such as technical guidance on SOPs, capacities for integrated border management, provision of equipment and supplies, and data management risk communication among others.

Fig1. IHR core capacities in 2021 as reported by the Partner States annually to WHO.



On the other hand, irregular ground crossings along the non-designated POEs are often missed by the country's PoE surveillance system. Thus, travelers who cross irregularly are not recorded or captured by the available control and tracking system. This constitutes an additional risk of case explosion in case of an outbreak.

These challenges require that EAC builds and strengthens its health emergency and disaster preparedness capabilities and response mechanisms to effectively anticipate, detect, report, respond, and recover from the impacts of likely, imminent, or current hazardous events or conditions, in a timely manner. This necessitates that the region develops and sustains stronger partnerships that leverage the unique skills and resources of governments, response and recovery organizations, communities, and individuals to manage all hazards approach to emergencies and achieve an orderly transition from response to sustained recovery.

This five-year EAC strategic roadmap for health programming focuses on the priorities POEs with significant mobility patterns, including high volume mobility and congregation points due to trade, travel, and education. It also addresses related social factors as prioritised in the National Plan such as land crossings, whether designated as POEs or not; on travel routes and congregation points where travellers interact with each other and with the surrounding communities, their health systems, and the travellers themselves. The roadmap will guide the EAC Secretariat and its partner states in the upcoming 5 years (between 2023 and 2028) and will be considered as a consolidated and collective engagement to move forward the public health and health security agenda across borders in the EAC region.

1.1 Situation Analysis

This situation analysis is based on the Partner States' priorities as identified during the preparatory workshop held on 3rd – 5th August in Dar es Salaam, United Republic of Tanzania.

Partner State	Gaps	Priorities
Burundi	• Insufficient infrastructure and equipment. • Low capacity to isolate suspected cases at the POES. • Insufficient qualified personnel agents (Health, Livestock, Environment, Fisheries) • Lack of means to transport suspected cases. • Insufficient synergy and framework for collaboration between the different Sectors at the level of the entry points. • Lack of local emergency response planning in most of the Points of Entry (POEs); • Non-institutionalization of simulation exercises at POEs; and • Insufficient training of staff on detection and response to health emergencies.	• Rehabilitation of priority POEs to meet IHR and IPC standards (**infrastructure**)**;** • Strengthening logistical capacities at the POEs level for the detection and management of suspected cases of disease with epidemic potential at POEs (**capacity building**)**;** and • Implementation of community-based surveillance in cross-border localities due to the porous nature of the borders (**surveillance).**
Kenya	• Insufficient simulation exercises to test preparedness, readiness, and response capacity; • Limited capacity to respond to biological hazards at designated POEs; • Inadequate infrastructure: Quarantine, isolation, and temporary holding facilities/ Clinical treatment, ambulance, and diagnostic facilities/Vector and vermin control/WASH; • Ineffective mechanisms for multi-agency communication, coordination, and information sharing; • Lack of harmonized procedures and emergency plans between neighbouring countries (each has a	• Mapping and harmonization of existing coordination guidelines, mechanisms, and frameworks within EAC for preparedness, readiness, response, and recovery (**coordination);** • Cross border multi-sectoral committees' meetings/training to address risk assessments and public health threats. (**coordination);** • Operationalization of the existing memorandum of understanding (MOU) both bilateral and regional on cross-border collaboration **(governance);** and • Joint capacity assessment of POEs in meeting IHR requirements (**capacity building).**

