



**HIV and AIDS/STI and TB
Multisectoral Strategic Plan
and Implementation Framework
2015 - 2020**



**HIV and AIDS/STI and TB
Multisectoral Strategic Plan
and Implementation Framework
2015 - 2020**

HIV and AIDS/STI and TB Multisectoral Strategic Plan
and Implementation Framework 2015 - 2020

East African Community Secretariat
P. O. Box 1096
Arusha
Tanzania
Tel: +255 27 2162102/ 2162191
Fax: +255 27 2504255/2504481
E-Mail: eas@eachq.org
Website: www.eac.int

March 11th 2015

CONTENTS

ACRONYMS AND ABBREVIATIONS	1
ACKNOWLEDGEMENTS.....	3
PREAMBLE	5
1 EAST AFRICA COMMUNITY BACKGROUND	
INFORMATION.....	7
1.1 Regional Economic Communities	7
1.2 EAC protocols	9
1.3 HIV and AIDS, STI and TB Situation.....	10
2 REVIEW OF HIV/AIDS STRATEGIC PLAN	
2012-2014	17
2.1 Background information	17
2.2 Review of EAC HIV and AIDS Multisectoral Strategic Plan	
2012/2014	19
2.3 Development of the Strategic Plan	22
3 REVISED HIV/AIDS, TB AND STI STRATEGIC	
PLAN 2015-2020	25
3.1 Vision, Mission, Goal and Key Results Areas	25
3.2 Guiding principles	26
3.3 Prioritization of populations and geographies for the	
HIV, STI and TB response.....	27
3.4 Alignment to the overall EAC strategic plan,	
EAC protocol on health 28	28

4	FRAMEWORK FOR IMPLEMENTATION.....	39
	4.1 Institutional arrangements.....	39
	4.2 Monitoring and Evaluation	41
	4.3 Funding, Sustainability and Risk Management.....	42
	REFERENCES	44
	APPENDICES	46
	Appendix 1: List of research priorities to be undertaken	46
	Appendix 2: The results framework matrix	49

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Clinic
ART	Anti retroviral Treatment
ARV	Anti retro Viral
BCC	Behaviour Change Communication
BDHS	Burundi Demographic and Health Survey
COMESA	Common Market for Eastern and Southern Africa
CSO	Civil Society Organization
DRC	Democratic Republic of Congo
EA	East Africa
EAC	East African Community
EANNASO	East African National Networks of AIDS Services Organizations
EGPAF	Elizabeth Glazer Pediatrics AIDS Foundation
FHI	Family Health International
FSW	Female Sex Workers
GARPR	Global AIDS Response Progress report
GFATM	Global Fund for Fighting AIDS, Tuberculosis and Malaria
GLIA	Great Lakes Initiative on AIDS
HAU	HIV and AIDS Unit
HCT	HIV Counselling and Testing
HIV	Human Immune Virus
HMIS	Health Management Information System
IAVI	International AIDS Vaccine Initiative
IEC	Information, Education and Communication
IGAD	The Intergovernmental Authority on Development
IOM	International Organization for Immigration
KANCO	Kenya AIDS NGOs Consortium
KDHS	Kenya Demographic and Health Survey
KNASP	Kenya National HIV and AIDS Strategic Plan
LVBC	Lake Victoria Basin Commission
M&E	Monitoring and Evaluation
MARP	Most At Risk Population
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MoH	Ministry of Health
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NAC	National AIDS Council
NMSF	National Multi-sectoral Strategic Framework
NSP	National Strategic Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	Person Living with HIV
PMTCT	Prevention of Mother to Child Transmission
RDHS	Rwanda Demographic and Health Survey

REC	Regional Economic Community
RIATT-ESA	Regional Interagency Task Team on Children & AIDS East & Southern Africa
RST	Regional Support Team
SADC	South African Development Community
SGBV	Sexual and Gender Based Violence
SIDA	Swedish International Development Cooperation
SMC	Safe Male Circumcision
STI	Sexually Transmitted Infection
SW	Sex Worker
SWOT	Strengths, Weaknesses, Opportunities and Threats
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
THMIS	Tanzania HIV and AIDS and Malaria Indicator Survey
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UAIS	Uganda AIDS Indicator Survey
UDHS	Uganda Demographic and Health Survey
UHSBS	Uganda HIV Sero-Behavioural Survey
UNAIDS	Joint United Nations Program on AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	UNDP - United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
ZAC	Zanzibar AIDS Commission
ZNSP	Zanzibar National HIV&AIDS Strategic Plan

ACKNOWLEDGEMENTS

The East African Community would like to take this opportunity to express its deep appreciation and sincere thanks to all who participated in the development of the EAC HIV and AIDS/STIs and TB Multisectoral Strategic Plan and Implementation Framework 2015-2020.

The process of developing this Strategic Plan and Implementation Framework was participatory. It involved various key stakeholders including Civil Society Organizations (CSOs) private sector partners, government agencies (Ministries, Departments and Agencies), and development partners. Country and regional consultations were conducted in all the EAC Partner States to seek the input of all the stakeholders. The Strategic Plan's development process was mainly coordinated through the EAC Technical Working Group (TWG) on HIV and AIDS, TB and STIs that met regularly in working sessions and workshops to provide their inputs and technical advice following the Mid-Term Review of the previous Realigned EAC HIV and AIDS Multisectoral Strategic Plan (2012-2014). The TWG is composed of representatives from all groups of stakeholders involved in the HIV response in the EAC region.

The East African Community Secretariat was the lead agency in coordinating the Strategic Plan development process, but all partners and stakeholders participated actively in all the steps of the Strategic Plan's development ensuring comprehensive consultation and fully inclusive consensus on the final document. I acknowledge the facilitation by the consultants Dr. Larry Romano Adupa and the EAC HIV and AIDS Unit staff.

I wish to congratulate all partners for their active participation in the development of the new Strategic Plan and Implementation Framework, and above all for their invaluable and continuous contribution to the fight against HIV and AIDS/STIs and TB.

Hon. Jesca Eriyo
Deputy Secretary General
(Productive and Social Sectors)

THE STRATEGIC PLAN AT A GLANCE

Vision: Towards an East African Community free of HIV and AIDS, TB and STIs

Mission: A coordinated, evidence based and sustainable regional HIV and AIDS, TB and STIs response

Goal: To reduce the incidence and mitigate the impact of HIV, TB and STIs in order to secure sustained socio- economic development in the region.

Objectives

1. To reduce new cases of HIV, TB and STIs by 60%, 50%, and 50% respectively by 2020
2. To reduce HIV and TB related mortality by 75% by 2020
3. To increase access and utilization of integrated HIV, TB and STI services by 50% in 2020

KEY RESULTS AREAS				
KRA 1: Access to integrated, quality HIV and AIDS, TB and STIs services and commodities in the EAC region improved	KRA 2: Regional programs targeting mobile, vulnerable and key populations established and implemented	KRA 3: EAC research and knowledge management platform for evidence-based programming established	KRA 4: A good governance, leadership and stewardship framework in the EAC region established	KRA 5: Regional alternative and sustainable financing models for HIV and AIDS, TB and STIs established
TARGETS <ul style="list-style-type: none"> • An integrated HIV, TB and STI commodity management system established by 2020 • Access and utilization of integrated HIV, TB and STI services increased by 50% in 2020 	TARGETS <ul style="list-style-type: none"> • Access to integrated services by mobile, vulnerable and key populations increased by 30% by 2020 • Supportive legal and policy framework for service delivery improved by 2020 	TARGETS <ul style="list-style-type: none"> • Four functional collaboration and partnerships on regional research on HIV, TB and STIs established by 2020 • A functional EAC Knowledge Management Platform to inform regional policy and programs established and evidenced by at least five systematic reviews and five policy primers by 2020 	TARGETS <ul style="list-style-type: none"> • Implementation of at least three¹ regional commitments and policies on HIV, TB and STIs achieved in all 5 countries by 2020 • A regional monitoring, coordination and accountability framework implemented by 2020 	TARGETS <ul style="list-style-type: none"> • Domestic resources at regional and country levels increased by 30% in 2020 • Allocative and technical efficiency at regional and country levels increased by 5% per annum

PREAMBLE

This strategic plan lays out the strategic intents¹ for East African Community (EAC) HIV and AIDS program for the period 2015-2020. The plan will set the boundaries within which the EAC will implement its HIV and AIDS, TB and STIs interventions within the spheres of its mandate. The costed plan will further be a tool for resource mobilization as well as being a reference point for addressing HIV and AIDS, TB and STIs issues that are trans-boundary in nature within the region.

The strategic plan review process: The exercise was participatory involving extensive consultation process with Partner States and stakeholders in the public and private sector and the civil society. This took into account the changes in the socio-political, economic, technological and legal environs, and how they influence the dynamics of the HIV and AIDS, TB and STIs response. The approach further sought to generate buy-in by the different stakeholders for purposes of joint ownership and implementation of the strategic plan. To this end, consultative workshops, individual country assessment of areas of focus and assessment of performance of the previous strategy were carried out.

East African Community HIV and AIDS program strategic intents: Through a consultative approach, the vision and mission were reviewed in the context of policy, legislation, political and economical landscape dynamics. These will guide the strategic intents and priority setting in the HIV and AIDS, TB and STIs response. The overall thrust of this plan is to contribute to the reduction in the incidence of HIV, TB and STIs infection in the EAC region in order to secure sustained socio- economic development. In addition; care and treatment of PLHIV as well as mitigation of the impact of HIV and AIDS epidemic will be undertaken. In order to achieve the strategic intents, the EAC Secretariat will depend on the financial, political and technical support from the Partner States as well as development partners. The secretariat will adopt effective and efficient strategies while mitigating risks to have a more significant impact on the lives of the people in the EAC region.

Organization of the The HIV and AIDS/STI and TB Multisectoral Strategic Plan and Implementation Framework: Chapter one provides the contextual analysis of HIV and AIDS, TB and STIs globally and in the EA region in particular. Chapter two outlines the background information about EAC HIV and AIDS, TB and STIs program and its past performance. Chapter three delves into the strategic intents based on the gaps identified in the contextual analysis. Chapter four details the institutional arrangement for implementing the plan. The log frame and research priorities are provided as appendices.

¹ Strategic intents include the vision, mission, goal, key result areas, and strategic objectives and actions

1 EAST AFRICA COMMUNITY BACKGROUND INFORMATION

1 EAST AFRICA COMMUNITY BACKGROUND INFORMATION

1.1 Regional Economic Communities

1.1.1 East Africa Community

East African Community (EAC) is the regional intergovernmental organization of Burundi, Kenya, Rwanda, Tanzania and Uganda. The Treaty establishing the EAC was signed on November 30, 1999. The vision of EAC is to attain a prosperous, competitive, secure and politically united East Africa. The mission is to widen and deepen economic, political, social and cultural integration in order to improve the quality of life of the people of East Africa through increased competitiveness, value added production, enhanced trade and investment. The brand of the East African Community is “*One People, One Destiny*”.

To-date, the EAC Treaty and the associated protocols signed and implemented have resulted in the achievements of gradual currency convertibility and macro-economic convergence; adoption of common travel documents, work permits and fees for education, tourism, etc; common negotiating frameworks; substantial progress in harmonization of academic and professional qualifications; free movement of capital and harmonization of transport facilitating instruments. Furthermore, there are now many on-going processes to move the EAC to the next phase of integration into a monetary union and ultimately a political federation of the East African states. The EAC headquarters is based in Arusha, Tanzania.

Box 1: Some Health Specific Achievements made by EAC relevant to this Strategic Plan

- 1) Produced an EAC protocol on health and an EAC HIV and AIDS Bills
- 2) Established the East African Health Research Commission (EAHRC) in Bujumbura, Burundi
- 3) Establishing the Multi-National East African Community Regional Centres of Excellence (CoE) for skills and tertiary education in higher medical and health sciences education program
- 4) Established the East African Public Health Laboratory Networking (EAPHLN) among partner states
- 5) Put in place national and regional institutional and infrastructure capacity for surveillance and to prevent, detect and respond to possible outbreaks of Ebola Viral Hemorrhagic Fever (VHF) and other communicable diseases, conditions and events of public health concern in the East African region
- 6) Developed a Memorandum of Understanding (MOU) between the EAC and East, Central and Southern Africa Health Community (ECSA-HC) on the implementation of various regional health projects and programs in the EAC region.
- 7) Developed an MoU on collaboration between the EAC and the London School of Hygiene and Tropical Medicine (LSHTM) on the development and implementation of the East African community regional project on the harmonization and strengthening of the regulation and quality assurance of the medical devices and diagnostics
- 8) Working on strengthening and harmonization of various health professional boards and councils within the EAC region

1.1.2 EAC Partner States in other Regional Economic Communities

In addition to EAC, there are other regional economic communities (REC) that the five Partner States belong. These include Common Market for Eastern and Southern Africa (COMESA), The Southern African Development Community (SADC) and The Intergovernmental Authority on Development (IGAD),

Southern African Development Community (SADC): SADC was established in 1992 as a regional economic community with a commitment to regional integration and poverty eradication within Southern Africa through economic development and ensuring peace and security. SADC has 15 member states including Tanzania in EAC and Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Zambia and Zimbabwe.

