EAST AFRICAN COMMUNITY

EAC REGIONAL STRATEGIC FRAMEWORK FOR PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (2024-2030)

East African Community
Arusha, Tanzania

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Table of Contents

FIGURES

TABLES

PREFACE

The East African Community (EAC) is a regional intergovernmental organisation of Seven (7) Partner States: The Republic of Burundi, the Democratic Republic of the Congo, the Republic of Kenya, the Republic of Rwanda, the Republic of South Sudan, the Republic of Uganda, and the United Republic of Tanzania, with its headquarters in Arusha, Tanzania (www.eac.int). The work of the EAC is guided by its Treaty which established the Community. The EAC is home to an estimated 283.7 million citizens, of which over 30% is urban population. With a land area of 4.8 million square kilometres and a combined Gross Domestic Product of US$ 305.3 billion, its realisation bears great strategic and geopolitical significance and prospects for the renewed and reinvigorated EAC.

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

The EAC Secretariat has identified a need for a standardised regional Non-Communicable Diseases (NCD) strategic framework to support a harmonised and coordinated response to prevent, manage and control NCDs in the region. This is envisioned to ultimately lead to a healthy and prosperous EAC population free of preventable Non-Communicable Diseases.

ACKNOWLEDGEMENTS

The EAC wishes to express its sincere gratitude to the various partners, stakeholders, experts and individuals who contributed to the development and finalisation of this East African Community Regional Strategic Framework for Non-Communicable Diseases (NCDs) prevention and control, 2024- 2030. Special thanks are extended to members of **the regional NCD experts, EAC Regional Centres of Excellence (RCoEs) representatives, EAC Secretariat and East Africa NCD Alliance (EANCDA) who played the role of resource mobilisation to support the development of the EAC Regional NCD Strategic Framework.**

The EAC would also like to recognize the contributions made by partners in EAC health sectors and sub-sectors including National Focal Persons on Health and NCD subsectors, CSOs, Academic Institutions, and members of the EAC Technical Working Group on Communicable and Non-communicable Diseases (TWG CNCD) for their invaluable contribution to the development of the EAC Regional Strategic Framework for NCDs prevention and control (2024-2030).

We acknowledge the role of the Consulting Team (Transformation Research Consulting Group Ltd) for the technical leadership and coordinating stakeholders during the drafting of the EAC Regional Strategic Framework for NCD prevention and control, 2024-2030.

LIST OF ABBREVIATIONS

AIDS:	Acquired immunodeficiency Syndrome
ANN:	Africa Non-Communicable Diseases Network
AU:	African Union
CRD:	Chronic respiratory disease
CVDs	Cardiovascular diseases
EALA:	East Africa Legislative Assembly
EAC-NCDs:	East African Countries non-communicable diseases
HPV:	Human Papillomavirus
HRH:	Human Resources for Health
HSSP:	Regional Health Sector Strategic Plan
HT:	Hypertension
ICT:	Information and Communications Technology
IHD:	Ischaemic Heart Diseases
IT:	Information technology
LMICs:	Low-and middle-income countries
NCD:	Non-Communicable Diseases
NCDA:	Non-Communicable Diseases Alliance
NCDI:	Non-Communicable Diseases & injuries
PHC:	Primary Healthcare
PLWNCD:	People Living with NCDs
PPP:	Public Private Partnership
SADC:	Southern African Development Community
SDGs:	Sustainable Development Goals
TWG:	Technical Working Group
UHC:	Universal Health Coverage
UNGA:	United Nations General Assembly
WG	Working Group
WHO:	World Health Organisation
WHO-PEN Plus:	WHO package of essential non-communicable disease interventions for primary health care in low-resource settings

EXECUTIVE SUMMARY

Non-communicable diseases (NCDs) impede Agenda 2063's vision of an integrated, prosperous, and peaceful Africa driven by its citizens (both urban and marginalised/rural communities). These conditions hinder development by causing the loss of human resources, skilled workers, and general development by causing low performance, premature deaths, increased health expenditure.

The **EAC Regional Strategic Framework for NCDs Prevention and Control 2024-2030** is an initiative of the EANCDA and the EAC Secretariat's decision to conduct a multi-stakeholder meeting of EAC Regional Experts to discuss the need to develop a regional framework for NCDs prevention and control. With support from the Danish NCD Alliance, a first meeting was held in Arusha in the Republic of Tanzania, from 19th to 20th July 2019. Following that meeting, the EAC Secretariat recommended that NCD experts from the Partner States to work with a competent consultant to support the development of an EAC Regional Strategic Framework for NCDs prevention, management and control in the EAC.

The EAC Regional Strategic Framework for prevention and control of NCD, (2024-2030) will seek to attain the following objectives:

1. Promote public awareness, community engagement, advocacy and social mobilisation for effective NCD prevention and control;
2. Improve access to comprehensive (primary and specialised) services for NCDs;
3. Strengthen data, surveillance and research on NCDs, for evidence-based decision making;
4. Strengthen leadership, governance and accountability for effective response to NCDs in the region; and
5. Strengthen domestic and innovative financing approaches for NCD response at regional and national levels.

Strategic interventions and activities have been developed to focus more on capacity building and advocacy on NCD prevention, management and control from PHC level, as well as ensuring the availability and accessibility of essential NCD services among EAC-Partner States. The plan aims to strengthen capacity for health care services, including promotion, prevention, treatment, rehabilitation and palliative care services from PHC to Referral Levels.

The EAC Regional Strategic Framework for NCDs includes an introduction and background, the NCDs situation and response analysis in all the East African Community countries, strategic objectives, interventions and activities, as well as Monitoring, Evaluation, Accountability and Learning (MEAL) frameworks and their indicators and information sources, which will act as an oversight instrument towards implementation.

This EAC Regional Strategic Framework for NCDs 2024-2030 will guide regional non-communicable diseases injuries and mental health conditions prevention, management and control for the next five years.

CHAPTER ONE: INTRODUCTION

I.1 BACKGROUND

Over the past two decades, Non-Communicable Diseases (NCDs) have increased in both urban and rural communities. NCDs have become the leading cause of death in most countries, resulting in 200 million premature deaths among people aged between 30 and 70 years, most living in developing countries. During the next 10 years, another 150 million people will die from NCDs between the ages of 30 and 70 years. Most deaths can be avoided or delayed1. The majority of NCD deaths (80%) occur in low- and middle-income countries (LMICs).