	different approach to responding to public health events); and • Porous borders.	
Rwanda	- Detection and response capacity for public health events at POEs; - Multi-hazard/public health emergency contingency plan for POEs; - Lack of standards Port Health Services at POEs; - No skilled multisectoral workforce at designated POEs; - Limited capacity for conveyance inspection; and - Lack of standards quarantine/isolation facilities at designated POEs.	• Develop a surveillance and response cross-border strategy to enable collaboration and exchange of public health information for prevention, early detection, and response to public health events with potential cross-border transmission and build cross border capacities for resilience in regards with all hazards (**surveillance, coordination, capacity building);** • Development of a public health emergency contingency plan for POES that is linked to the national all hazards public health EPR plan, and which involves all relevant sectors (human, environmental, agriculture, wildlife, etc.) **(surveillance);** • Development of standards for infrastructure capacity building at POES, especially newly designated POEs (**Standard setting);** and • Extend the current Public Health Surveillance and emergency Preparedness and Response division's mandate to cover port health and establish fully functional national and sub-national port health services (**surveillance).**
South Sudan	• Limited capacity in documentation and reporting at other POEs; • Low POES IHR capacity; • Inadequate Public /private funding, most POEs lack basic infrastructure for screening /case holding, inability to effectively respond to outbreaks; • Emerging and re-merging endemics/pandemics; and • Insecurity at some parts of the country, inaccessibility due to flooding and road infrastructure and inadequate funding.	• Infrastructure (water and sanitation, network coverage and internet) at the POEs to support effectively screening, adopted electronic equipment to facilitate case detection, response to emergencies (**infrastructure, surveillance, and digitalization);** • Strengthen surveillance at least 6 main POEs (**surveillance);** • Enhance National Public Health Laboratory capacity, building local capacities in using electronic reporting and documentation system (**digitalization);** • Enhance Cross border collaboration strengthening cross border public health activities. **(coordination);** and • Improve management and service provision at the POEs by deploring skilled human resources to support surveillance, case detection, risk

		communication across the main POEs (**capacity building)**
United Republic of Tanzania	• Lack of standardized screening infrastructure and procedures across POEs particularly OSBPs; • Difference in national structures and rules that govern the circulation of health information inside and outside countries; • Lack of guideline for establishment of cross border disease specific control programs/projects (e.g., HIV/ADIS, TB, Malaria, etc.); • Presence of many porous borders with unmapped surveillance zones; • Non-existence of joint core capacity assessment between neighboring countries; • Inadequate joint simulation exercises at POEs; • Limited facilities for isolation of ill/suspected travellers; • Lack of standby transport facilities for referral of ill travellers (5/62); • Some big POEs have no Contingency plans and SoPs (22/62); • 57/62 POEs have not attained the minimum IHR, 2005 core capacities; • Lack of joint capacity building to Port health and Local Surveillance Officials on Public Health Events; • Lack of vector control and surveillance programs at borders; and • Ports not authorized by WHO to issue ship sanitation certificates.	• Infrastructure improvement (**infrastructure);** • Capacitate at least 50% of POEs in attaining minimum IHR, 2005 core capacities requirement (**Capacity building);** • Joint population connectivity mapping (PoPCAB) to characterize surveillance zones and strengthening EBS along border communities (**human mobility data);** • Joint IHR core capacities assessment and regular simulation exercises at POEs, vector control and surveillance programs across borders **(capacity building surveillance);** • Capacitate ports for authorization of issuance of ship sanitation certificates (**Capacity building);** • Initiation of Center of Excellence on POES and Border Health Core Capacities development in each EAC partner state; • Develop EAC standard guideline for POEs and border health infrastructures and mobilize resources for building proposed standard infrastructure **(standard setting, finance);** • Human resource development and capacity building through development of joint training curricula on cross border surveillance that can be operationalized at country level at cross borders including regular joint simulation exercises **(capacity building, surveillance);** • Mobilize recourses to support operationalization of EAC PASS including installation of Command Monitoring Centres and mobile laboratories for onsite lab investigations at big POEs (**digitalization, finance);** • EAC to establish communication structures for reporting and responding to public health events **(data sharing); and** • Operationalize the Regional EAC Expert Working Group on Points of Entry established during the 20th Sectoral Council on Health (**coordination).**

Uganda	• Majority of POEs limited capacities (infrastructure, HR, sufficient supplies, equipment etc); • Financial support to POEs has been mainly by GoU and Donors/IPS though notably irregularly hence affects consistency of operations at POEs; • Challenge to disease transmission presented at porous points with where movements are not controlled; and • Cross border insecurity i.e., recurring insecurities and influx of illegal cross border movements.	• Establishing the operational structure for POES including HR (**infrastructure, capacity building);** • Continued establishment of core capacities; • Provision and installation of infrastructure at Uganda's POEs; OSBP-permanent structures, prefabs, thermal scanners, lab equipment, staff houses, and conveyances, WASH **(infrastructure/equipment);** • Secure a wage-bill for border health staff for sustainable Human resource development and capacity building of both medical and non-medical staff at gazzeted POEs **(capacity building);** • Adopt and synergize similar surveillance and reporting systems for establishing data sharing **(Data sharing); and** • Strengthen multi-national collaboration on cross-border integrated disease surveillance within the surveillance zones as stipulated in the EAC framework **(coordination-surveillance).**