Common Market for Eastern and Southern Africa (COMESA): COMESA was formed in 1994 to replace the former Preferential Trade Area (PTA) which had existed from the earlier days of 1981. It is constituted by 19 member states, namely, Burundi, Kenya, Rwanda, Uganda, Libya, Egypt, Sudan, Eritrea, Djibouti, Ethiopia, DRC, Madagascar, Malawi, Mauritius, Zambia, Zimbabwe, Swaziland, Comoros and Seychelles. The Partner States have agreed to co-operate in developing their natural and human resources for the good of all their people' and as such it has a wide-ranging series of objectives which necessarily include in its priorities the promotion of peace and security in the region.

The Intergovernmental Authority on Development (IGAD): IGAD was created in 1996 to supersede the Intergovernmental Authority on Drought and Development (IGADD) founded earlier in 1986. The Authority has seven members, namely, Kenya and Uganda of EAC and Djibouti, Ethiopia, Somalia, Sudan and Eritrea. One of the objectives of IGAD is to promote and realize the objectives of the Common Market for Eastern and Southern Africa (COMESA) and the African Economic Community.

Africa Union: The Sirte Extraordinary Session (1999) of African Heads of State decided to establish an African Union with the vision of: "An integrated, prosperous and peaceful Africa, driven by its own citizens and representing a dynamic force in global arena." One of the key objectives of AU is to work with relevant international partners in the eradication of preventable diseases and the promotion of good health on the continent; it also endeavours to coordinate and harmonize the policies between the existing and future regional economic communities for the gradual attainment of the objectives of the Union. Against this background, African leaders in 2001 adopted the New Partnership for Africa's Development (NEPAD) as a program of the AU with the primary objectives of poverty eradication, promotion of sustainable growth and development, and the empowerment of women through building genuine partnerships at country, regional and global levels. NEPAD is active in six thematic areas: Regional integration and infrastructure that is pertinent in this study; Agriculture and food security; Climate change and natural resource management; Human development; Economic and corporate governance; and Cross-cutting issues, including gender, capacity development and ICT.

1.2 EAC protocols

1.2.1 EAC Health protocol

The East African Legislative Assembly passed a Bill in 2012 requiring governments to ensure that persons living with or affected by HIV and AIDS are protected from all forms of abuse, discrimination and are provided with appropriate support, care and treatment services. Thereafter, in 2013, the EAC agreed on a protocol on Health whose purpose is to give guidance on how to govern regional co-operation on health and related matters among the Partner States. Its vision is to have a harmonized and integrated regional health system and services for the improvement of the health and general well-being of the peoples of the Community. The protocol's mission is to provide legal mechanisms for coordination and integration of health systems and services in order to enhance the health of the people in the Community, as spelt out in Article 118 of the Treaty. The principal objective of the protocol is to establish, harmonize and operationalize regional health policies and legal frameworks and mechanisms, to facilitate and govern regional cooperation on health and related matters among the Partner States. The Partner States also agreed to cooperate in strengthening regional collaboration and coordination in the health sector, including HIV and AIDS and sexually transmitted infections (STI) control and management. Other relevant articles are as shown in table 1 below.

Table 1: Selected Articles in the EAC Protocol on Health

AREAS OF COOPERATION	ARTICLES
Cooperation on health systems development and strengthening, health research and policy	<ul style="list-style-type: none"> • Article 7: Health Systems • Article 8: Regulation of Training, Licensing and Practice of Health Professions
Cooperation in disease prevention and control	<ul style="list-style-type: none"> • Article 10: Prevention and Control of Communicable and Non-Communicable Diseases • Article 10: Joint Cross-Border Disease Surveillance and Response • Article 11: Epidemiological Surveillance • Article 12: Improving Medical Laboratory Services • Article 15: Social Mobilization to Prevent and Control Diseases • Article 16: Exchange of Surveillance and Epidemic Information
Cooperation on HIV and AIDS and sexually transmitted infections prevention, control and management	<ul style="list-style-type: none"> • Article 21: Prevention and Control Measures • Article 22: HIV and AIDS Treatment, Care and Support
Cooperation in medicines, food safety and quality	<ul style="list-style-type: none"> • Article 28: Regulation of Medicines and Food Safety and Quality • Article 29: Promotion of Local Pharmaceutical Production and Pooled bulk Procurement of Medicines and Health Supplies

Source: EAC (2012)

1.2.2 Other EAC protocols

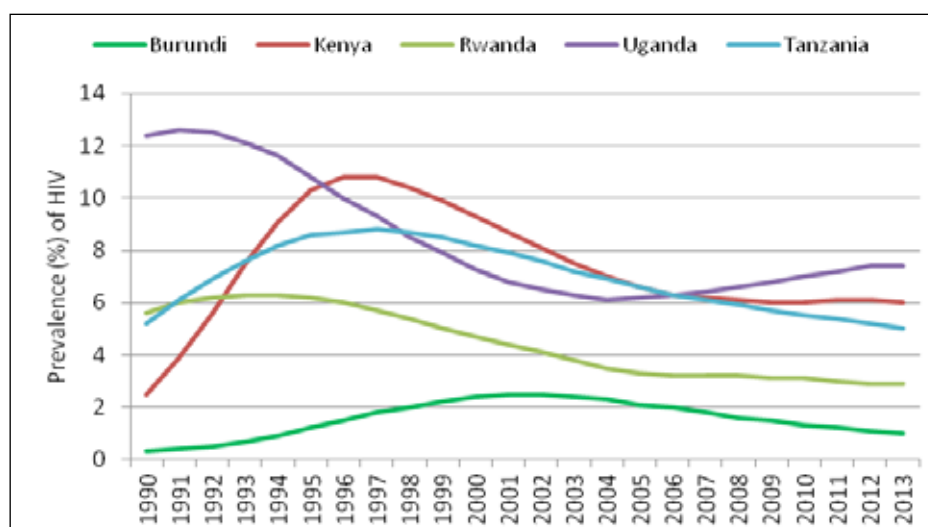
The EAC Partner States have signed other protocols that have a bearing on the social and economic well being of the population in the individual countries. This includes the Monetary Union Protocol and Protocol on the Establishment of the East African Community Common Market. The objective of the Monetary Union is to promote and maintain monetary and financial stability aimed at facilitating economic integration to attain sustainable growth and development of the community. On the other hand the Protocol on the Establishment of the East African Community Common Market provides for free movement of goods; free movement of persons and labor; rights of establishment and residence; and free movement of services. Although this movement in itself does not cause disease, conditions surrounding the migration process increase vulnerability to ill health (specifically HIV, tuberculosis and sexually transmitted infection (STI) among migrants and migration-affected communities.

1.3 HIV and AIDS, STI and TB Situation

1.3.1 HIV and AIDS

Trend in HIV prevalence: According to the UNAIDS 2014 report, the estimated prevalence of HIV among adults 15-49 years of age in the EAC region was 1.0% for Burundi, 6.0% for Kenya, 2.9% for Rwanda, 7.4% for Uganda and 5.0% for Tanzania. In general, with the exception of Uganda where there has been an increase from 6.2% in 2005, there has been a significant decline from 2.1% for Burundi in 2005, 6.6% for Kenya in 2005, 3.3% for Rwanda in 2005 and 6.6% for Tanzania in 2005 due to adoption of HIV combination preventions strategies. This overall downward trend in the prevalence of the HIV needs to be accelerated during the period of implementing this strategic plan. Secondly, the wide variation in prevalence between 1% and 7% across the Partner States requires concerted effort for reducing it in order to ensure that limited transmission occurs in the region.

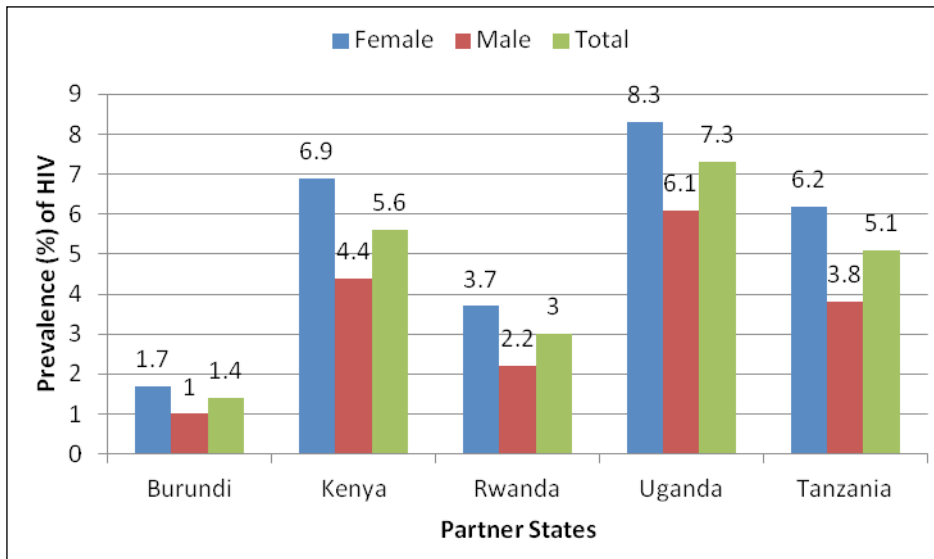
Figure 1: Trend in HIV Prevalence in East Africa Partner States, 1990-2013



Source: UNAIDS Report on the Global AIDS Epidemic – 2014

HIV prevalence by Gender: In the region, the prevalence of HIV is disproportionately higher among women than men in all the five Partner States. This is probably due to the greater susceptibility of women to HIV infection, making women an important target population in this strategic plan.

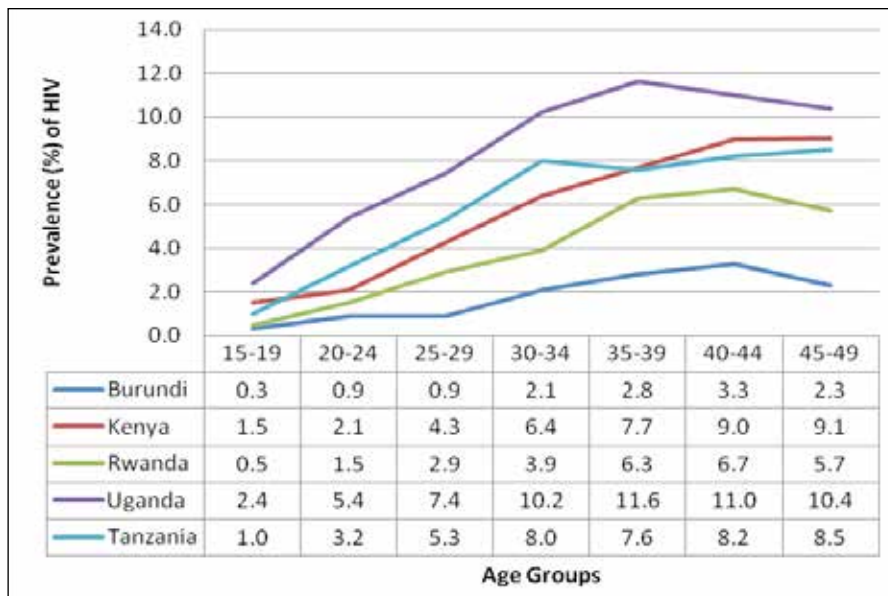
Figure 2: Prevalence of HIV by Gender



Source: UNAIDS Report on the Global AIDS Epidemic - 2013

HIV prevalence by age: Figures 3 shows the trends in HIV prevalence for the general population by age group. The graph indicates that HIV prevalence is more concentrated in the age groups 30 to 44. This age group in general is economically and sexually active, has families and responsibilities and hence those living with HIV need to be protected to live longer productive lives.