NCDs, is a group of diseases and/or health conditions generally categorised into six main groups: **cardiovascular diseases (CVDs), Cancers, Chronic Respiratory Diseases (CRDs), Diabetes mellitus, Mental and neurological disorders, injuries and sickle cell disease**. In Africa and the EAC regions in particular, injuries and mental conditions are prevalent; to some extent, this is attributed to the prevailing social economic instability in the region. In addition, poverty is another key driver for the high prevalence of the NCDs, specifically the injuries and mental ill health. According to WHO estimates, NCDs are set to overtake communicable, maternal, neonatal, and nutritional diseases as the leading cause of mortality in sub-Saharan Africa2.

NCDs had been neglected as a health and development issue in Africa for decades. The progressive increase in debilitating, chronic NCDs will likely have a significant financial impact on the countries productivity (absenteeism, lost work time, etc.) and decrease profitability as the workforce struggles to combat health issues due to poor medical management of chronic disease conditions and lagging research (e.g., diet, exercise, etc.).

Reports on NCD deaths in Africa show an increasing trend. CVDs, cancer, CRDs, and diabetes caused more than 75% of deaths. The human, social, and economic impact of NCDs is devastating in poor and vulnerable populations (WHO 2017), largely due to disparities in care because. The prevalence of some non-communicable diseases among these regions is similar, requiring collective measures for prevention and control NCDs (Trishul Siddharthan et al 2015). EAC as a regional body realised the need to bring together member countries and relevant non-state actors, including the East Africa NCD Alliance, to respond to the growing burden of NCDs in its states

I.2 GLOBAL, REGIONAL AND NATIONAL POLICIES AND COMMITMENTS

Global Commitments

The SDG target 3.4 on non-communicable diseases and mental health, calls for all member states to reduce premature mortality due NCDs by one third (1/3) between 2015 and 2030

[1] WHO Estimates: https://www.who.int/teams/surveillance-of-noncommunicable-diseases/about/ncds

2 *WHO Regional Office of Africa* ***Noncommunicable diseases. 2014*** *https://www.afro.who.int/health-topics/noncommunicable-diseases,*

through prevention and treatment and promotion of NCD services including mental health and injuries and well-being. The priority ages groups are between 30 and 70 years. The four main domains of NCDs are cancers, cardiovascular diseases, diabetes and chronic respiratory diseases

The World Health Organization's Strategic Plan on Non-Communicable Diseases (NCDs) in the context of the Sustainable Development Goals (SDGs) aimed to contribute to the achievement of SDG target 3.4, focusing on the following key areas:

1. Prevention and control of major NCDs such as cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases through promoting healthy lifestyles and addressing risk factors such as tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol.
2. Strengthening health systems to provide integrated and people-centred care for NCDs.
3. Improving access to essential medicines and technologies for the prevention and treatment of NCDs.
4. Enhancing surveillance, monitoring, and evaluation of NCDs to track progress and inform policy decisions.
5. Strengthening partnerships and collaboration with governments, civil society, academia, and the private sector to address NCDs

This target 3.4 and the WHO key focus areas have been adopted in the strategic interventions in EAC Regional Strategic Framework for NCDs 2024-2034.

The UN High-level Meetings on NCDs:
The Strategy aligns with the commitments made during the 2011, 2014, and 2018 UN General Assembly meetings that emphasize NCDs, including multisector action, prevention and control of key risk factors, human-rights based approach to NCD prevention and control, leveraging technology, innovation, and ICT, access to affordable, safe, effective, and quality medicines and diagnostics, and integration of NCD interventions. These initiatives align with Africa's PEN-Plus strategy's commitment to address NCDs at primary health care level.

Other global policy frameworks whose actualization will be supported by this document include:

i. Global action plan for the prevention and control of non-communicable diseases 2013–2030
ii. Global NCDs Compact 2020 -2030 (Implementation roadmap 2023-2030 for the global action plan for the prevention and control of NCDs 2013-2030)
iii.
iv. The 2017 World Health Assembly Resolution 70.12 on Cancer prevention and control in an integrated approach,
v. PEN-PLUS
vi. The WHO Framework Convention on Tobacco Control,
vii. the Astana Declaration on Primary Healthcare 2018, SAFER: A World Free of Alcohol-Related Harms,

viii. WHO Guideline for Mental, Neurological, and Substance Use Disorders, Decade of Action for Road Safety 2021-2030,
ix. the 2017 World Health Assembly Resolution 70.12 on Cancer prevention and control in an integrated approach,
x. the 2011 Brazzaville Declaration on NCDs in the African Region.
xi. The RCA: Brazzaville Declaration on NCDs,
xii. Luanda Commitment on NCDs,
xiii. Disease-specific regional strategies adopted by the Regional Committee are regional commitments for fighting NCDs in Africa.

The Africa CDC NCDs, Injuries Prevention and Control and Mental Health Promotion Strategy 2022-20262 has also proposed its objectives in combating NCDs: (i) Advocate for political commitment to NCDs & injuries and mental health, (ii) Develop and support sustainable continental and regional funding mechanisms for the implementation of Africa CDC strategic plan for support of Member States on prevention and control of NCDs & Injuries and the promotion of mental health, and (iii) Improve access to affordable technologies, medicines, and diagnostics.
Alignment to these objectives will inform the EAC Regional NCD Strategic Framework 2024-2034 and guide the achievement of its vision and mission in the region.

I.3 POLICY GUIDANCE ON NCD RESPONSE IN THE EAC REGION

The EAC region has high level policy guidance to take joint action towards the prevention and control of communicable and non-communicable diseases and to control pandemics and epidemics of communicable and vector -borne diseases such as HIV-AIDS, cholera, malaria, hepatitis and yellow fever that might endanger the health and welfare of the residents of the Partner States, and to cooperate in facilitating mass immunisation and other public health community campaigns. Under this article the EAC partner States agree to work together to address the NCDs through well-coordinated and synchronise interventions and all levels including the community campaigns3.

EAC Health Policy

Policy Objective 1 of the EAC Health Policy focuses on establishing and keeping up to date the relevant capacity for effective and efficient prevention, promotion, control for communicable and non-communicable diseases, injuries, disabilities, health effects of climate change and population control. The proposed strategies include:
Strengthening the prevention and treatment of substance abuse as well as rehabilitation of substance users (abusers); and strengthening an integrated, well-coordinated, comprehensive, effective and efficient surveillance system for infectious and non-infectious diseases for overall disease control and NCD management.