1.2 The Process

The process of the development of the roadmap commenced during a **"Regional Meeting to Strengthen Cross Border Collaboration in the East African Community,"** co-convened by the EAC and the IOM on 12 – 13 May 2022 in Mwanza, the United Republic of Tanzania under the aegis of the Regional Project "WASH and health promotion sensitization and awareness on COVID-19 and other communicable diseases in the EAC region". The meeting brought together participants drawn from the Ministries responsible for EAC Affairs, Health, Foreign Affairs and International Cooperation, and Water and Environment. Participants included the EAC Secretariat, International Organization for Migration (IOM), World Health Organization (WHO), US Centers for Disease Control and Prevention (CDC); and Water Aid. Additionally, the donor, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), also attended to identify and address the gaps in strengthening the health system at the border community and reinforce the health preparedness and response in accordance with the IHR (2005).

To operationalize the outcomes of the Mwanza meeting and develop this roadmap, the EAC Secretariat, in line with Article 118 of the treaty for the establishment of the EAC, which calls for regional cooperation on health, co-organized, together with IOM and WHO, a three-day **"Regional Workshop for the East African Community Cross-Border Health Programming"** as part of the efforts to strengthen regional cooperation in the health sector, reduce healthcare disparities, and enhance cross-

border health cooperation in line with the EAC Health Policy and the EAC Regional Health Sector Investment Priorities (2018 – 2028).

This roadmap was conceptualized within the framework of the EAC and IOM Memorandum of Understanding (MOU) signed in 2021, which outlines cross-border health as one of the strategic priority areas of cooperation to enhance safe, orderly, and regular migration.

The draft roadmap will be presented to the EAC Technical Working Group on Communicable and Non-Communicable diseases for review and consideration. The TWG will then submit the roadmap for consideration and approval by the EAC Sectoral Council of Ministers of Health.

2.0 GOAL, PRIORITIES AND STRATEGIC INTERVENTIONS

The five-year EAC strategic roadmap for health programming at POEs has a goal, priorities, and strategic interventions (Matrix n.1) for the period 2023 – 2028. It is based on the regional and national commitments of EAC Partner States to scale up their commitment under the IHR, in particular, POE capacity as a key intervention space within the mobility continuum in the region for improved prevention, early detection, reporting, sharing information, and response to potential disease outbreaks. The roadmap supports the operationalization of the ten-year EAC health sector investment priorities agenda, emphasizing comprehensive immigration, border management and health response to promote safe cross-border mobility. The roadmap intends to enhance a multi-sectorial and integrated approach with health and non-health sectors at POEs while strengthening IHR core capacity and health systems at the borders.

2.1 Goal

The five-year EAC strategic roadmap for health programming at POEs seeks to contribute through a multi-sectoral and integrated approach to the continued containment, recovery, and strengthening of health systems, including preparedness and response for potential health threats at the point of entry across the EAC countries.

The roadmap is aligned to the EAC Regional Health Sector Investment Priorities (2018 – 2028)[4], the 6th EAC Development Strategy 2021/22 - 2025/26[5], the EAC COVID-19 Response Plan[6], and the EAC Reproductive Maternal New-born Child and Adolescent Health (RMNCAH) Policy Guidelines 2016-2030[7], as well as the EAC One Health Strategy. In addition, East Africa Integrated Disease Surveillance and Response

[4] https://health.eac.int/file-download/download/public/278 (last accessed 2 June 2022)
[5] http://repository.eac.int/handle/11671/24324
[6] https://www.eac.int/component/documentmananger/?task=download.document&file=bWFpbl9kb2N1bWVudHNfcGRmX0VDbnRuUXFrb090ZWVYaFh2THdTVkRNRUFDIENPVklEIC0xOSBSRVNQT05TRSBQTEFO&counter=648 (last accessed 2 June 2022)
[7] https://health.eac.int/publications/eac-rmncah-policy-guidelines-2016-2030#gsc.tab=0 (last accessed 2 June 2022)

