



## East African Community

### Ministerial Commitment 25<sup>th</sup> Anniversary of the ICPD Programme

1<sup>st</sup> November, 2019

We, the Ministers of Health from the EAC Partner States, aware of the actions taken to fulfil our commitment to the Programme of Action of the International Conference on Population and Development (ICPD); the Global Strategy on Women and Children's Health; the Sustainable Development Goals; Family Planning 2020; Agenda 2063: The Africa we want to see; the Maputo Plan of Action on Sexual and Reproductive Health; the Campaign to Accelerated Reduction of Maternal Mortality in Africa; the East and Southern Africa Ministerial Commitment on needs and rights of young people; EAC Regional Decisions and Directives.

**Acknowledge** the progress made by the Member States of the East Africa Community in fulfilling these commitments in particular in reducing maternal mortality, increasing the number of safe deliveries in health facilities, of children receiving DPT vaccination, the prevention and treatment of HIV/AIDS and the Elimination of mother to child transmission of HIV through the expansion of Universal Health Coverage (UHC) as shown in the integrated EAC SRHR/RMNCAH Scorecard. Realising the need to accelerate and sustain progress made, renew our collective commitment to fast track full, effective and accelerated implementation and funding of these commitments:

**Aware** of the huge social and economic benefits of investing in the health of all our people in particular women's, children's and adolescent health to ensure the attainment of the demographic dividend to drive the economic growth and development of our region through reducing mortality and expanding investment in human capital;

**Convinced** that the establishment and scale up of rigorous and independent mechanisms for accountability is key to ensuring that resources are spent efficiently, commitments are honored, programme strategies are fine-tuned in line with evidence and country priorities;

**Concerned** by the persistent high levels of maternal and new born deaths due to complications of pregnancy and childbirth for which cost-effective interventions exist;

**Aware** that the leading causes of death and ill health among children under age five are largely preventable;

**Further aware** that of the sexual, reproductive, maternal, child and adolescent health needs of people with disabilities, migrants, internally displaced persons, refugees, people affected by natural disasters, emergencies, and other vulnerable populations need RMNCAH services through the life course;

**Acknowledging** that many adolescent girls and women of all ages continue to bear the devastating effects of intimate partner violence, sexual and gender violence, harmful practices and are affected by social / cultural barriers to make decisions regarding their bodily integrity;

**Recognizing** that adolescents and young people form the majority of the population in the East African Community and yet are have minimal access to information, education and services on Sexual and Reproductive Health and Rights, assurance of equitable education and unemployment;

**Further concerned** by the progress status in the adoption, integration and scale up of the evidence-based approaches in policies, programs and service delivery despite its importance in improving availability and access to quality services without barriers;

**Aware** that interventions and strategies for improving RMNCAH, HIV, TB and STI are integrated and must be provided through a continuum of care approach in which individual, family and community level efforts are effectively supported through well-functioning facilities and socio-economic support systems;

**Convinced that Community Health Workers** can make substantive contribution to improve health, including reducing childhood under nutrition, improving maternal and child health, expanding access to family-planning services, HIV prevention and control, malaria and tuberculosis infections and towards achieving health for all;

**Conscious of the evidence** that investing in harnessing demographic dividend, strengthening of family planning programs can reduce maternal and neonatal mortality;

**Concerned** that our people have limited access to lifesaving medicines and health products due to limited domestic funding, quality assurance mechanisms, regulatory and accountability mechanisms, supply chain bottlenecks as identified by the UN Commission on Life Saving Commodities;

**Recognizing that** policies and programs meant to address Reproductive Health Information and Services are not effectively covering the needs of adolescents and that

more innovative approaches incorporating tools that are easily adopted by them such as mobile health (mHealth) and Social Media have to be developed and rolled out at scale;

**Concerned by** the burden of STIs, in particular the increasing prevalence of hepatitis, syphilis, the human papilloma virus. Further concerned by the high prevalence of cancers of the reproductive tract, in particular cervical cancers;

**Acknowledge** the need for interventions to address the social determinants for health in prevention of unintended pregnancies, HIV and STIs through comprehensive sexuality education and other relevant programmes;

**Further concerned** by the limited involvement, access and uptake of sexual and reproductive, HIV, TB and STI services by men and boys;

**We, the Ministers of Health from EAC Partner States now commit ourselves to support universal access to Sexual, Reproductive, Maternal, New-born, Child And Adolescent Health, through the following actions: reduce the maternal mortality, neonatal mortality, under 5 mortality and unmet need for family planning, teenage pregnancy, eliminate the transmission of HIV from mother to child, gender based violence and ensure a region free of HIV, STIs and TB through:**

- 1. Endeavour to increase domestic budgetary allocation for health in line with the Abuja Declaration of 15% of the national budget and for streamlined financial and human resources for RMNCAH, HIV, TB and STIs into core areas of regional and national investments for socio-economic transformation;**
- 2. Ensure that the necessary legislative, policy and strategic frameworks which provides for all persons to have access to quality integrated RMNCAH, HIV, TB and STI Services in place.**
- 3. Eliminate the social and cultural barriers that undermine the access and utilization RMNCAH, HIV, TB and STI Services through engaging political, religious, traditional and community leaders**
- 4. Promote strategies and approaches that ensure involvement of adolescents and youth in policies, programmes and strategies development and ensure that they access age appropriate quality information, comprehensive knowledge and education;**
- 5. Ensure availability and access to menstrual hygiene management, treatment and prevention for reproductive system cancers, fertility treatment and post-abortion care as per the laws of respective countries;**

6. **Build powerful momentum for universal access to a full range of modern family planning methods for all those in need and commit to fast track progress in reducing the unmet need for family planning by 2030;**
7. **Ensure that all children, women and men have access to preventative, health, legal and psychosocial services, and reduce gender based violence and harmful practices.**
8. **Invest in human resources for health, infrastructure, equipment and ensure the availability of commodities and supplies of integrated RMNCAH, HIV, TB and STI services for all people**
9. **Fast track the implementation of an EAC integrated electronic health information and client management systems to improve availability of information for better programming.**
10. **Ensure accountability for results through tracking progress and advocate for resources to improve the health and well-being of all persons in the region;**
11. **Promote multi-sectoral collaboration within and between sectors and other stakeholders to ensure access to comprehensive preventative, legal and psychosocial RMNCAH, HIV & AIDS, TB and STI, services**

We, the under-signed Ministers of Health on the **first day November 2019 at Hilton Hotel, Nairobi/Kenya** do commit ourselves and call on all stakeholders to work with and support our collective efforts to implement these recommendations and report on the status of implementation of this Communiqué to the subsequent meetings of the EAC Sectoral Council of Ministers of Health.

**Signed on this 1<sup>st</sup> Day of November 2019**

-----  
**Hon. Dr. Patrick Ndimubanzi**

Minister of State in-charge Public Health and Primary Health Care

**Republic of Rwanda**

---

**Hon. Sicily Karuiki**

Cabinet Secretary

Ministry of Health

**Republic of Kenya**

---

**Hon. Dr. Thaddee Ndikumana**

Minister of Public Health and Fight against HIV & AIDS

**Republic of Burundi**

---

**Hon. Umyy Ally Mwalimu**

Minister of Health

Ministry of Health, Community Development, Gender, Elderly and Children

**The United Republic of Tanzania**

---

**Hon. Sarah Opendi**

Minister of State for Health

Ministry of Health

**Republic of Uganda**

---

**Republic of South Sudan**