[2] https://africacdc.org/download/africa-cdc-non-communicable-diseases-injuries-prevention-and-control-and-mental-health-promotion-strategy-2022-26/
[3] Amended Treaty for establishment of the EAC, December 2006

Additionally, the region has indicated the need for a regional well-coordinated mechanism through regional centres for disease prevention and control, and management of NCDs, which should be adequately resourced and include appropriate laboratory capacity and supported by secured communication technology and internet-based information exchange for rapid response in the community for emerging threats4. In addition, the EAC established the **RCoEs** to meet the needs in Human resources capacity and infrastructure and deal with the management of NCDS and related comorbidities.

I.4 ALIGNMENT WITH GLOBAL AND EAC POLICY INSTRUMENTS

The EAC strategic framework for prevention and control of NCDs 2024 – 2030 is well aligned to the global, UN, African union policy instruments. The Framework is aligned to EAC health treaty, through article 118, the Sector investment priorities framework, priority 4 and 6; and is also aligned to the draft EAC health Sector Strategic plan 2024 – 2030, priority 1, objective 1.1.

I.5 EAC REGIONAL STRATEGIC FRAMEWORK FOR NCDS 2024-2030: DEVELOPMENT PROCESS

The EAC Secretariat, in collaboration with the East Africa NCD Alliance, commissioned work to develop a regional framework for non-communicable disease prevention, management, and control.

The framework development process went through several phases of development as outlined below:

Phase 1-Inception Report Development: Review of the EAC Partner States' NCD strategies, plans, and policy documents, which informed the methodology and roadmap for developing the EAC Regional Strategic Framework for NCDs 2024-2034

Phase 2-Inception Report Presentation to EAC Secretariat in February 2022, in a meeting held in Kigali, Republic of Rwanda.

Phase 3-Data Collection: From all EAC Partner States using the prepared user-friendly questionnaire link (in English and French).

Phase 4-Consultative and Validation Meetings: Conducted jointly with the EAC Secretariat and Partner States during which the 2nd draft of the EAC Regional NCD Strategic Framework 2024-2034 was considered in a forum held in Moshi, United Republic of Tanzania on 18th October 2022.

Phase 5-Incorporation of all comments from EAC Secretariat and Partner States on the various sections of the draft strategy.

[4] EAC Health policy 2016

Phase 6: Review and validation meeting in Bujumbura with all Partner States and EAC Regional Centers of Excellence (RCoEs) representatives from 20-23rd June 2023

Phase 7: Finalisation meeting in Dar Es Salaam with all Partner States and EAC Regional Centers of Excellence (RCoEs) representatives from 24-29 February 2024

Phase 8: Country consultations involving further considerations and inputs from national stakeholders in respective Partner States from 11-24 April 2024

Phase 9: Review by the EAC Joint Technical Working Group (JTWG) on Health Systems and Policy and Communicable and Non-Communicable Diseases from 25-27 April, 2024.

Phase 10: Presentation during the 24th Sector Council of Ministers of Health for approval on 3rd May 2024.

The development of the EAC Regional Strategic Framework for NCD was therefore a consultative and collaborative process involving the EAC Secretariat, all Partner States NCD focal people, the TWG on Communicable and Non-communicable Diseases, EAC RCoEs and regional stakeholders including the East Africa NCD Alliance.

I.6 THE TARGET AUDIENCE FOR THE EAC STRATEGIC FRAMEWORK FOR NCDS 2024-2030

The target audience for EAC Regional NCD Strategic Framework 2024-2030 include the government ministries, departments, and agencies of all EAC-Partner States, Parliaments (National and the East Africa Legislative Assembly (EALA), the World Health Organization (WHO), other key UN bodies, donor agencies, academic institutions, professional associations, health care institutions, media entities, persons living with NCDs, CSOs, CBOs, and NGOs that deal with NCD initiatives in all of their various forms.

CHAPTER TWO: SITUATION ANALYSIS AND RESPONSE

II.1 INTRODUCTION

Non-communicable diseases cause the most death and disabilities worldwide. Since 2010, there has been a global agenda inspired by political commitments for the prevention and control of NCDs, with shared responsibilities for all nations based on concrete targets. In addition, there has been advocacy for involving people living with NCDs (PLWNCDs) as a crucial step in enhancing policies, services, programmes, and social beliefs regarding NCDs (ANN, 2021; NCDA, 2021).

Despite the existence of a global agenda for the prevention and control of NCDs, progress on resourcing for NCD prevention and control from governments and political leaders in the region has been too slow, requiring political will for action (NCDA, 2017). Policy and regulation-based national prevention efforts are limited. Most countries have NCD prevention and control policies, but progress is below expectations. Only two of ten NCD progress indicators have been met by at least 50% of the 176 SDG-signing countries, and the Covid-19 pandemic made the situation worse. According to WHO world Health assembly 2023, no country is on track to reducing the NCDs, according to the nine voluntary global targets for 2025 set by the Health Assembly in 2013 against a baseline of 2010.

There have been few efforts to involve civil society and PLWNCDs in global, regional, and national health governance, planning, and accountability (ANN, 2021; NCDA, 2021). This requires a shift from all sectors to dismantle systemic barriers and promote legal, social, and policy environments that allow civil society and PLWNCDs to thrive and play a meaningful role in the NCD response (NCDA, 2017). This report describes NCD burden and responses globally, regionally, and in East Africa.

Humanitarian crises in Africa (man-made or natural) have had a negative effect on proper health sector planning and implementation. Natural disasters, public health emergencies as well as armed conflicts which are a common occurrence in EA region, do impact the ability of Partner States to address the health sector priorities, including the provision of NCD services. Persistent conflicts and unfavourable weather conditions such as storms, droughts and flooding in Africa have continued to exert pressure on health and nutrition, and contribute to an increase in the number of persons with mental illnesses, injuries and other NCDs.

II.2 THE NCD BURDEN

II.2.1 NCD BURDEN AT GLOBAL LEVEL

NCDs have negative effects on individuals, families, and communities, including death, disability, poverty, stigma, and prejudice towards PLWNCDs (NCDA, 2017). An estimated 2.4 billion people are living with health condition that could benefit from rehabilitation.