Network (EAIDSNet) whose objective is to champion disease surveillance in the region with special attention to cross-border surveillance using a One Health Approach, EAIDSNet was operationalized through the East Africa Public Health Laboratory Networking Project (EAPHLNP). This aimed at establishing high-quality laboratories accessible to vulnerable populations in cross-border regions. One of the key recommendations of the project was to continue enhancing and strengthening the regional surveillance network in order to effectively monitor and respond to disease outbreaks in the region as a whole and the cross-border areas specifically.

The road map proposes to work in close collaboration with the Support to Pandemic Preparedness which works to operationalise the EAC Region Regional Contingency, among other strategic initiatives.

On the global level, the roadmap is also aligned to the Sustainable Development Goal (SDG) SGD 3: Ensure healthy lives and promote well-being for all at all ages, with a focus on SDG 3.D.1: Health emergency preparedness through early warning, risk reduction, and management of national and global health risks.

The EAC in the framework of the MOU with IOM and its direct technical assistance and with the support of WHO, CDC Africa, and other partners, will assist its Partners' States to deliver their commitment under this roadmap to scale national border health capacity to detect, prevent, report, and respond to public health emergencies and other health concerns including outbreaks in the future through a population mobility lens. The roadmap will enhance active disease surveillance through technical and operational capacity in health screening, infrastructure, community event-based surveillance, and risk communication and community engagement at POEs and among border communities in order to save lives and prepare for future outbreaks. EAC secretariat will strengthen its collaboration with IOM as well as Africa Centre for Prevention and Disease Control (CDC Africa), WHO, and other relevant agencies to enable Member states to be better prepared to respond to potential health threats and risks at border community.

The roadmap also prioritizes the training of PoE health and non-health frontline workers[8] on early detection, timely report, and response, including prepositioning of medical supplies to support all-hazard contingency planning and immediate response and prevention of disease spread including infection prevention and control in the case of an outbreak. Additionally, the roadmap strengthens multi and intersectoral collaborations, including cross-border collaboration, strengthening operational capacities such as technical guidance on SOPs, capacities for integrated border

[8] Including National IHR Focal Points, POE public health authorities, POE operators, conveyance operators, and other stakeholders involved in managing public health events at POEs.

management, and data management, among others. The road map will use an integrated multisectoral health and migration management bridging global health security and the mobility continuum applying a multi-sectoral approach to preserve health and human mobility while addressing the concerns for the prevention, detection, reporting and response of public health threats.

2.2 Priorities and Strategic Interventions

Priority 1: Strengthening integrated cross border health governance, leadership, and coordination at POEs		
Regional Level Strategic Interventions		
Outcomes	**Activities**	**Stakeholders**
Outcome 1.1: Improved cross-border coordination mechanisms, information sharing and capacity building focused on diseases with epidemic potential at POEs and among cross-border communities in the EAC region.	1. Establish a regional cross-border coordination committee for the constant sharing of information on border health threats. - Develop and disseminate cross-border committee TORs. 2. Organize every four months cross-border coordination meetings (15 meetings for 5 years). - Annual joint meetings to monitor and assess the progress of the implementation of the cross-border health programming road map. - Nominate national focal points for coordination of POEs health-related activities. 3. Revise and harmonize SOPs for	EAC Secretariat, MOH, Immigration, Development Partners: IOM, WHO and other UN Agencies.

	thematic areas (surveillance, infrastructure, IPC, case management) for PoE and create a regional standard setting for a minimum package of services. - Update the minimum package of service guideline as well as the regional pandemic preparedness contingency plan to include issues of displaced persons. 4. Organize sub-national level Capacity Building and training for POEs leadership at divisional, regional, district and local level focal person at the POEs /Border health services. 5. Disseminate the harmonized SOPs at the sub-national level (divisional, regional, district and local level).	
Priority 2: Regional standard setting for infrastructure, human resources and finance contributing to strengthening the integrated cross-border health system (considering border management and other relevant sectors)		
Regional Level Strategic Interventions		
Outcomes	**Activities**	**Stakeholders**