Figure 3: Prevalence of HIV by Age



Source: UNAIDS Report on the Global AIDS Epidemic - 2013

In 2012, there was a total of 333,400 new infections in the region with the majority being found in Kenya, United Republic of Tanzania and Uganda. In general, about 4.9 million people were living with HIV out of which nearly 2 million were eligible for ART although only 75% of these were receiving treatment. Since ART became more widely available in the region, there has been a consistent decline in the number of AIDS related deaths in all the countries in the East African Community. Thus, in 2012, a total of 210,000 people were estimated to have died from AIDS with the majority being in Tanzania, Kenya and Uganda as is shown in table 2 below.

Table 2: Selected Key Features of HIV epidemic in EAC Partner States, 2012

Partner States	Number of New Infection (%)	Number of PLHIV (%)	Number of Adults		Deaths (%)
			Eligible for ART	Adults on ART (%)	
Burundi	4,600 (1.4)	89,000 (1.8)	40,000	67	4,800 (2.3)
Kenya	98,000 (29.4)	1,600,000 (32.7)	680,000	81	57,000 (27.1)
Rwanda	7,800 (2.3)	210,000 (4.3)	110,000	97	5,600 (2.7)
Tanzania	83,000 (24.9)	1,500,000 (30.6)	580,000	68	80,000 (38.0)
Uganda	140,000 (42.0)	1,500,000 (30.6)	580,000	70	63,000 (29.9)
TOTAL	333,400	4,899,000	1,990,000	77 ²	210,400

Source: UNAIDS Report on the Global AIDS Epidemic - 2013

Prevalence by key populations: HIV prevalence among sex workers, men having sex with men and people who use drugs in most of the EAC Partner States is much higher than the general population. This is shown in table – below. Rwanda and Burundi have incomplete data given their categorization as low burden countries.

Table 3: Prevalence of HIV among key population in EAC

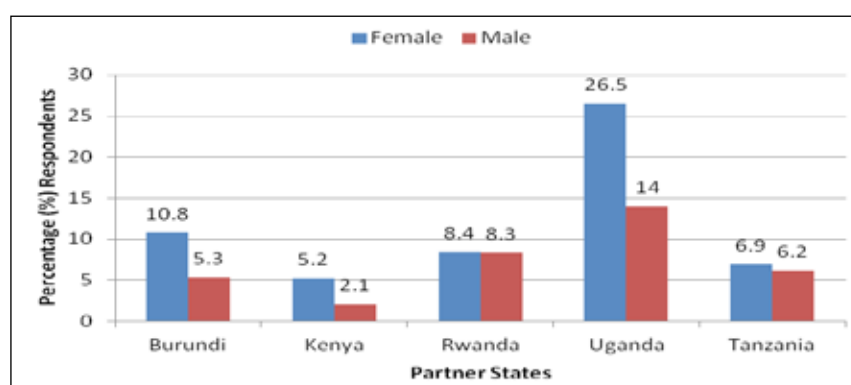
Country	Prevalence in general population (15-49)	Prevalence among sex workers	Prevalence among MSM	Prevalence among PWUD
Kenya	6.0	29.3	18.2	19.3
Rwanda	3.0 *	51.0 *	Data not available	Data not available
Tanzania	5.0	31.4 *	22.2	15.5
Uganda	7.3 *	33.0 *	13.2	Data not available
Burundi	1.4	21.3	4.6	Data not available

Source: Adapted from Synthesis of the latest evidence on the HIV epidemic and programmatic response among people left behind (Sex Workers, Men having Sex with Men, Transgender populations and People Who Inject Drugs) in the Eastern and Southern Africa region, UNAIDS, 2014, Burundi DHS 2010, Burundi PLACE study 2014

1.3.2 Sexually Transmitted Infections

Prevalence of Sexually Transmitted Infections by gender: STIs other than HIV constitute a significant public health problem. In general a high incidence of STIs in a population is a marker for a high underlying incidence of unprotected sexual activity, which may contribute to HIV transmission. In the region, a relatively higher percentage of women have STI/genital discharge/sore or ulcer than men as is shown in the figure below.

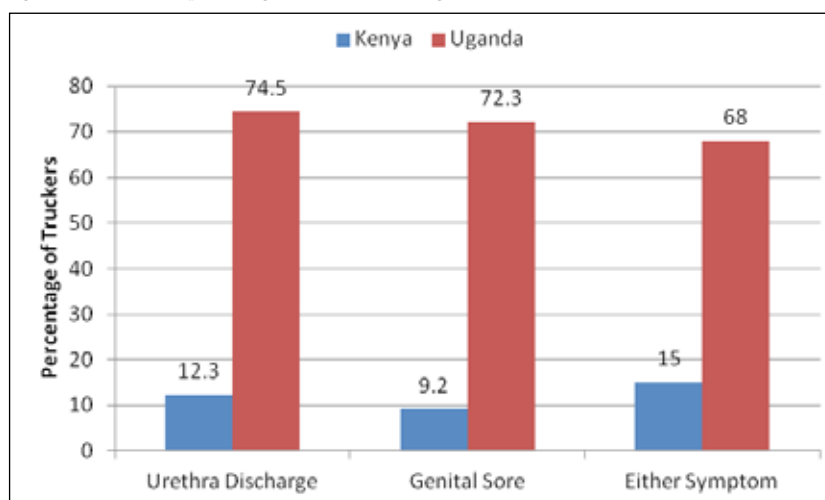
Figure 4: Percentage respondents reporting having an STI/genital discharge/sore or ulcer in the past 12 months



Source: BDHS (2010), KDHS (2010), RDHS (2010), UAIS (2011), THMIS (2011)

Prevalence of Sexually Transmitted Infections among some key populations: There is no consistent data on prevalence of STI among the key populations in various countries. Although self reporting is not reliable enough, available data from two surveys conducted by IOM in 2005² and 2007³ indicated that the prevalence of STIs among truck drivers and their assistants in Kenya and Uganda was 15% for those on the Northern transport corridor but extremely high at 68% for truckers plying the Kampala-Juba transport route as shown in the figure below. Comparable data from other Partner States is not available.

Figure 5: Self Reporting of STIs During Past 12 Months Prior to Interview



2 Morris C N & Ferguson A (2005). Hot-spot mapping of the Northern Corridor Transport Route: Mombasa-Kampala. International Organization for Migration. Nairobi.

3 Ferguson A and Kriitmaa K (2007). Hot-spot mapping along the Kampala-Juba Transport Route. International Organization for Migration. Kampala

Source: Morris and Ferguson (2005) & Ferguson and Kritmaa (2007).

Among female sex workers, there are a varying levels of STI infection in the partner states. In Kenya the MARPs Surveillance Report of 2012 note that among female sex workers 15.3 had bacterial vaginosis, 29.3% had HIV, 22% syphilis, 10.3% *Trichomonas vaginalis*, 1.1% vaginal *N. gonorrhoeaea* and 3.1% vaginal *C. trachomatis*. Similarly in Uganda, the 2010 Crane survey revealed that among female sex workers, 68% of the respondents were diagnosed with an STI in the survey. Thirty-three percent had bacterial vaginosis, 33% had HIV, 0.9% syphilis, 9% *Trichomonas vaginalis*, 8% vaginal *N. gonorrhoeaea* and 4% vaginal *C. trachomatis*. Braunstein et al.(2011), reported prevalence rates of 24% and 59.8% for HIV and HSV-2 respectively among female sex workers in Kigali Rwanda. Information was not readily available regarding STIs among female sex workers in Tanzania and Burundi, however Ghebremichael et al, (2014)⁴ reported that in a community-based survey in Northern Tanzania, half of the women tested positive for at least one STI. Forty three percent had HSV-2, 11% had HIV, 11% *Trichomonas*, 3.2% *Mycoplasma Genitalium*, 2.5% syphilis, 1.8% chlamydia and 0.2 % had gonorrhoea.

1.3.3 Tuberculosis

TB disease burden: Globally, there are 22 high-burden countries that account for approximately 80% of all new TB cases arising each year; out of these, nine are in Sub-Saharan Africa including Kenya, Uganda and Tanzania in East Africa. The TB epidemic in the EAC region is driven by the high prevalence of HIV. People infected with HIV infection have a ten times increased risk of developing TB compared to those not infected with HIV. According to the WHO report of 2012 and 2014⁵, the estimates of the burden of disease caused by TB in the EAC region has decreased during the two reporting periods as is shown in the table below. Mortality rate has decreased in all the three partner states; prevalence has increased in Kenya and Tanzania, but decreased for Uganda; and incidence has decreased for Uganda, increased for Tanzania; and remained constant for Kenya at a high of 120,000 people.

Table 5: Estimated burden of disease caused by TB (Number in Thousands)

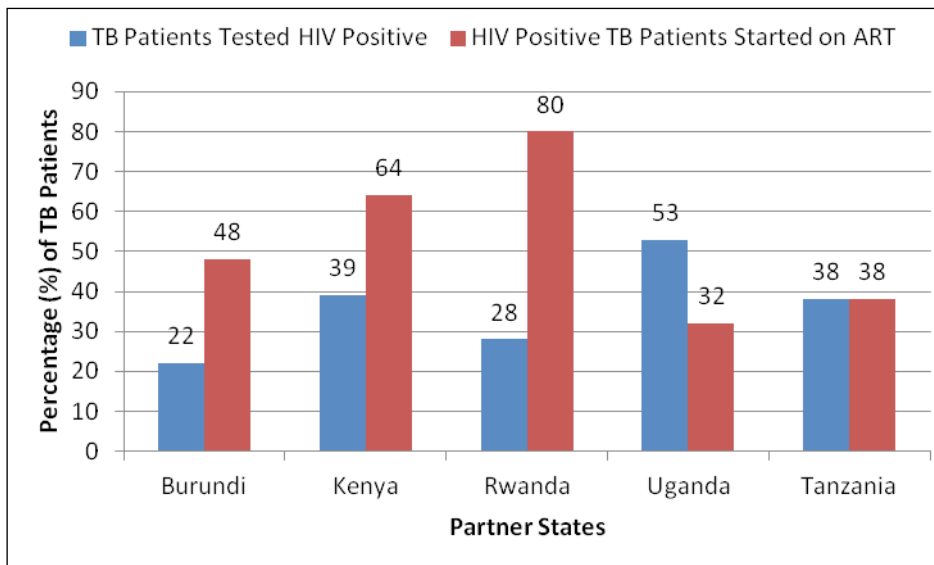
Country	Mortality			Prevalence			Incidence			HIV+ve Incident TB Cases		
	2012	2014	Change	2012	2014	Change	2012	2014		2012	2014	Change
Kenya	9.2	9.1	-0.1	120	130	10	120	120	0	47	48	1
Uganda	5	4.1	-0.9	63	58	-5	67	62	-5	35	32	-3
Tanzania	6.4	6	-0.4	82	85	3	78	81	3	30	30	0

Source: WHO (2012) & WHO (2014).

4 Musie Ghebremichael et al (2014). The Syndromic versus Laboratory Diagnosis of Sexually Transmitted Infections in Resource-Limited Settings. Northern Tanzania

Many TB patients are also infected with HIV. In the region, at least one in five TB patients are HIV positive. However, in Burundi, Uganda and Tanzania, less than 50% of the HIV positive TB patients have been started on ART. In Rwanda four out of five such patients are on ART compared to a third in Kenya as is shown in the figure below. Information regarding TB in Burundi and Rwanda was not available as these are not high burden countries that are usually reported on by WHO.

Figure 6: Percentage of TB Patients in relation to HIV Positivity



Source: WHO (2014)

2 REVIEW OF HIV/ AIDS STRATEGIC PLAN 2012-2014

2 REVIEW OF HIV/AIDS STRATEGIC PLAN 2012-2014

2.1 Background information

2.1.1 EAC Partner States' HIV and AIDS Strategic Plans

The national responses to HIV and AIDS in the five EAC countries are guided by their respective national strategic plans as is shown in the table below. In the strategic plans, truckers, host communities, returnees, women and girls affected by sexual and gender based violence, migrant workers, IDUs, MSMs, women petty traders, married couples and young women and girls are mentioned as important target populations. However, the recent Annual EAC report has noted that size estimation of these populations is still a major challenge. Hence, the EAC needs to ensure that the region has adequate capacity and information for guiding the development of effective strategies for an integrated HIV and health service provision to the population in the transport corridor of the region. The table below illustrates the respective country HIV and AIDS strategic plans and their respective time frames.