Worldwide, NCDs are the leading cause of mortality and disability. According to the WHO, approximately 41 million people die each year due to non-communicable diseases (NCDA,

2017; WHO & UNDP, 2020; ANN, 2021). NCDs account for over 71% of all fatalities, of which 15 million occur prematurely among persons aged 30-70 years, of which 85% are from poor countries (WHO & UNDP, 2020; ANN, 2021). These rates are in spite of some decline in mortality: globally, the greatest decline in mortality between 2000 and 2019 was seen for chronic respiratory diseases (a 37% decline in age-standardised rates for all ages combined), followed by cardiovascular diseases (27%) and cancer.

Cancer, cardiovascular disease, chronic respiratory illness, diabetes, and mental health disorders have been highlighted as the most burdensome non-communicable diseases (NCDs). WHO (2020) predicts that fatalities from NCDs would rise by 17% worldwide during the next decade (i.e. by 2030). Other NCDs include neurological disorders, autoimmune and inflammatory conditions, bone and joint disorders, renal, dental, eye, and ear diseases, traumas, and other impairments (NCDA, 2017; ANN, 2021). It has been claimed that cardiovascular diseases are the leading cause of early death in low- and middle-income nations (Allen et al., 2020). According to the Global Cancer Observatory, there were around 10,704 new cancer cases and 7,662 deaths worldwide in 2018. By 2025, it is anticipated that the annual death toll from cancer will reach 10,112 (4,479 men and 5,632 women). Oral diseases, even though they are largely preventable, affect half the world's population.

Premature mortality and morbidity from NCDs can partly be attributed to a lack of success in addressing many NCD risk factors. Existing data indicate that, although 60 countries are likely to achieve the tobacco use reduction target by 2025, there would be 1.27 billion people in the world still using tobacco by 2025. Globally, in 2019, more than 14% of adults aged 18 years and over were projected to be obese, up from 9% in 2000 and 5% in 1975, with a figure of 8% for children and adolescents aged 5–19 years, more than double the percentage in 2000. The pace of reduction in alcohol consumption has been slow and uneven globally while such consumption increased in the South-East Asia and Western Pacific regions between 2000 and 2015 (most notably among men) and then plateaued or subsequently declined by 2019.6 In 2019, air pollution caused about 6.7 million deaths, of which 85% were from NCDs, mostly cardiovascular diseases. More than 9 in 10 people breathe air that is not healthy and 2.4 billion people still rely on polluting fuels and technologies for cooking.7

II.2.2 NCD BURDEN AT CONTINENTAL LEVEL

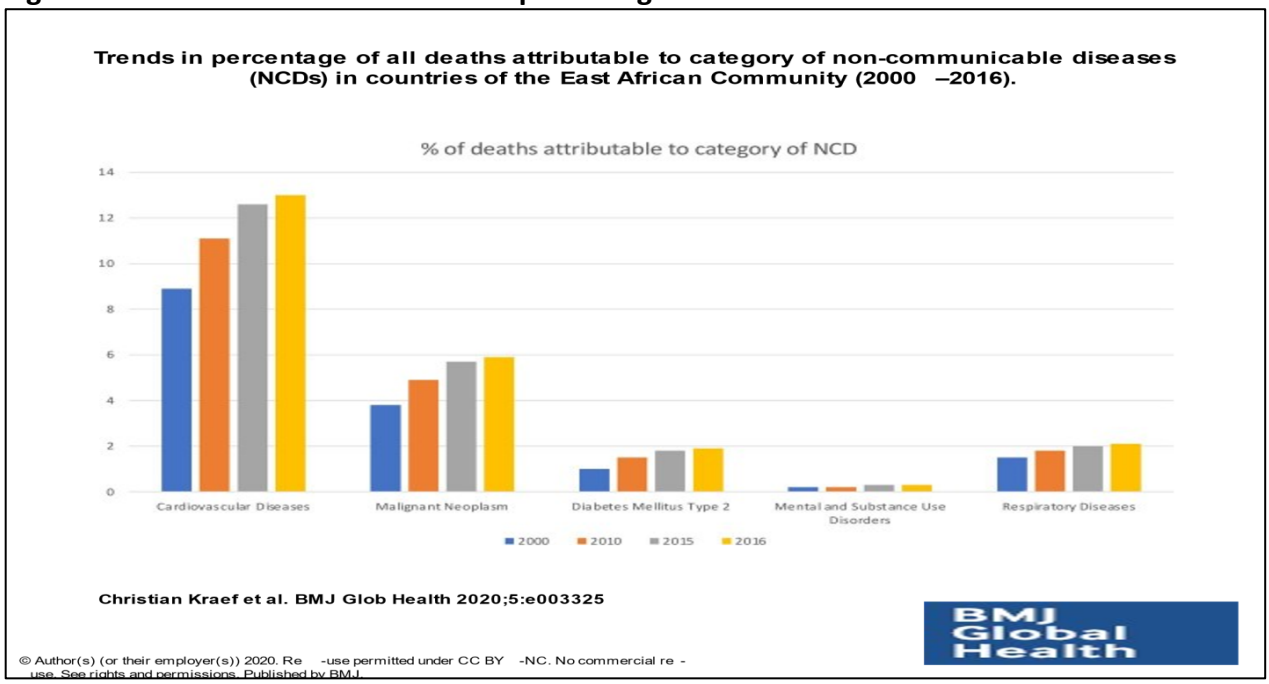
In Sub-Saharan Africa (SSA), NCDs account for 36.4% of all deaths, but in some countries, they account for nearly 50% of all recorded adult deaths. WHO (2020) projects that the Africa region will witness a 27% rise (or 28 million additional deaths from NCDs) and that by 2030 in SSA countries, NCD mortality will surpass those from infectious, maternal, perinatal, and nutritional illnesses. Tobacco use, harmful alcohol use, overweight and obesity, unhealthy diets, physical inactivity, and environmental pollutants, agrochemicals, heavy metals, and toxins are regional risk factors for non-communicable diseases. Prevention and control of non-communicable diseases impose a hefty financial burden on the region. This necessitates cost-efficient strategies that are not only inexpensive but also highly successful in reducing the disease burden.

II.2.3 NCD BURDEN IN THE EAST AFRICAN COMMUNITY (EAC)

According to WHO estimates, the proportion of deaths in the WHO Africa region attributable to NCDs rose from 22.8% (2.2 million) in 2000 to 34.2% (3.0 million) in 20165. In Kenya, 27% of deaths are from NCDs, followed by Burundi (32%), Rwanda (33%), Uganda (33%) and Tanzania (41-44%).