Outcome 2.1: Improved POE infrastructure. (Building, water, electricity, sanitation etc.)	1. Country assessment on the need for construction or rehabilitation of POEs. 2. Siting of the location. 3. Adoption of architectural designs. 4. Construct new POEs sites. 5. Procurement of equipment and supplies. 6. Conduct Mapping and need assessment (BOQ) for rehabilitation of POE sites.	EAC Secretariat, Ministries responsible for health and Border Management, Border Officials (Immigration, revenue/customs/trade), Development Partners: IOM, WHO and other UN Agencies, Private Sector.
Outcome 2.2: Improved human resources capacity at each PoE.	1. HR mapping and need assessment at each PoE. 2. Conduct training to POE staff on HBMM (Health Borders and Mobility Management Framework). 3. Conduct capacity building activities on emergency preparedness and response to port health staff. 4. Operationalization of the ministry of health human resources retention plan. 5. Recruitment and Deployment of POE health staff.	

	6. Identify and engage community health volunteers.	
Outcome 2.3: Improved financial resources for POEs.	1. Advocate and lobby for adequate resource allocation to port health section. 2. Facilitate resources mobilization to 85 – 90 per cent of the required budget from government and partners. 3. Development/Update of the financial plan for POEs. 4. Conducts Financial monitoring/audits and reporting.	
Priority 3: Strengthen the integrated disease surveillance and response (IDSR) at POEs and cross-border community		
Regional Level Strategic Interventions		
Outcomes	**Activities**	**Stakeholders**
Outcome 3.1: Improved IDSR at POEs and cross-border communities.	1. Link IDSR (IBS, EBS, CBS) to POE POE reporting system. 2. Review, revise and harmonize SOPs for CBS within border communities. 3. Train border health personnel and community health workers on SOPs for CBS, RCCE. 4. Develop, Review, adapt and	EAC Secretariat, Ministries responsible for health and Border Management, Border Officials (Immigration, revenue/customs/trade), Development Partners: IOM, WHO and other UN Agencies, Private Sector.

	disseminate mobility-sensitive RCCE for POE and border communities.	
Outcome 3.2: Improved capacity to respond rapidly to public health threat at POE and border communities.	1. Identify potential threats at the POEs. 2. Review/develop multi-hazard contingency plans and SOPs to respond to public health threats at POEs. 3. Conduct SIMEX/TTX at PoE to test readiness and capacity to respond to any public health threat. 4. Establish and train (including refresher), regional rapid response teams to detect, report, investigate and respond to public health events in the region at POEs. 5. Strengthening laboratory diagnostic capacities for priority public health threats by improving the sample management (collection, packaging, storage, and transportation), establishing sample referral mechanisms, procuring mobile labs	

	equipping, and distributing lab supplies(reagents). 6. Develop alert log to monitor number of alerts received, responded to by the RRTs.	
Priority 4: Cross-border health information management, research, and digitalization (E-health)		
Regional Level Strategic Interventions		
Outcomes	**Activities**	**Stakeholders**
Outcome 4.1: An integrated cross-border health management information system and digitalization are available at POEs.	1. Assess the functionality of the existing cross-border health information systems to analyze the status of digitalization, interoperability, and data sharing among EAC member states. 2. Develop/strengthen a centralized health border information management system. 3. Coordination and integration of the centralized health border information management system with the EAC pass. 5. Train data managers/health officials at the POEs on health information management.	EAC Secretariat, Ministries responsible for health and Border Management, Border Officials (Immigration, revenue/customs/trade), Development Partners: IOM, WHO and other UN Agencies), Private Sector.
Outcome 4.2: Improved evidence-based research, information, programming, and policy guidance.	1. Develop and implement a research agenda based on existing cross-border public	

	health threats/concerns. 2. Conduct operational research on key areas, including but not limited to: - Population movement and mobility (profiling and routes). - Cross-border mapping to determine public health vulnerabilities to infectious diseases and response capacity. - Public health interventions at POEs. 3. Regular publication of newsletters, policy briefs, and press releases.	