Table 6: National Strategic Plans for EAC Partner States

Partner State		National HIV and AIDS Strategic Plan	Timeframe
Burundi		National Strategic Plan on HIV/AIDS Control	2014-2017
Kenya		Kenya AIDS Strategic Framework	2014/15–2018/19
Rwanda		Rwanda HIV and AIDS National Strategic Plan	2013-2018
Tanzania	Mainland	Tanzania Third National Multi-Sectoral Strategic Framework For HIV and AIDS	2013/14 – 2017/18
	Zanzibar	Zanzibar National HIV&AIDS Strategic Plan	2011-2016
Uganda		National HIV and AIDS Strategic Plan	2015/16-2019/20

With regards to STIs, control efforts in East Africa have increasingly been defined in relation to HIV programme priorities. All EAC Partner States HIV and AIDS strategic plans have well articulated strategies and interventions to address STIs in the respective countries. Hence there are no standalone country strategic plans to address STIs.

The **Burundi** strategic plan has a focus on the following key areas: prevention of new infections; prevention of transmission through blood; prevention of MTCT; and, prevention and management of gender based violence. It will also address socio-economic support to PLHIV and comprehensive care of OVC including medical care and educational support. Putting in place a favourable environment for implementation of the NSP and strengthening coordination for the entire national response will be key areas of attention in the period 2014-2017. **Burundi is aiming to reduce new HIV infections by 70% by 2016.**

The current **Kenya** AIDS Strategic Framework (KASF) has eight strategic directions. Strategic direction one is on reducing new HIV infections while the second one is on improving health outcome and wellness of all people living with HIV. The third strategic direction is on using a human rights approach to facilitate access to services for PLHIV, key populations and other priority groups in all sectors. The fourth strategic direction is on strengthening integration of health and community services while strategic objective five is on strengthening research and innovation to inform the KASF goals. Strategic objectives six, seven and eight are, respectively on: promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming; increasing domestic financing for a sustainable HIV response; and, promoting accountable leadership for delivery of the KASF results by all sectors and actors. **Kenya is aiming to reduce new HIV infections by 75% by 2018/19.**

The **Rwanda** national strategic plan 2013-2018 has three impact level results areas towards which all interventions are oriented. These are prevention (reducing new infection in children; reducing new infections through sexual transmission in the population; and, maintaining low levels of blood borne transmission); care and treatment (People living with HIV receive adequate care and support; increasing coverage of ART; and, reducing morbidity related to STI, opportunistic infections (OI) and other co-morbidities among PLHIV); and, mitigation of impact (improving economic status of people infected and affected by HIV; improving social and economic protection of OVC; and, reducing stigma and discrimination towards people infected and affected by HIV). **Rwanda is aiming to reduce new HIV infections by 75% by 2018/19.**

Uganda's strategic plan 2015/16-2019/20 has four focus areas, namely, prevention, care and treatment, social support and systems strengthening. Prevention objectives are: to increase adoption of safer sexual behaviours, scale-up coverage and utilization of biomedical HIV prevention interventions and mitigate underlying socio-cultural, gender and other factors that drive the HIV epidemic. The objectives under care and treatment are to increase access to pre-antiretroviral therapy (ART) care for those eligible, increase access to ART and improve quality of chronic HIV care and treatment. In social support and protection, the objectives are to scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups, mainstream the needs of PLHIV, OVC and other vulnerable groups into other development programs. In systems strengthening the objectives are to strengthen the governance and leadership of the multi-sectoral HIV/AIDS response at all levels, ensure availability of resources for delivery of quality HIV/AIDS services. **Uganda is aiming to reduce new HIV infections by 70% by 2020.**

Tanzania's third Health Sector HIV and AIDS Strategic Plan (HSHSP III) 2013 – 2017, provides strategic guidance in the national response and has three strategic result areas, namely, to (1) elimination of new HIV infections, (2) reduction of HIV related mortality and (3) elimination of stigma and discrimination. In addition the strategic plan advocates for the building of strong and sustainable systems to support the health sector HIV/AIDS Response through Interaction of the HIV and AIDS Response and Health Systems Building Blocks, service delivery, medicines and technology as well as strategic information for monitoring and evaluation of the health sector HIV response. **Tanzania is aiming to reduce new HIV infections by 50% by 2017.**

2.1.2 EAC Partner States' TB Strategic Plans

The national responses to TB in three (Kenya, Tanzania & Uganda) of the five EAC Partner States are guided by their respective national strategic plans as is shown in the table below. TB strategic plans for Burundi and Rwanda were not readily available. The table below illustrates the respective time frame for TB strategic plans for the 3 high burden counties in the EAC region.

Table 6: National Strategic Plans for EAC Partner States

Partner State	National TB Strategic Plan	Timeframe
Kenya	The Division of Leprosy, Tuberculosis and Lung Disease (DLTLD) Strategic Plan	2011 – 2015
Tanzania	Tanzania Third National Multi-Sectoral Strategic Framework For HIV and AIDS	2013/14 – 2017/18
Uganda	The National TB strategic plan	2010 – 2015

All the three strategic plan are guided by the Stop TB Strategy for the TB care and control activities. The Stop TB strategy is a continuously evolving TB care and control approach that identifies and target, vulnerable groups for TB care and control. Some of the strategies in the 3 plans that are vital to progress include community-based DOTS, more intensive and focused active case finding, increasing contact tracing and enhanced systems to support patient adherence to treatment. Whereas there is mention of TB/HIV co-infection in these strategic plans, integration of TB and HIV activities are not well elaborated.

2.2 Review of EAC HIV and AIDS Multisectoral Strategic Plan 2012/2014

2.2.1 The HIV and AIDS response in the region

The EAC Strategic plan was developed to compliment and support strategic plans. The EAC strategic plan⁶ for addressing HIV/AIDS had four objectives, namely, (i) To scale up regional and national leadership involvement, commitment and ownership for sustainability of HIV and AIDS response (ii) To facilitate the adoption, harmonization and implementation of international and regional protocols, guideline, policies and strategies; (iii) To improve the designing, management, and sustainability of HIV responses at national and regional level; and (iv) To strengthen the coordination and implementation of regional responses for migrant and key populations in the EAC region.

⁶ EAC (2012). Realigned EAC HIV and AIDS Multisectoral Strategic Plan (2012-2014)

Achievements

Many achievements were made during the implementation of the Realigned EAC HIV and AIDS Multisectoral Strategic Plan 2012-2014. These include the following:

Objectives in EAC Strategic Plan 2012-2014	Achievements by EAC
(i) To scale up regional and national leadership involvement, commitment and ownership for sustainability of HIV and AIDS response	<ul style="list-style-type: none"> a) Regional partnership fora to enhance collaboration and buy in the implementation of the HIV and AIDS agenda were held b) NAC Directors' Forum, the Technical Working Group on HIV and AIDS, TB and STIs and the M&E subgroup were formed and convened c) Efforts were made to promote sustainable financing agenda in the region
(ii) To facilitate the adoption, harmonization and implementation of international and regional protocols, guideline, policies and strategies;	<ul style="list-style-type: none"> a) A comprehensive analysis of the EAC Partner States' HIV health and related legislation, bills, policies and strategies was carried out and a HIV legal and policy reform framework developed and disseminated b) The HIV and AIDS prevention and Management Bill was assented by the Partner States
(iii) To improve the designing, management, and sustainability of HIV responses at national and regional level	<ul style="list-style-type: none"> a) The EAC HIV and AIDS Response Report 2013 was produced to inform policy and programming
(iv) To strengthen the coordination and implementation of regional responses for migrant and key populations in the EAC region.	<ul style="list-style-type: none"> a) Cross-border study on the HIV disease burden at cross border communities in the EAC region was carried out and a regional taskforce for scaling up an integrated health and HIV and AIDS programming along the transport corridors was formed. b) Sero-behaviour studies among the plantation workers and university studies in the Republic of Rwanda was carried out in collaboration with the Lake Victoria Basin Commission (LVBC).

Challenges

Some of the challenges faced in the implementation of the current plan include:

- i. Inadequate financial resources and over reliance on external funding
- ii. High frequency of changes of guidelines affected mechanisms for harmonization of integrated TB, HIV and STI services across the region
- iii. Limited investment in capacity strengthening of the EAC secretariat and partner states coordinating mechanisms

2.2.2 SWOT Analysis

This sub-section presents the strengths, weaknesses, opportunities and threats as experienced during the implementation of the Realigned EAC HIV and AIDS Multisectoral Strategic Plan 2012-2014.

Strengths and weaknesses: Strengths are factors which the EAC Partner States and the Secretariat can optimize to deliver on this strategic plan while the weaknesses should be addressed to minimize their negative impacts on achievement of the desired outcomes in the implementation of the strategic plan. The table below summarizes the identified strengths and weaknesses.

Strengths	Weaknesses
<ol style="list-style-type: none"> 1 The existence of legal and political mandate drawn from the EAC treaty gives opportunity for collaborative programming and action 2 There are effective national and regional institutional arrangements and structures (such as working groups) that can be leveraged to achieve the goals of the SP. 3 There is political stability, strong leadership and political commitment and support from partner states for effective regional programming 4 The EAC Secretariat has qualified and committed human resource and expertise 5 There exist experiences and best practices from other RECs that can inform programming 6 On-going harmonization processes within the Health Sector (e.g. Medicines regulation harmonization) 	<ol style="list-style-type: none"> 1 The multiplicity of country HIV/AIDS strategic planning cycles across the Partner States minimizes effectiveness in coordinating the response including harmonized target setting 2 Weak financial base and donor dependence affect the scope and scale of program implementation 3 The shortage of sufficient number of staff at the EAC secretariat affects the scope and scale of programming including monitoring and provision of technical support to Partner States

Opportunities and Threats: Opportunities are factors in the external environment to the EAC secretariat and its Partner States that can be harnessed to support implementation of the strategic plan. On the other hand, threats are factors that are likely to interfere with the achievement of the desired outcomes in the implementation of the strategic plan. In both cases, they present as global or regional changes in policies, politics, laws, science and technology, economic climate, social trends among others that directly or indirectly impact on implementation of strategic plan. The table below outlines some of these factors.

Opportunities	Threats
1 There is commitment to establish sustainable funding mechanisms at both country and regional levels	1 Delayed contributions from Partner States thus affecting implementation and sustainability of funding
2 There is commitment for integration of TB and HIV interventions under NFM	2 Outbreak of communicable diseases can divert resources and attention from HIV/AIDS/TB and STIs
3 There is potential for local production of commodities and bulk procurement	3 Dependency on external donors will increase unpredictability and flow of resources that ultimately affect access to services
4 There are exciting advances in new prevention and treatment technologies that could significantly reverse the trend of the HIV, TB and STI in the region	4 Frequent changes in global policies/guidelines affect the rate at which EAC Partner States adopt and implement such instruments
	5 Political instability may affect service delivery and increase instances of Human Rights and Gender Based Violence that fuels the epidemics of HIV, TB and STIs
	6 Other competing agendas (fight against terrorism, recession) at the international level may change priorities of development partners

2.3 Development of the Strategic Plan

2.3.1 Rationale for review of the strategic plan

This strategic plan is designed to address changes in the HIV/AIDS, TB and STIs contexts globally and in the EAC region especially those which are trans-boundary in nature. It recognizes the new threats and opportunities that have emerged over time within the realms of the EAC and the need to improve on the efficiency in the way the EAC Secretariat and Partner States do business.

2.3.2 The strategic planning process

The process was widely participatory and included 8 steps as is shown in the figure below.

Figure 7: The Strategic Planning Process



3 REVISED HIV/ AIDS, TB AND STI STRATEGIC PLAN 2015-2020

3 REVISED HIV/AIDS, TB AND STI STRATEGIC PLAN 2015-2020

3.1 Vision, Mission, Goal and Key Results Areas

Vision

An East African Community free of HIV and AIDS, TB and STIs

Mission

Ensure a coordinated, evidence based and sustainable regional HIV and AIDS, TB and STIs response.

Goal

To reduce the incidence and mitigate the impact of HIV, TB and STIs in order to secure sustained socio- economic development in the region.