Malignant neoplasms (5.9%), respiratory diseases (2.1%), and diabetes mellitus (1.9%) caused the most NCD-related deaths (figure 2). The most important NCD risk factors are high blood pressure, unhealthy diet, air pollution, high body mass index, tobacco use, alcohol and drug abuse, high fasting plasma glucose, high total cholesterol, and low physical activity6. The EAC countries are among those with rising NCD mortality globally (figure 1). Despite evidence of NCD burden, there is limited NCD policy response in the region in peer-reviewed literature and country-specific NCD strategies, plans, etc.

Figure 1: EAC NDC deaths attributes in percentages



Source: BMG Global Health 2020 (Kraef C, Juma PA, Mucumbitsi J, et al. Fighting non-communicable diseases in East Africa: assessing progress and identifying the next steps. BMJ Global Health 2020;5: e003325. doi:10.1136/ bmjgh-2020-003325).

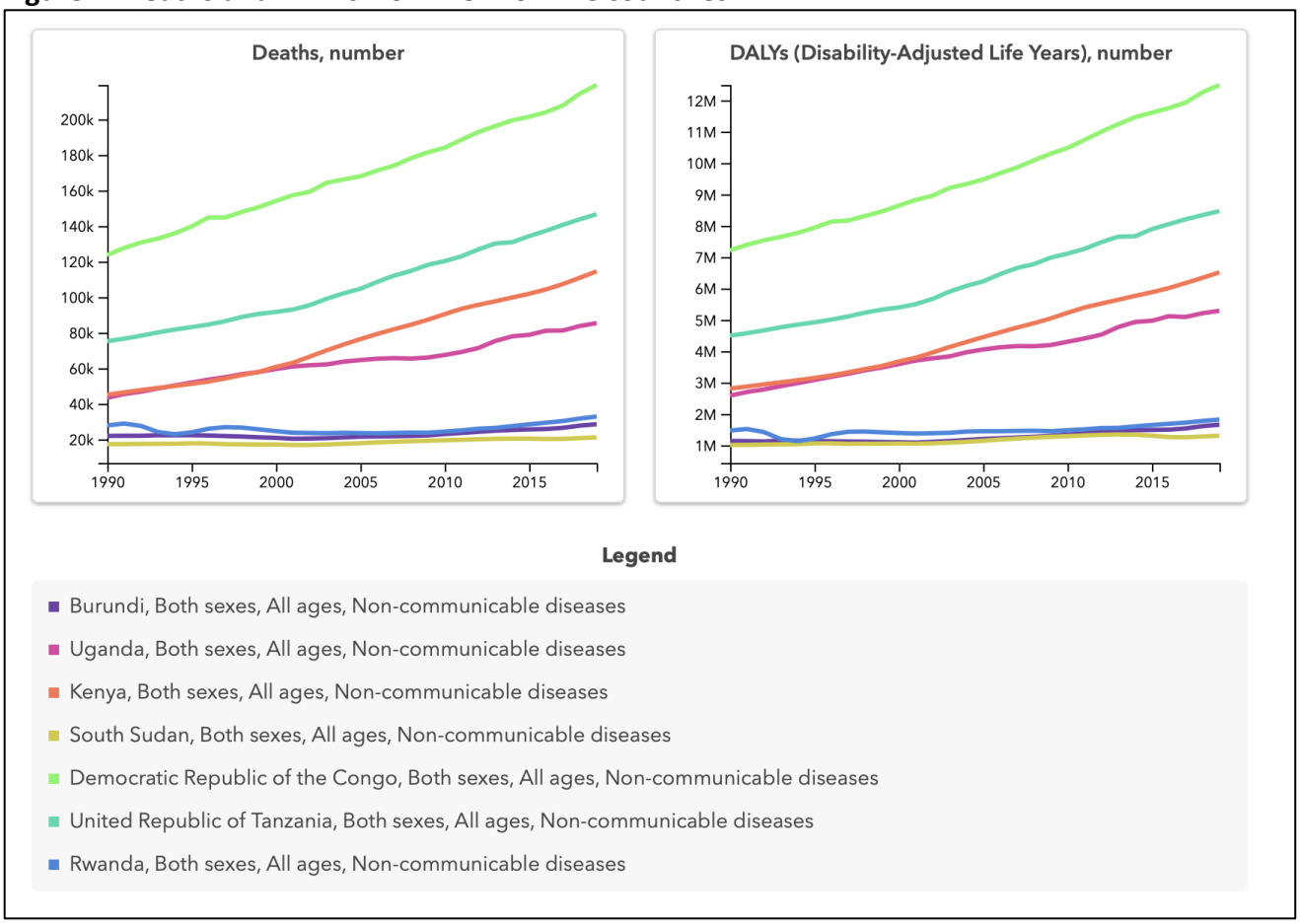
5 World Health Organisation. WHO NCDs Progress Monitor 2017 [Internet], 2017. Available: https://ncdalliance.org/resources/who-ncds-progress-monitor-2017 [Accessed 9 May 2020]. Google Scholar

6 GBD 2013 Risk Factors Collaborators, Forouzanfar MH, Alexander L, et al. Global, regional, and national comparative risk assessment of 79 behavioural, environmental, and occupational, and metabolic risks or clusters of risks in 188 countries, 1990-2013: a systematic analysis for the global burden of disease study 2013.

In the last two decades, the incidence of NCDs has risen sharply in the EAC Partner States: 32.6% of fatalities in 2018 were attributable to NCDs, which is a significant increase from the 29.8% in 2015 (WHO, 2018b). The five major NCDs (cardiovascular disease, cancer, diabetes, respiratory disease, and mental illness), sickle cell disease, and injuries, are particularly prevalent in the sub region. In the EAC region, the leading risk factors for Covid-19 patients were identified as being NCDs. The risk factors for NCDs include high blood pressure, an unhealthy diet, air pollution, a high body mass index, smoking, alcohol and drug abuse, high total cholesterol, and lack of physical activity.

In the EAC region, there is a general under-diagnosis of NCDs due to various factors including lack of diagnostic equipment, poor health-seeking behaviours among the population, and related cost of traveling to seek medical attention, among others. This, coupled with the growing population of older people, leads to estimates that by 2040, 70% of the cases of NCDs will be coming from this region.