Specific Objectives

- To reduce new cases of HIV by 60%, TB by 50% and STIs by 50% by 2020 in the EAC region
- To reduce HIV and TB related mortality by 75% by 2020 in the EAC region
- To increase access and utilization of integrated HIV, TB and STI services by 50% in 2020

Key Results Areas

1. Access to integrated, high quality HIV and AIDS, TB and STI services and commodities in the EAC regional improved
2. Regional programs targeting mobile, vulnerable and key populations established and implemented
3. EAC research and knowledge management platform for evidence-based programming established
4. A good governance, leadership and Stewardship framework established in the EAC region
5. Regional alternative and sustainable financing models for HIV and AIDS, TB and STIs established

3.2 Guiding principles

In implementing this strategic plan, the EAC Secretariat and Partner States will be guided by the following principles: Rights based approach; Gender transformative approach; Respect for autonomy for the Partner States; Country and regional ownership; Equitable regional capacity enhancement; and Multisectoral accountability.

Right based approach: In this strategic plan, efforts will be made to protect and promote the rights of those who are socially excluded, marginalized and vulnerable. This will be achieved, by among others, supporting the development of the capacities of 'duty-bearers'/service providers to meet their obligations and/or of 'rights-holders'/those excluded to claim their rights.

Gender transformative approach: Efforts will be made to transform unequal gender relations in order to promote shared power, control of resources, decision-making, support for women's empowerment and achieve positive development outcomes. This will include, but not be limited to integrating gender responsive indicators in its M&E framework and plan as well as gender disaggregating data on 10-14 and 15-19 year olds as the basis for evidence-based programming.

Respect for autonomy for the Partner State: Regional approaches undertaken at the EAC level shall not be allowed to conflict with those at the national level so as not to undermine the autonomy and sovereign structures and systems of the individual Partner States. Emphasis shall be on the "value addition to what the Partner States are doing"

Country and regional ownership: Partner States will build supportive policy environment to facilitate realization of the strategic plan imperatives. At regional level, the EAC Secretariat will coordinate transboundary interventions with active involvement of concerned Member States.

Multisectoral accountability: In adherence to one of the key principles of EAC's 4th Development Strategy of accelerating wider and deeper integration among the people of East Africa, this plan has been driven by a strong multisectoral engagement with stakeholders in the arena of EAC/ HIV & AIDS. In the same way the implementation of the plan shall be driven by a multisectoral approach. This will involve building viable, strategic partnerships with other EAC sectors, in collaboration with Partner States and various stakeholders at the various levels as a way of raising and galvanizing partnerships so as to attain the optimum impact needed in achieving the goals of the strategic plans. In this regard, EAC HIV and AIDS unit will strongly seek for support to foster harmony and complimentary framework within the EAC, at the national and global level to champion responses to the HIV and AIDS epidemic.

Equitable regional capacity enhancement: The EAC Partner States are at different capacity levels in surveillance, research and program implementations. The implementation of this strategic plan will ensure integration of capacity need assessment and capacity enhancement programs across Partner States and programs.

3.3 Prioritization of populations and geographies for the HIV, STI and TB response

Even though all Partner States have generalized HIV epidemics, with some of the highest rates of TB infection and disease burden in the world, there are still higher levels of infection and transmission within certain geographic areas, as well as among some key populations and vulnerable groups. Although this strategic plan promotes a broad framework for addressing HIV, STIs and TB at a general population level, it also identifies priority populations that should be targeted for specific prevention, care, treatment and support interventions based on the analysis of the EAC epidemic. The risk of HIV, STIs or TB is not equal for all populations. In the context of this strategic plan and for the purpose of regional programming, the priority populations include:

Key populations for HIV and STIs: are a defined group of people groups who, due to specific higher-risk behaviour, are at increased risk of contracting HIV and STIs irrespective of the epidemic type or local context. Legal, cultural and social barriers related to their behaviour increase their vulnerability to HIV. In the EAC they include:

- Men who have Sex with Men (MSM);
- People Who Use Drugs (PWUD) and
- Sex Workers.

Vulnerable populations to HIV and STIs: are those populations whose social contexts increase their vulnerability to HIV and STI risk. These include:

- adolescent girls and young women
- migrant populations and mobile workers.
- fisher folks and communities living in the water ways
- people living or working along the transport corridors
- orphans and other vulnerable children and adolescents
- people with disabilities
- young people in and out of school
- Adolescents living with HIV and AIDS
- Infant and young children
- People Living with HIV (PLHIV)

Vulnerable populations to TB: For purposes of this strategic plan, the vulnerable groups that are at higher risk for TB infection i.e. those populations whose social contexts increase their vulnerability to TB risk include:

- Household contacts of confirmed TB cases, including infants and young children
- Healthcare workers, mine workers, correctional services staff and inmates
- Children and adults living with HIV
- Diabetics and people who are malnourished
- Smokers, drug users and alcohol abusers
- Mobile, migrant and refugee populations
- People living and working in poorly ventilated and overcrowded environments, including
- Those who live in informal settlements.

This strategic plan makes provision that these populations will be targeted with different, but specific, interventions during implementation to achieve maximum impact. The EAC in collaboration with partner states will ensure geographical mapping and geographical prioritization of interventions for Key and Vulnerable populations for HIV and TB especially for regional aspects of the response.

3.4 Alignment to the overall EAC strategic plan, EAC protocol on health

There is a strong linkage between the EAC Development Strategy 2011/12-2015/16, the EAC Protocol on Health and the EAC strategic plan on HIV/AIDS, TB and STI in terms of vision, goal and objectives as is summarized in the table below. This underscores the fact that indeed EAC (a) in the response to HIV/AIDS, TB and STI, is compliant with other EAC instruments for enhancing cooperation in the region, (b) is going to focus on aspects of the health protocol that it has comparative advantage in coordinating and/or facilitating implementation by the Partner States (c) will be contributing to the regional and national goals and aspirations as encapsulated in the overarching EAC development strategy.

Table 7: Alignment between EAC strategic plan, EAC protocol on health and EAC Development Strategy

	EAC Development Strategy 2011/12-2015/16	EAC Protocol on health 2013	EAC Regional Health Sector Strategic Plan 2015/2020	EAC HIV/AIDS, TB and STI Strategic Plan 2015-2020
Vision	To attain a prosperous, competitive, secure and politically united East Africa	To have a harmonized and integrated regional health system and services for the improvement of the health and general well-being of the peoples of the Community	A healthy, competitive and productive population	An East African Community free of HIV and AIDS, TB and STIs
Mission	To widen and deepen economic, political, social and cultural integration in order to improve the quality of life of the people of East Africa through increased competitiveness, value added production, enhanced trade and investment.	To provide legal mechanisms for coordination and integration of health systems and services in order to enhance the health of the people in the Community,	To build a harmonized and integrated health approach, systems & services for general well-being of the EAC population and environment	To provide coordinated, evidence based and effective regional HIV and AIDS, TB and STIs response
Goal	To develop policies and programs aimed at widening and deepening cooperation among the Partner States in political, social and cultural fields; research and technology, defense, security and legal and judicial affairs.	To establish, harmonize and operationalize regional health policies and legal frameworks and mechanisms, to facilitate and govern regional cooperation on health and related matters among the Partner States.	To attain the highest possible level of health through creation of an enabling environment within East Africa Community region	To reduced incidence of HIV, TB and STIs infection in the East African Community region in order to secure sustained socio- economic development

The key results areas of this strategic plan are further aligned to the following strategic objectives of the EAC Regional Health Sector Strategic Plan 2015/2020:

- 1) To build effective capacity for efficient prevention and control measures for communicable and non-communicable diseases
- 2) To put in place adequate policies and mechanisms aimed at improving demand, access and quality of health services
- 3) To promote health Sector Governance mechanisms in EAC Partner States so as to ensure optimal performance of the health sub-programs.
- 4) To improve service delivery for the EAC population through sufficient and qualified human resources
- 5) To put in place an effective and sustainable health financing mechanisms in the East African region
- 6) To ensure a sustainable and appropriate information systems for timely evidence based decisions
- 7) To build sufficient capacity for research and innovation for supporting evidence based policy and intervention formulation
- 8) To build a harmonized and well-coordinated regional M&E mechanisms for health

3.5 Key Results Areas (KRAs)

In developing the KRAs, the rationale was informed by the SWOT elements above as well as the challenges encountered in the previous strategic plan.

3.5.1 KRA 1: Access to integrated, quality HIV and AIDS, TB and STIs services and commodities in the EAC region improved

Rationale

The EAC Secretariat and Partner States' response to HIV, STIs and TB is based on the understanding that the public interest is best served when there is universal access to HIV, STIs and TB services. In scaling up towards universal access, EAC Secretariat and Partner States efforts are currently constrained by limited availability of commodities to ensure delivery of quality services; the fact that TB and STIs were not addressed in the previous strategy. Other challenges to scaling up services include the rapid change of global policies/guidelines, uncertainty of the post 2015-agenda, whether the focus will still be on HIV/AIDS, TB and STI.

EAC have committed themselves to the fight against HIV, STIs and TB. To this end Partner States have signed and ratified a number of regional and international declarations. These include the EAC Protocol on Health, which prioritises cooperation on HIV and AIDS and sexually transmitted infections prevention, control and management; cooperation in medicines, food safety and quality. It also calls for harmonization of policies and service delivery standards aimed at addressing these priorities as well as ensuring that similar methods are consistently applied by the EAC Member States. Harmonized policies will ensure that vulnerable and key populations especially are able to receive standardized HIV, STIs and TB services.

Targets

1. Establishment of an integrated HIV, TB and STI commodity management system in the region by 2020
2. Access and utilization of integrated HIV, TB and STI services increased by 50% in 2020

Strategic actions

1. Harmonize HIV, STIs and TB policies and management guidelines to address cross border movement.
2. Create an EAC Committee on harmonization of HIV and AIDS, STI and TB policies and protocols to guide the processes of harmonization of HIV and AIDS, STI, TB policies and protocol in the sub region; as well as ensure the adaptation of the new WHO guidelines wherever they are released.
3. Harmonize medicines registration to attain good control of pharmaceutical standards within the community based on the EAC Custom Union of 2005 which provides the impetus for the harmonization of medicines regulatory systems in the EAC Partner States.
4. Harmonize the operations of laboratories by member states as encapsulated within the EAC protocol on health which call upon members states to cooperate with respect to case definitions and notification systems. A common denominator will be developed to describe national and regional reference laboratories describing their roles and functions.
5. Purchase medicines and commodities jointly to address high medicines prices, poor quality and other bottlenecks generally associated with procurement and supply chains of essential medicines. This will be achieved by supporting the establish an EAC Health Secretariat Task force on Pooled Procurement to be responsible for: the development of an EAC operational plan for the implementation of regional pooled procurement including budget and timeframe; identifying relevant structures at country and regional levels for coordinating pooled procurement activities (e.g. forecasting/quantification, financing and price monitoring) and developing initial Group Contracting pilot program for the purchase of a select number of essential medicines

3.5.2 KRA 2: Regional programs targeting vulnerable and key populations established and implemented

Rationale

Even though East Africa has a generalised HIV epidemic, with some of the highest rates of TB infection and disease burden in the world, there are still higher levels of infection and transmission within certain geographic areas, as well as among some key populations and venerable groups. Although this SP promotes a broad framework for addressing HIV, STIs and TB at a general population level, it also identifies key populations and venerable groups that should be targeted for specific prevention, care, treatment and support interventions based on risk and need.

In scaling up interventions among vulnerable groups and Key populations, EAC Secretariat and Partner States efforts are constrained by among other factors political instabilities as a result of elections and tribal conflicts, outbreak of communicable diseases and inadequate capacity in human resources in the region. The Maputo declaration, the common market protocol and other legal regional, continental and international instruments and frameworks within the EAC provide opportunities to for providing services to key populations and venerable groups.

Targets

1. 75% of Vulnerable Populations, Key Populations and Priority Populations access integrated services by 2020
2. Supportive legal and policy framework for service delivery for Key Populations and Vulnerable Populations established

Strategic actions

1. The EAC Secretariat will conduct of participatory identification and development of interventions for cross border key populations including young people, women and children living with HIV and AIDS, TB and STIs, migrant populations along the transport corridors and persons with disabilities. In addition fisher folks in the Lake Victoria Basin (also a cross border population) will be included.
2. The EAC Secretariat will strengthening capacities of NGOs/CBOs/FBOs as part of the community system to deliver integrated right based and gender transformative interventions.
3. NGOs/CBOs/FBOs will be supported by the Secretariat to develop and manage comprehensive referrals systems to ensure access to quality and comprehensive services by vulnerable and trans-boundary venerable and key populations.
4. Strengthen capacities of NGOs/CBOs/FBOs to advocate for inclusion of interventions that reduce the vulnerability of children of venerable and key populations to HIV infection by retaining them in schools, as well as providing post-school education, work and other opportunities
5. The EAC Secretariat will support HIV/AIDS/TB/STI Programs from a right based and gender transformative perspective for the different target groups to access services without discrimination based on their social, cultural, gender and behavioural diversities
6. EAC Secretariat will advocate for harmonization of legislation related to sexual minorities with the view of improving access to services across the region. It will further support efforts towards building linkages between networks of associations for sexual minorities in the region for purposes of advocacy on legislation that impact on them.
7. EAC Secretariat will harmonize regional programs for key and venerable populations in the EA region. This will be through establishing clear linkages to the partner states' National Strategic Plans for HIV/AIDS/TB and STIs. It will further strengthen mechanisms for collaboration with the National AIDS Councils and Commissions.
8. The Secretariat will develop regional guidelines for addressing gender based violence.
9. EAC Secretariat will develop specific capacities of NACs and CSOs to address the HIV/AIDS/TB and STI response across borders
10. EAC Secretariat will support the development and implementation of a regional strategy to guide and coordinate vulnerable and key populations focused HIV prevention, treatment and care services

3.5.3 KRA 3: EAC research and knowledge management platform for evidence-based programming established

Rationale

High impact interventions require scientific research to inform programming in a systematic and coordinated manner within the region. Drawing from the existing strength in research capacity within Partner States, a number of cutting edge researches on new prevention technologies, including the on-going vaccine research on HIV and TB and microbicides have been conducted. The Partner States have participated in the global groundbreaking research collaborations that demonstrated efficacy of pre-exposure prophylaxes and Voluntary Medical Male Circumcision. They have also conducted innovative behavioral studies and implementation research for KP and vulnerable populations.

However, harmonized prioritization of research areas and translation of research findings into policies and practices across the region has been inefficient and uneven across EAC partner states. The dynamic nature of the HIV/AIDS/TB and STI response globally and within the EAC region provide a challenging environment within which information can be collated, packaged and access by partner states. This creates a situation where Partner States face challenges in accessing strategic information from local and international researches in real time due to limitations in tools or media of access. It further affects adoption of harmonized approach to using research findings to inform programs and influence the advocacy agenda as well as facilitating allocation of resources for research.

Information exchange about the good practices on HIV/AIDS/STIs and TB programming and research is important in improving design and implementation of interventions. Partner states have accumulated useful information about their interventions but it is not shared out with other states. In addition, there have been no deliberate efforts to tap into the available experiences and best practice from other RECs to inform programming. This has resulted into failure in cross learning which would otherwise improve service standards within the region. The individual Partner States have their own M&E systems for HIV/AIDS/STIs and TB response where specific information is generated and used. In addition, there is a gap in disaggregated data for 10-14 and 15-19 year olds as the basis for evidence based programming. The above are further exacerbated by the lack of an overarching system that brings together the individual state M&E systems where information on transboundary information can be aggregated. This capacity gap to develop and manage an overarching and integrated M&E system for the EAC region exists at the EAC Secretariat affects the benefits that would accrue from an umbrella information collation source and tracking individual Partner State performance

The capacities to carry out research differ from one state to the other and depending on the level of scientific advancement. This difference in research capacities across Partner States does not auger well for uniformity in the HIV/AIDS/STIs and TB response in the region yet mutual benefits would be realized from cross learning. In addition, the lack of an EAC research agenda on HIV, TB and STIs has continued to undermine efforts to mobilize resources and guide partnerships on regional research priorities.

Research is predominantly funded with external sources with few EAC countries achieving their commitment for the Bamako and Algier declarations to invest at least 2% of their GDP in health R&D. There is need to explore pathways for regional funding for regional research priorities.

Targets

1. Collaboration and partnerships on regional research on HIV, TB and STIs increased by 15% in 2020
2. Generation and use of regional evidence to inform regional policy and programs enhanced through five systematic reviews and five policy primers by 2020

Strategic actions

1. The EAC Secretariat will develop an EAC research agenda to guide and coordinate regional priority research on HIV, STIs and TB (see appendix on identified and approved research priorities).
2. The secretariat will create an EAC regional knowledge management platform for HIV, TB and STIs to ensure coordination of research and efficient translation of research findings into policies and practices.
3. The EAC Secretariat will coordinate scientific research in regional studies to establish the burden of HIV/AIDS/TB and STI as well as exchange of new information within the region. It will further identify, document, disseminate and facilitate replication of best practices in HIV/AIDS/TB and STI programming, legislation and policy development and implementation. The EAC secretariat will design mechanism for promoting the use of regionally generated evidence to guide change in for example treatment guidelines through building its capacity and that of the partner states. A regional think tank will be put in place to act as a platform for fostering debates and knowledge sharing based on research findings. The EAC Secretariat will collate information and packaging it for use via different avenues appropriate to the current technological era.
4. The EAC Secretariat will conduct exchange visits to facilitate information exchange among partner states. It will further create a platform where on a regular basis Partner States will converge to share state of the art developments in the HIV/AIDS/TB and STI response. Where possible, a journal for publishing research findings will be set up to provide a credible source of scientific information on the HIV/AIDS/TB and STI response in the region in addition to scientific conferences to share key research finding and revitalizing the think tank concept.
5. The EAC Secretariat will strengthen its M&E system in order to generate information which will guide programming through sharing of best practices and facilitating harmonized performance tracking. The individual Partner State M&E systems will act as building blocks where the Secretariat will be the overall collection base for performance monitoring, evaluation and research. The Secretariat will set performance benchmarks where Partner States will be gauged and the high performer will be used as learning fora for others. The Secretariat will further revitalize its M&E system to match with the challenges that go with a regional level performance tracking requirements.
6. The Secretariat will facilitate documentation of the extent of STI prevalence in the region and its implications in order to inform subsequent strategic actions
7. The Secretariat will support research on the significance of key populations by collating country data to get a regional situation to inform programming

3.5.4 KRA 4: A good Governance, Leadership and Stewardship framework established in the EAC region

Rationale

Unlike SADC, there is no HIV and AIDS, TB or STI political declaration by the EAC Summit of Heads of State. There have been limited efforts by the EAC Secretariat to take advantage of the strong leadership and political commitment, political stability and support from Partner States as well as the existing good relations and established partnerships with other regional economic communities in the EAC region which are all conducive for effective programming. Recently, a comprehensive analysis of HIV and AIDS legislation, bills, policies and strategies in the EAC found that there are laws that protect against HIV- related discrimination and those that are counterproductive to the fight against HIV and AIDS in the region. A number of strategic gaps and challenges in these legal and regulatory frameworks of Partner States in relation to the EAC HIV and AIDS Prevention and Management Bill were identified that need to be addressed. No analysis of TB or STIs strategies has been conducted in the EAC. The Partner States have different comparative advantage including institutional arrangements and structures (NACs/CNLS, including decentralized service delivery structures) as well as expertise in responding to the epidemic in various areas of the response which can be tapped. By promoting centre/country of excellence in respective partner states, the EAC could benefit from regional technical support as these centres/countries of excellence become platforms for experiential learning and technical backstopping to the others.

There exist many Civil society Organizations (CSOs) operating across the Partner States which can supplement the efforts of the EAC Secretariat in the HIV/AIDS, TB and STI response which has not been fully exploited. This is in addition to the numerous research institutions which can be tapped into to promote research and regional collaborations on health in order to support implementation of programs.

Although there are respective M&E systems to support the implementation of the Partner State NSP, there is no clear relationship and guide between (a) EAC M&E and country M&E groups and (b) African Union and EAC formats of reporting. This is further compounded by the multiple and unharmonized strategic plans Partner States as well as multiplicity in planning cycles across the Partner States and competition between/among RECs emanating from competing mandates e.g between EAC and ECASA which minimize the effectiveness in coordination of monitoring performance in the region in addition to duplication of efforts and resource misallocation. The Partner states only report in compliance with UNGASS and AU requirements but with no report to EAC which makes it difficult to compare performance across Partner States except only by using population based survey results like those from AIDS Indicator and Demographic and Health Surveys that are carried out every five years. In addition, the multiplicity in planning cycles across the Partner States minimizes the effectiveness in coordination of monitoring performance in the region. This further aggravated by the limited capacity by EAC secretariat to monitor work plans and provide technical support to Partner States is limited by small number of staff.

There is need to increase advocacy and sensitization of leaders in EAC region in order to ensure that HIV remains a key agenda within political and policy settings of partner states. This will also help to strengthen political leadership and commitment for addressing the HIV and AIDS epidemic in the region as well as strengthening multisectoral response and accountability. The committees in both the national and regional (EALA) parliaments in particular need to be sensitized on HIV/AIDS issues in general but also on issues that have a regional dimensions like key population, cross-border divers of the epidemic etc. It is also apparent that HIV and AIDS

are not adequately mainstreamed into EAC development programs, protocols and policies and laws thus making it difficult for the response to be multi-sectoral. To-date, too, there is limited advocacy and mobilization tools for supporting the involvement and commitment of political, cultural and religious leaders at national and sub-national levels in the response. All this will need strategic high level advocacy for the development of a well designed cross-border health program addressing the key issues within these transport corridors.

There has been much talk about mainstreaming of cross-cutting issues such as AIDS, gender and human rights. However, there is need to have deliberate effort towards actualizing this aspiration. Hence, the EAC will need to develop or adapt appropriate tools for building the capacity of Partner States and CSOs for mainstream HIV/AIDS, gender and human rights in EAC programs, protocol etc. Given the rapid economic growth and the various large capital projects at national and regional levels there is a need to enhance advocacy to reach the relevant EAC High level Policy makers and ensure that the links between the execution of large capital projects and HIV and gender vulnerabilities is better understood and acted upon. The EAC will also need to empower the CSOs in the region to (a) engage in advocacy, lobbying and negotiation on behalf of right holders including the marginalized groups and key populations (b) promote social accountability and participation (c) accountability from the public and non-public duty bearers.

Targets

- Implementation of all regional commitments and policies on HIV, TB and STIs in all 5 countries by 2020
- A regional monitoring, coordination and accountability framework implemented by 2020

Strategic actions

1. Improve the legal and policy environment that discriminate and/or impact on the rights of key and vulnerable populations.
2. Advocate for changes in existing legislation, policies and strategies including funding for health, HIV and gender in mitigation plans for large capital projects across the region.
3. Advocate for harmonization and/or amendment of existing laws and policies that have been identified to affect the regional response to HIV/AIDS
4. Promote stewardship in the response by facilitating Partner States in leading the response in areas where they have a comparative advantage.
5. Strengthen coordination and partnership among leaders in government, civil society, private sector, religious and cultural institutions in the region in supporting the implementation of this strategic plan
6. Strengthen regional network of associations and/organizations on AIDS for improving coordination and involvement of civil society and private sector in the response to HIV and AIDS epidemic in the region
7. Develop a minimum set of standard indicators, guidelines and tools/format for reporting on the implementation of EAC strategic plans by Partner States and the secretariat
8. Generate and disseminate strategic information and messages to support various high profile leaders' advocacy efforts on health, HIV, AIDS and TB in the region
9. Mainstream HIV and AIDS, TB and STIs in EAC programs and policies and resources mobilized to support the same
10. Programs, protocols and policies and laws that relate to regional response to HIV and AIDS, TB and STIs are signed, implemented and monitored at regional and national levels

5.5.1 KRA 5: Regional alternative and sustainable financing models for HIV and AIDS, TB and STIs established

Rationale

Provision of adequate resources in a timely manner is one of the key pre-requisites for the region response to HIV and AIDS epidemic; this should be accompanied with effective and efficient allocation and utilization of the resources. Domestic investment in HIV and AIDS has continued to increase in the partner states although in general, the amounts remain lower than the contribution from development partners (DPs). This strategy will support efforts towards increasing domestic financing for health and HIV and AIDS, TB and STIs so that to the extent possible, donor dependence is reduced. Against the other competing national and international agenda such as terrorism, natural disasters and recession, it will be necessary for the EAC Secretariat to engage in greater advocacy for support to HIV and AIDS, TB, and STI programmes in the region so that the Partner States play a greater role in sharing the financing responsibility in filling the resource gaps. Thus, the current efforts towards innovative financing will be enhanced so that a sustainable regional fund mechanism is created as soon as possible in line with the investment case approach advocated by UNAIDS.