Figure 2: Deaths and DALYs from NCD for EAC countries



Source. Institute for Health Metrics

Table 1: Key baseline data

Country	Burundi	DRC	Kenya	Rwanda	South Sudan	Tanzania	Uganda	Denmark
Deaths	37%	34%	41%	50%	28%	34%	36%	90%
Premature Deaths	25%	24%	21%	20%	17%	17%	21%	11%

Source: WHO Global Health Observatory

Cancer

For cancers, WHO Afro region has 128.5 per 100,000 population new case of cancer per year7.

Figure 3: Age-standardised DALY rates (per 100 000) by location, both sexes combined, 2019: cancer

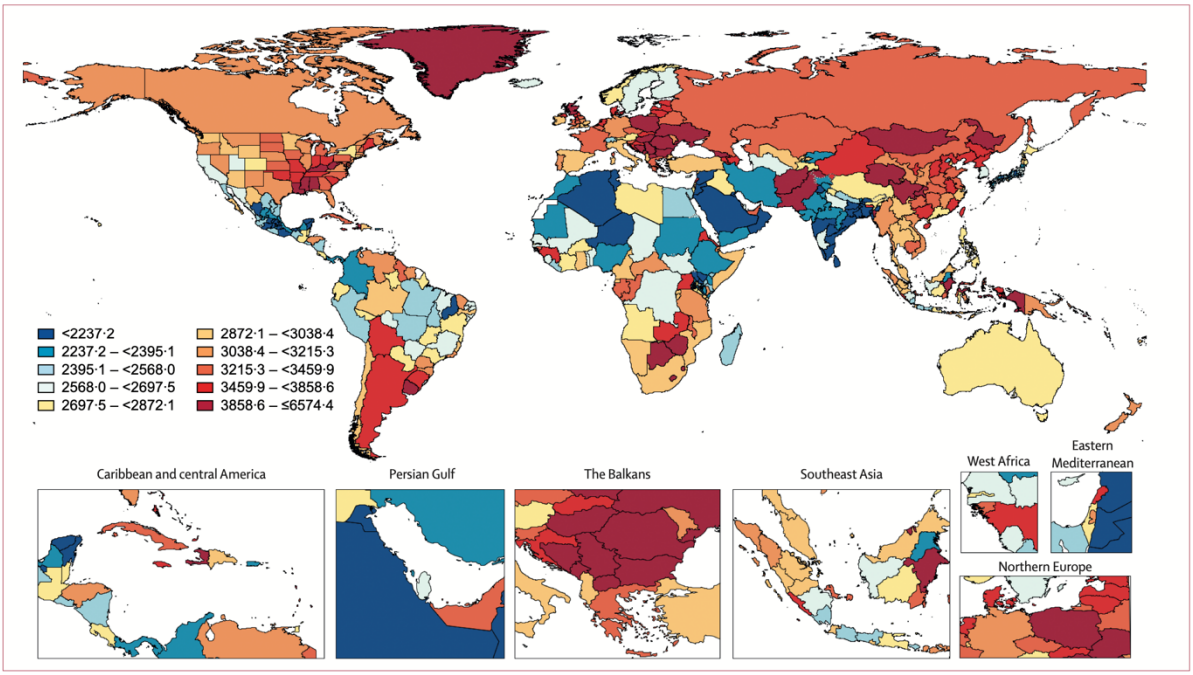


Table 2: Incidence of Cancers by WHO region

Population	Incidence
WHO Europe (EURO)	272.8
WHO Americas (PAHO)	267.1
WHO Western Pacific (WPRO)	216.6
WHO East Mediterranean (EMRO)	129.3
WHO Africa (AFRO)	128.5
WHO South-East Asia (SEARO)	110

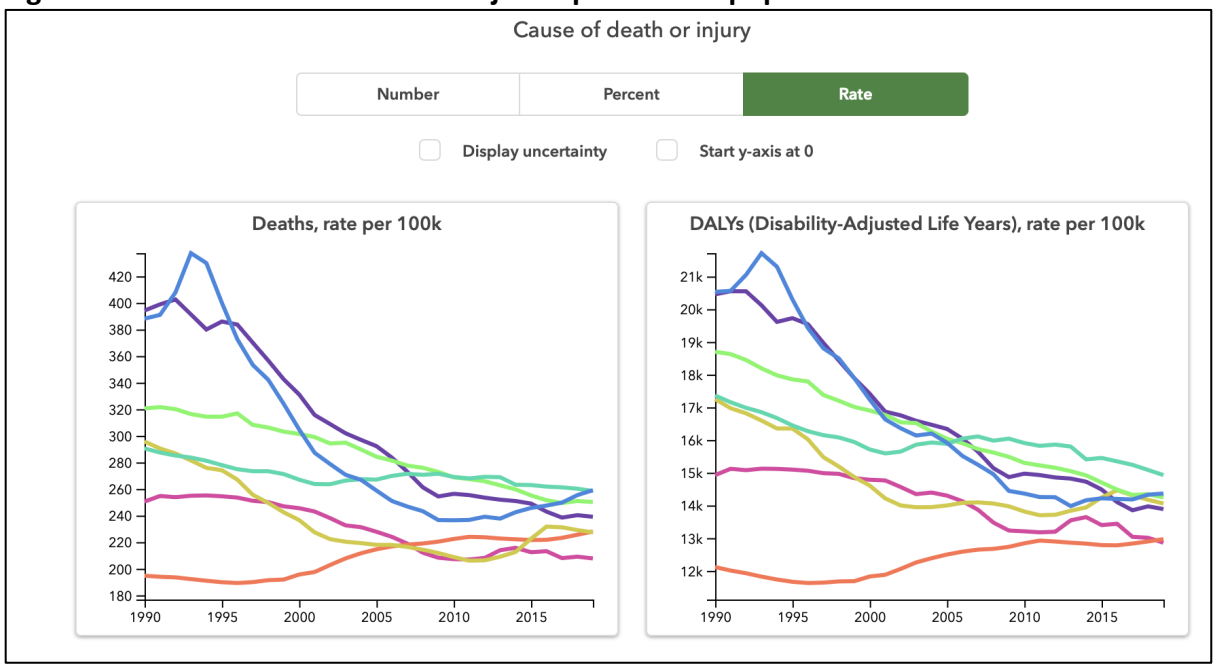
Source: https://www.healthdata.org

[7] Globocan observatory, 2020 (EBN 152/6)

Injuries

Nearly 1 billion people globally lived with a mental disorder in 2019. Depression and anxiety alone cost US$ 1 trillion annually. People with severe mental disorders die 10 to 20 years earlier than the general population,3 and more than one in every 100 deaths were due to suicide in 2019. Neurological disorders are the leading cause of disability-adjusted life years and were the second leading cause of death in 2016. There were 283 million people with alcohol use disorders in 2016 and 36 million with drug use disorders in 2019. Yet, only 31% of Partner States report mental health policies or plans that are being implemented and just 2% of health budgets goes to mental health. In low-income countries, there are fewer than one mental health worker per 100 000 population8.