Ensuring sustainable financing also requires improving efficiency in utilizing available resources across sectors. The strategy will support the design and implementation of cross border programs that facilitate collaboration between the health and non-health sectors. In particular the strategy will support programs on strengthening Environmental Impact Assessments for selected planned/and or ongoing large capital projects across the EAC which provides innovative opportunities to improve social impact assessments (particularly those related to HIV, TB, Malaria, Gender) which in turn can be the basis for improved planning, programming, budgeting for vulnerable populations i.e. construction/migrant workers, sex workers in project sites, women and girls in communities.

In addition to the above, there are many best practices around multi-country/cross-border collaborations that have the potential for addressing HIV, TB and STIs in the EAC region. Hence, in order to optimize synergies in resource use, the strategy will promote the sharing of resources including information from such innovations; rationalizing the planning cycles and planning by key partners across the region in order to improve allocation of resources; improving on reporting and accountability to avoid delayed contributions from the partner states that may affect implementation.

Based on the national AIDS Spending Assessment, all the five Eastern Africa countries have a donor dependency of over 50%. In particular, Tanzania falls within the 50-74% external resource dependency bracket while Burundi, Kenya, Rwanda and Uganda are ranked within the 75-100% bracket. The major multilateral funding agencies for HIV epidemic in the region include GFATM, World Bank, European Commission and UN-agencies. Thus, while appreciating the willingness and commitment of the existing DPs, for the time being, it will be necessary for the EAC to continuously engage with them to carry on as funders of national and regional HIV and AIDS interventions. It will also be necessary to bridge the resource gaps by working out strategies for bringing on board the emerging economies of the BRICS countries (i.e. Brazil, Russia, India, China and South Africa) to provide resources for implementing this strategic plan. South Africa, for instance, is a major investor in the East African region which is also the destination of many manufactured goods from India and China. Hence, it would be appropriate for them to support the region in its aspiration for a HIV and AIDS, TB and sexually transmitted disease-free population.

Targets

- Domestic resources at regional and country levels increased by 30% in 2020
- Allocative and technical efficiency at regional and country levels increased by 5% per annum

Strategic actions

1. Increase domestic financing by establishing a Regional Fund for HIV, AIDS and TB and also progressively increase their respective domestic budget for HIV and AIDS interventions, and health in general to 15% of national budget in line with the Abuja Declaration of 2001.
2. Mobilize external support from traditional and non-traditional funders of health and HIV and AIDS programmes to provide resources for health, HIV, AIDS and TB
3. Strengthen joint mechanisms for domestic and external resources mobilization
4. Strengthen EAC secretariat capacity to mobilize resources, coordinate and support countries and EAC in efficient use of resources by investing in areas that yield optimal results in the HIV/AIDS/TB and STI response through evidence, gender and rights based interventions at regional and country level.

4 FRAMEWORK AND IMPLEMENTATION

4 FRAMEWORK FOR IMPLEMENTATION

4.1 Institutional arrangements

4.1.1 Organizational Strategies

The foundation for delivering on the EAC HIV/AIDS/TB/STI strategic intents will be the “wheel and hub” model which will be used to operationalize the strategic plan. The different components of the model will provide mutually reinforcing interventions that rationalizes efforts to strengthen EAC Secretariat HIV/AIDS/TB/STI response in the region.

Review of EAC Secretariat structure and policies: The EAC Secretariat will be required to review its organizational structure and institutional policies in order to have a robust system which will translate the strategic intents into tangible results that are measurable and commensurate with resource investment. Key among policies for consideration will be the human resources management arrangement. This will require identification of vital positions for filling in addition to review of performance contracting arrangements. The working groups will be strengthened to improve on coordination, while actual implementation by the EAC secretariat will include higher level activities such as capacity building of partner agencies, carrying out of multicounty/cross border studies, harmonization activities etc. Advisory activities will be through liaison with the Partner State institutions such as the NACs

Alignment with Partner State operational plans: This strategic plan will act as a framework to guide EAC Secretariat in the HIV/AIDS/TB and STI response in the region. However, the Secretariat will take into account the individual partners country specific needs in line with the political commitments of the EAC. To this end, all interventions on HIV/AIDS/TB and STIs will be grounded on the Partner States needs that are trans-boundary in nature. The EAC Secretariat will therefore adopt a progressive realignment of its interventions over the next five years as it takes into account the changes in context.

Networking and Partnership: The successful implementation of the strategic plan will require strengthening the capacity of EAC Secretariat to effectively carry out its responsibilities. Linkages with RECs, NACs, CSOs and partners states will be vital. This will call for improving internal and external communication channels and strategic information sharing. EAC Secretariat will further communicate this strategic plan and clarify on the roles and responsibilities of the Partner States as one of the measures of enhancing ownership of the plan. A platform that provides for deliberate engagement with partners especially the RECs to enable joint planning, sharing lessons learnt and experiences and drawing of common positions on key continental and international issues will be utilized. In this way there will be more synergies than completion duplication of efforts among partners.

4.1.2 Roles and Responsibilities of Stakeholders

The EAC Secretariat: It will constitute a coordinating unit for implementation of the plan. It will also be responsible for resource mobilization, harmonization and coordination of research, standardization of minimum standards of HIV/AIDS/TB and STI management. The Secretariat

will further be responsible for capacity building, M&E, advocacy, knowledge management, partnerships mobilization, engaging with partners at all levels. In terms of implementation, the Secretariat will popularize the Strategic Plan among the Partner States and other implementing agencies in order to promote its implementation. Since the Secretariat does not directly implement interventions, it will work in collaboration with institutions like IOM, FHI 360, North Star Alliance, and RIATT-ESA through which it will realize its objectives. In some situations implementing partners will directly undertake specific activities in this strategic plan on behalf of the Secretariat. Other activities will be implemented through the sub committees, TWGs and expert working groups.

The Secretariat will commission studies, research and programs which cut across the region and where individual Partner States cannot handle. This will be in addition to documenting and disseminating the regional response as well as spearheading development of annual operational plans with Partner States and other implementing partners. Under advocacy, the Secretariat will identify pertinent issues for policy advocacy; coordinate with NACs, sectoral council and other structures of EAC as well as engaging Civil Society and the private sector. In playing its advisory roles, the Secretariat will provide relevant policy briefs and information to NACs as well as holding forums for Health Ministers and NAC Directors.

The Partner States will ensure that their comparative advantage and specialization in key areas of the HIV/AIDS/TB and STI response is explored in order to have optimal effects. They will also address cross border interventions as well as country specific intervention e.g. review of a law specific to a country.

Partner States will implement set priorities in the SP including providing human resource and technical expertise to the Secretariat. They will also participate in resource mobilization, research and knowledge management, support M&E as well as ratification of key documents (Bills and other commitments). They will also review policies and strategies that hinder access to services in respective countries in addition to harmonizing policy guidelines and capacity building for service delivery and strengthening the multispectral response and accountability. It will also be incumbent upon Partner States to align/interphase their national plans with this plan.

The EAC organs and institutions: EALA will be responsible for approving of the annual operational plans and budgets for the Secretariat as well as making enabling policies for the implementation of the strategic plan. The Sectoral Council of Ministers will play its oversight role and approval of all health policy documents in addition to allocating resources and approving budgets and plans as well as monitoring program implementation.

Other EAC institutions: They will mainstream the strategic intents of this plan into their programs for a harmonized regional response. They will also collaborate with the Secretariat in research, knowledge transfer and implementation of joint programs.

RECS (SADC, IGAD, ECSA, AU, GLIA, and COMESA) will be responsible for enhancing strategic partnerships, supporting joint implementation of programs especially cross border interventions; knowledge sharing and cross learning as well as political leadership and guidance to EAC and follow up on international and regional commitments. This will be in addition to harmonizing regional policies.

Other partners including CSOs, Implementing Partners, Development partners, research and academia: Development partners will play a role in setting funding the set priorities, supporting capacity building efforts, provision of technical assistance as well as lobbying and advocacy on key policy issues. Academia and research institutions will support research and knowledge generation as well as provision of technical support. At the sub-national level, EAC engages with various actor; this partnership will be enhanced through collaboration and joint activities.

4.1.3 Communicating the plan

The EAC Secretariat will disseminate the plan through widely circulating it among stakeholders. The Secretariat will also spearhead development of the business plan as another strategy for communicating and resourcing the strategic plan. Each Partner State will disseminate the plan through the respective NAC with support of the focal person.

4.2 Monitoring and Evaluation

Monitoring, evaluation and reviews

On annual basis, the EAC Secretariat will develop an operational plan which will be synchronized with those of the partner countries. At the end of each year, a review will be carried out to establish progress of implementation and address changes in context. Periodical evaluations i.e. at mid-term to provide opportunities for adjustments and end-term to assess the extent of realization of expected outcomes and impact.

Strengthening the existing M&E system at the Secretariat

There is existing dashboard for M&E will be reviewed to accommodate the changes in this strategic plan. The M&E system will integrate the three diseases and linked other health related interventions. The human resource requirement for M&E will be strengthened in terms of numbers and skills. This will be supplemented by a reinvigorated M&E sub group with reviewed terms of reference. The M&E system at the Secretariat will be linked to those of the Member States based on a set of agreed upon key performance indicators through the NACs, MoH, sectoral committee on health, EAC TWG on HIV and AIDS, EAC M&E subgroup (experts from Partner States and secretariat), Member State M&E teams, regional NGO M&E focal point persons, REC Secretariats, RECs M&E focal persons and implementing partners (like FHI, North Star Alliance etc) as well as Regional NGO M&E focal point persons.

In implementing the M&E systems, the Secretariat will identify capacity gaps and provide appropriate support to stakeholders. It will further regularly share reports with its partners including the EAC annual reports, EAC bi-annual reports, Midterm review of post 2015 reports, End term evaluation reports, Regional response reports every two years. The Secretariat will utilize establish reporting channels like UNAIDS reports and only concentrate on indicators that are not tracked in those reports.

Results oriented approach

The EAC Secretariat will be accountable for realizing the results set forth in this strategic plan. Staff contractual arrangements will be target to generation of specific results under this strategic plan and their performance will be routinely reviewed against mutually agreed upon targets. The indicators set against each of the results will be the basis for performance measurement. The logical framework annexed to this strategy provides the overall results based and monitoring and evaluation arrangement for this strategic plan.

4.3 Funding, Sustainability and Risk Management

4.3.1 Funding the Strategy

Resource allocative efficiency: The “wheel and hub” model will provide guidance in resource allocation. The resource allocation modalities for programmatic interventions will be based on strategic areas that generate optimal results for this strategic plan. In addition, the EAC Secretariat will strengthen its in house quality assurance and M&E functions; review and improve the existing value for money audits. Cost containment will be adapted with regard to ensuring that management costs do not overshadow programmatic costs.

Costing and funding the strategic plan: Costing of this strategic plan will be carried out by a technical team of experts from the Partner States and coordinated by the Secretariat. A cost analysis approach will be used to identify activities that generate optimal results. At the core, this strategic plan will be funded largely from contributions by Partner States. Traditionally, Partner States make annual contributions from which the health sector under which the HIV/AIDS/TB and STI program is funded. Experience has shown that the share of the EAC budget allocated to health has not grown in tandem with the programmatic needs. The illusion that the health sector at the EAC Secretariat receives a lot of funding from development partners has continued to undermine the scope and scale of services. As a mitigation measure, the HIV/AIDS/TB and STI program at the EAC Secretariat will mobilize additional resources from development partners to supplement the internal efforts through donor round table meetings.

4.3.2 Sustainability Plan

The EAC Secretariat will adopt the following measures to sustain its strategic intents.

Institutional sustainability will focus on the relevance of existing systems, policies, procedures and guidelines through periodical reviews. This will ensure that they address emerging needs, challenges and lessons learnt. Specifically, the following will be reviewed annually: Strategic Plan; Operational Work plans; Organizational Structure; Administrative and Financial Management systems; and Human Resource Management policies and procedures; and the M&E system. For all this to work out, it will require high-level commitment by the leadership of the EAC.

Program sustainability will require expanding into new interventions to address key and mobile population through innovative methods for service delivery. It will further require application of evidence-based approach across all strategies through operational research and managing information for influencing the development agenda in the HIV and AIDS/TB and STI response.

Financial sustainability will entail diversification of funding sources, instituting cost containment measures as well as strengthening allocative efficiency. Furthermore, the EAC will engage with private sector and larger capital projects in order to mobilize additional resources to address, particularly, multi-county/cross-border collaborations that have the potential for addressing HIV, TB and STIs in the EAC.

4.3.3 Risk Management Plan

Risk assessment and mitigation plan: In developing this strategic plan, critical assumptions which are the conditions that would be necessary for production of the desired results and the corresponding performance indicators were made. One key element of risk management is the diversification of the funding base. The EAC HIV/AIDS/TB and STI Program has identified areas for expanding its scope of interventions but remains heavily dependent on a limited pool of donor and core funding from the contributions made by partner states. This sets a stage for more efforts to identify other funding sources to meet its strategic imperatives. A detailed risk analysis and mitigation plan is hereto attached.

Risks	Probability of occurrence			Impact	Mitigation measures
	Low	Medium	High		
Donor dependant			X	<ul style="list-style-type: none"> • Not achieving the target • Inadequate support for program implementation 	<ul style="list-style-type: none"> • Diversify sources of funding • High level advocacy
Limited political commitment	X			<ul style="list-style-type: none"> • Declining resources towards HIV, TB, STIs 	<ul style="list-style-type: none"> • Evidence based High level advocacy
Non prioritization of health HIV, TB and STIs		X		<ul style="list-style-type: none"> • Declining resources towards HIV, TB, STIs 	<ul style="list-style-type: none"> • Case building and Evidence based High level advocacy

REFERENCES

1. BDHS (2010). Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. Enquête Démographique et de Santé Burundi 2010. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.
2. CNLS (2012). Plan Strategique National de Lutte Contre le VIH/SIDA 20012-2016. Conseil National de Lutte contre le Sida. Burundi.
3. EAC (2000) Treaty for the Establishment of the East African Community. Arusha 2000.
4. EAC (2012) Health Protocol
5. EAC (2012). Draft Protocol on East African Community Regional Cooperation on Health – Amended – incorporating Country Comments – Endorsed by the 8th Ordinary Meeting of EAC Health Ministers – Arusha, Tanzania – 11th October 2012
6. EAC (2012). Realigned EAC HIV and AIDS Multisectoral Strategic Plan (2012-2014)
7. EAC (2014). Report on the Meeting of the 9TH Ordinary Meeting of the EAC Sectoral Council of Ministers of Health Zanzibar, Tanzania 17TH APRIL 2014. EAC Secretariat,
8. Ferguson A and Kriitmaa K (2007). Hot-spot mapping along the Kampala-Juba Transport Route. International Organization for Migration. Kampala
9. KDHS (2010). Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. Kenya Demographic and Health Survey 2008-09. Calverton, Maryland: KNBS and ICF Macro
10. Ministere De La Sante Publique Et De La Lutte Contre Le Sida (2014). Plan an Strategique National de Lutte Contre le SIDA 2014-2017. Ministere De La Sante Publique Et De La Lutte Contre Le Sida
11. MoH (2013). Rwanda HIV and AIDS National Strategic Plan July 2013-June 2018. Ministry of Health
12. MoH (2012). Uganda AIDS Indicator Survey 2011.
13. MoH (2013). Rwanda National HIV and AIDS Strategic Plan July 2013-June 2018.
14. MOH (2014). Kenya Aids Strategic Framework 2014/15-2018/19. Ministry of Health/ NAC Kenya
15. MoHSW (2013), Third Health Sector HIV and AIDS Strategic Plan (HSHSP III) 2013 – 2017. Ministry of Health and Social Welfare.
16. Morris C N & Ferguson A (2005). Hot-spot mapping of the Northern Corridor Transport Route: Mombasa-Kampala. International Organization for Migration. Nairobi.
17. National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. Rwanda Demographic and Health Survey 2010. Calverton, Maryland, USA: NISR, MOH, and ICF International.
18. Opio et al. (2011). HIV Sero Behavioural Survey in Fishing Communities of the Lake Victoria Basin of Uganda

19. TACAIDS & ZAC (2013). Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF International 2013. Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12. Dar es Salaam, Tanzania: TACAIDS, ZAC, NBS, OCGS, and ICF International
20. UAC (2014). Uganda National HIV/AIDS Strategic Plan 2015-16-2019/20.
21. UNAIDS (2013). Global Report: UNAIDS Report on the Global AIDS Epidemic 2013. Joint United Nations Programme on HIV/AIDS (UNAIDS)
22. WHO (2012). Global Tuberculosis Report 2012.
23. WHO (2013). Consolidated Guidelines on the Use of Antiretroviral Drug for Treating and Preventing HIV Infection. Geneva. June 2013.
24. WHO (2014). Global Tuberculosis Report 2014.

APPENDICES

Appendix 1: List of research priorities to be undertaken

Research areas that are relevant to KRAs of this strategic plan

KRA 1:

1. Evaluation of combination HIV prevention interventions - what works , scalability and cost-effectiveness;
 - a. Evaluating community level impact of the new treatment guidelines
 - b. PMTCT and new approaches to early infant and paediatric diagnosis of HIV
 - c. Diagnosis of STIs with emphasis on adolescents
 - d. Family planning / Hormonal contraception and impact on HIV transmission.
2. Studies on innovative integrated regional systems to improve efficiency, effectiveness and reduce wastage of health resources
 - a. Assess unit cost of interventions for TB, HIV and STI in the region
 - b. Assessment of regional supply chain management systems
 - c. Assessing regional laboratory capacity for sensitivity testing for TB, HIV and STIs;
 - d. Assessment of country level community structures / systems and strategies – cost effectiveness
 - e. Assess factors facilitating linkage to care for newly diagnosed HIV, TB and STI patients in the region
3. Regional cost-effectiveness studies on point-of-care (PoC) tests for detecting & monitoring treatment/management
 - a. Evaluation of POC diagnosis of HIV, TB and STIs
 - b. New approaches to paediatric diagnosis of HIV, TB
 - c. Evaluation of new approaches innovations and technologies for diagnosis, treatment of HIV, TB and STIs
 - d. Operational research of quality of rapid testing, effectiveness and efficiency to inform harmonization of HIV, TB and STIs testing algorithms
4. Synchronized Integrated Bio-behavioural Serial Surveys coordinated by a statistical unit of the EAC Health Research Commission.
 - a. Determination of social/structural factors and drivers for the transmission, health-seeking behaviour,
 - b. Optimal adherence to management guidelines/protocols and program outcomes (for HIV, TB and STIs);
 - c. Social research on adolescence, HIV/STIs, sexuality, alcohol/drug abuse & mental health at regional level; on waving parental permission vs. acceptability studies for continuum of care;
 - d. Regional feasibility and evaluation on behavioural interventions most cost-effective, appropriate for specific populations;
 - e. Knowledge implications on STIs among adolescents.

5. Pharmaco-vigilance and drug resistance studies
 - a. Synchronized & standardized reporting of adverse effects;
 - b. Definition of regional reference values and adherence levels plus trends (HIV, STIs & TB) within EAC Partner States
 - c. Early Warning Studies on drug resistance/sensitivity patterns & trends using standardized protocols (for HIV, STIs & TB) through existing laboratory Networks to inform disease management guidelines at regional level
6. Multi-country evaluation of new prevention technologies and interventions.
 - a. Clinical trials for preventative vaccines (HIV, TB, HPV, Hepatitis)
 - b. Operations research to assess and improve quality of HIV rapid testing to reduce false positive and negative results within the health care system training, supportive supervision, etc.)
 - c. Assessment or evaluation of effectiveness of prevention technologies (Medical Male Circumcision, microbicides for HIV, PrEP) & new drugs + co-formulations (2nd or 3rd line for HIV, STIs & Hepatitis C; shorter TB treatment)
 - d. Trials of safety and efficacy on suitability of current drug formulations among adolescents and young people for ARVs, TB and STI drugs
7. Regional research on the role, drivers, obstacles and utilization of alternative/complementary/traditional medicine
8. Synthesis and review of laws, policies norms and practices and their implications on access to services for generalized and concentrated epidemics
9. Assessment of gender and human rights dimensions in the region in relation to access to services
 - a. Documentation of regional policy, legal and human rights incentives and barriers to accessing and delivering the minimum package of care for the 3 disease areas
10. Assessment of accountability and governance mechanisms that support the delivery of services in the region
11. Evaluation of new innovative mobile and electronic health technologies on capacity, suitability and scalability to improve effectiveness, efficiency and quality of health services in the region

KRA 2

1. Identification, documentation and dissemination of best practices on service delivery for priority and unreached Populations
2. Map out Priority Populations (PP) and networks that are sources of new HIV infections in the region.
 - a. Linkages to the general population
3. Implications of laws and policies on access to services

4. Regional Integrated Bio-behavioural Survey (IBBS) for mobile and key populations
 - a. Programmatic mapping and size estimation
5. Assess capacity gaps and needs for CSOs for socially excluded groups: KPs, PLHIV, Fishing communities, and other vulnerable population networks.
6. Assess effectiveness of existing programs for KPs, Vulnerable groups in the regions
 - a. Document best practices and innovations on service delivery models

KRA 4

1. Regional capacity in research leadership developed
 - a. Develop a regional Knowledge Management Platform
 - b. Governance , Health Management Information systems (HMIS)
 - c. Build capacity of implementation research and science of scale-up in the region
 - d. Build capacity of Institutional Review Boards (IRBs) / Ethics Review Boards
 - e. East African Health Research commission operationalized
 - f. Develop a regional Ethics and Regulatory framework
 - g. Establish a Regional Collaboration, Learning and Adaptation platform

KRA 5

1. Assessing and documenting / collating existing local financing schemes in the region / Systematic and triangulated research reviews on STIs, HIV & TB financing in EAC
 - a. Gaps & opportunities in the EAC region
 - b. Innovative Public Private Partnership for health financing
 - c. Alternative health financing models e.g. Community Health Financing schemes, SACCO; etc.
 - d. Information on health and HIV and AIDS expenditure in the region;
 - e. Factors affecting country contributions towards international and global commitments e.g. Abuja declaration
2. Pilot/ phased evaluation of regional financing models
3. Investment case - efficiency and effectiveness, cost benefit analysis in reduction on disease burden, building a case for a regional and integrated approach.
4. Monitoring of high level commitments and implementation of regional strategies on sustainable and alternative health financing.
 - a. Health research financing

Appendix 2: The results framework matrix

Goal: Reduce the incidence and mitigate the impact of HIV, TB and STIs in the East African region

Goal: Reduce the incidence and mitigate the impact of HIV, TB and STIs in the East African region		
Objectives	Key Results Areas	Targets
Objective 1: To reduce new cases of HIV, TB and STIs by 60%, 50%, and 50% respectively by 2020	KRA 1: Access to integrated, quality HIV and AIDS, TB and STIs services and commodities in the EAC region improved	<ul style="list-style-type: none"> An integrated HIV, TB and STI commodity management system established by 2020 Access and utilization of integrated HIV, TB and STI services increased by 50% in 2020
Objectives 2: To reduce deaths due to HIV and TB 75% by 2020	KRA 2: Regional programmes targeting mobile, vulnerable and key populations established and implemented	<ul style="list-style-type: none"> Access to integrated services by Mobile, Vulnerable and Key Populations increased by 75% in 2020 Supportive legal and policy framework for service delivery established by 2020
Objective 3: To strengthen the systems for delivery of HIV, TB and STIs services by 50% by 2020	KRA 3: EAC research and knowledge management platform for evidence-based programming established	<ul style="list-style-type: none"> Collaboration and partnerships on regional research on HIV, TB and STIs increased by 15% in 2020 Generation and use of regional evidence to inform regional policy and programs enhanced through five systematic reviews and five policy primers by 2020
	KRA 4: A good Governance, Leadership and Stewardship framework in the EAC region established	<ul style="list-style-type: none"> Implementation of all regional commitments and policies on HIV, TB and STIs achieved in all 5 countries by 2020 A regional monitoring, coordination and accountability framework implemented by 2020
	KRA 5: Regional alternative and sustainable financing models for HIV and AIDS, TB and STIs established	<ul style="list-style-type: none"> Domestic resources at regional and country levels increased by 30% in 2020 Allocative and technical efficiency at regional and country levels increased by 5% per annum