Figure 4: Deaths and DALYs due to injuries per 100000 population



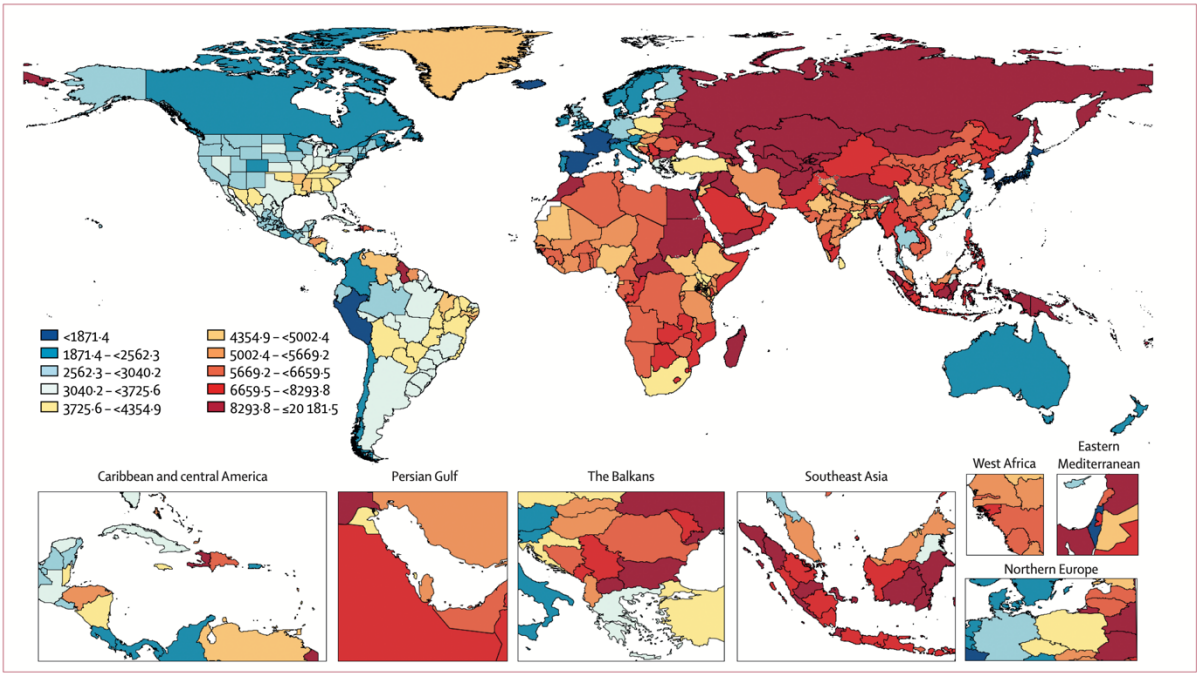
Source: Status Report on Road Safety in the WHO African Region 2023

Note: *The Figure on the extreme right shows the number of deaths due to injuries per 100,000 populations. the other figure shows the disability adjusted life years, which is a sum of the years lost due to premature mortality and years lived with disability, in each of the EAC partner States*.

[8] Political declaration of the 3rd high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health, 10 Jan, 2023.

Cardiovascular diseases

Figure 5: Age-standardised DALY rates (per 100 000) by location, both sexes combined, 2019: Cardiovascular diseases



Source: Sun, J., Qiao, Y., Zhao, M. *et al.* Global, regional, and national burden of cardiovascular diseases in youths and young adults aged 15–39 years in 204 countries/territories, 1990–2019: a systematic analysis of Global Burden of Disease Study 2019. *BMC Med* **21**, 222 (2023). https://doi.org/10.1186/s12916-023-02925-4.

Mental and neurological disorders

Major depressive and anxiety, disorders increased by an estimated 27.6% and 25.6%, respectively, in the first year of COVID-19, coinciding with severe mental health service disruptions (reference).

II. 3 NCD RISK FACTORS

The main risk factors for NCDs are the harmful use of alcohol, unhealthy diets, and tobacco use. Physical inactivity and obesity are on the increase in the region. Eliminating major risk factors could prevent almost three-quarters of heart disease, stroke and type 2 diabetes and 40% of cancer9. Risk factors include:

1. **Harmful use of Alcohol and substance abuse**

In 2019, the average level of alcohol consumption in the world, measured in litres of pure alcohol per person of 15 years of age or older, was 5.8 litres (a 5% relative decrease from

[9] Working Group of the Specialised Technical Committee on Health, Population and Drug Control, Experts Meeting 25 to 26 April 2016, Addis Ababa

2010)10. The easy access to cheap alcohol in most of the EAC region may be contributory to the noted occurrence.
Taxation on alcohol and poverty have been observed to influence the current increase in consumption of illicit alcohol, drugs and other substances among the population, especially those in the low social economic bracket. Poor awareness on alcohol consumption as a risk factor for NCDs may be contributing to the situation in the region. Studies have reported diverse findings in different trends of alcohol consumption during the COVID-19 pandemic, with an increased use in some settings and decreased use in others.

2. **Unhealthy diet and toxins:**

It is also important to highlight the low diversity of diets, limited consumption of fruits and vegetables; and the growing culture of "first /fast foods" among the young people particularly from the middle class, which have been noted to increase risk of NCDs. Consumption of vegetables (rich in Vitamin A), eggs, fish, is protective. It has also been found that fat consumption is insufficient, and that the diet is largely composed of carbohydrates. Furthermore, high consumption of salt has been associated with increased risk of NCDs. Other diet related determinants include marketing and advertising of unhealthy foods to children and adults and increased use of breastmilk substitutes.

3. **Tobacco use/ tobacco smoking:**

Tobacco use among the population aged 15-49 years varies across EAC Partner States and it is higher among men compared to women of the same age group. Tobacco use among men is 21.2% in Burundi, 20.7% in Tanzania, 19% in Kenya, 16% in Uganda and 9.7% in Rwanda. Among women of the same age group, it is 10, 2% in Burundi, 2.8% in Uganda, 1.7% in Rwanda, 1.4% in Tanzania and 1% in Kenya11. The pooled prevalence of current cigarette smoking among school-going adolescents in East Africa was found to be 9.02% (95%CI: 6.34-11.70). Based on the subgroup analysis, current cigarette smoking among school-going adolescents was estimated at 9.8% in Kenya, 7.72% in Ethiopia, 10.83% in Uganda, 13.6% in Sudan, and 4% in Tanzania12. Currently, most of the EAC Partner states in collaboration with multisector stakeholders, are implementing and enforcing the WHO Framework Convention on Tobacco Control (FCTC). This includes different tobacco laws and orders, focused on increasing tobacco taxes; ensuring business owners comply with laws and regulations on tobacco control; reducing, and possibly eliminating, exposure to second-hand smoke; promoting smoking cessation and preventing smoking initiation; and preventing people under 18 years-old from any contact with tobacco products.

4. **Physical inactivity**.

[10] WHO. The Global Health Observatory: SDG target 3.5 Substance abuse. Geneva: World Health Organization (https://www.who.int/data/gho/data/themes/topics/sdg-target-3_5-substance-abuse, accessed 17 November 2022).

[11] EAC Health policy, 20

[12] Tezera N, Endalamaw A. Current Cigarette Smoking and Its Predictors among School-Going Adolescents in East Africa: A Systematic Review and Meta-Analysis. Int J Pediatr. 2019 May 8;2019:4769820. doi: 10.1155/2019/4769820. PMID: 31205474; PMCID: PMC6530160.

Change of lifestyle specifically with urbanisation have influenced sedentary work-related activities and are more increasing in developing countries including in EAC partners states. Thus, appropriate interventions with emphasis on awareness and mitigation of sedentary lifestyle and promotion of physical activities, are crucial as population level interventions in EAC partner states.

5. **Overweight and obesity**

Obesity and overweight increase the risk of heart disease, type 2 diabetes and liver diseases. The nutrition transition in the region today has increased the prevalence of overweight and obesity

Exposure to Environmental pollutants and toxins:
Environmental, occupational and nutritional risk factors like exposure to environmental pollutants and toxins through indoor pollution, agrochemicals, aflatoxins and asbestos exposure have been recognised regionally and internationally as risk factors contributing to increased NCD-related morbidity and mortality.

6. **Road carnage:**

Especially arising from the Road Traffic Accidents (RTAs) and from the boda boda accidents.

7. **Genetics:**

Lack of information on the genetic diseases has increased the risk of these in the Ugandan population e.g sickle cell disease. A Lot of awareness is needed to curb this from the grass root. Awareness is needed not just on the sickle cell day but all clinics and hospitals should have information on the same. Testing should be done on all individuals and this test must be mandatory for all couples in tending to get married as it is with HIV AIDS.

II.4 S.W.O.T. ANALYSIS

Strengths	Weaknesses
All EAC partner states have NCD Strategic Plans Political goodwill by member states to support NCD interventions Existence of regional NCD centres of excellence that enhances access to care Existence of EAC secretariat on health to enhance harmonization of NCD interventions Availability of healthcare workers who are willing to be trained on NCDs	Inadequate financing for NCDs both from domestic and external sources Inadequate availability of essential NCD commodities Inadequate coordination between governments, global partners and CSOs Poorly developed infrastructure to support NCD response Inadequate skilled human resource to manage NCDs Various tools for NCD data collection Data collected from different service delivery points Limited sharing of NCD data from private sector Limited integration of NCD services

	Lack of harmonized indicators to monitor and report NCD Limited community engagement Lack of harmonized policies and regulations on NCD risk factors
Opportunities	Threats
Existence of EAC health sector priorities investment framework All EAC Partners observe global NCD Health Days Integration initiatives in health sector to enhance NCD service delivery Enhanced internet connectivity and use of electronic gadgets across member states Universal Health Coverage roll out – a platform to enhance equity for NCD Advances in technology	Limited donor financing for NCDs Three out of eight EAC Partner States have no national NCD Alliances Frequent outbreaks hindering NCD services Social media misinformation on NCDs (Countries not addressing the misinformation) Myths and misconceptions on NCDs Enhanced activities from industries and trade e.g. tobacco and fast food

II.4.1 GAPS AND CHALLENGES

Based on the SWOT analysis, several gaps and challenges have been noted and clearly highlighted. The most critical challenges are:

1. The lack of up-to-date NCD data is affecting the NCD programming. In general data is collected in a fragmented way, the DHIS 2 and the HMIS system have limited indicators on NCDS. Most of the data collected from wellness centres, the community level etc is missing in the national data bases. missing data, so the data available is not comprehensive;
2. Inadequate government funding for NCDs is one of many obstacles that the EAC countries must face to address the NCDs prevalence. Inadequate investment in training, research, data and innovations and poor integration of NCDs with other chronic diseases (HIV/AIDS) and into primary health care. This has resulted in over reliance on development partners (in some countries), which usually gives rise to other challenges;
3. Limited awareness on the risk factors for NCD among the general population and the limited number of programmes promoting prevention of NCDs among targeting the high-risk groups;
4. Limited coordination and collaboration among Partner states, Interventional and regional partners on the NCD response;
5. Inadequate human resources (NCD technical experts and managers) in the ministries responsible for Health in the EAC Partner States has hindered coordination and communication among government and nongovernmental actors in the NCD space; and
6. Inadequate availability of essential NCD commodities coupled with limited access to essential CDS services.

7. challenges with effective multi-sectoral coordination and response, including inadequate involvement of people living with NCDs; lack of harmonised unified legal, policy & regulatory framework.

Table 3: Financial Allocation to Combat NCDs in EAC Partner States

Sn.	Country	Financial allocation as a proportion of the total budget	Sources
1.	Tanzania (United Republic)	7.8% (2021)	Tanzania NCD strategy 2021-2025
2.	Kenya Republic	11% (2017/2018)	Kenya NCDs strategic plan 2021/22 – 2025/26
3.	Uganda Republic	17% of the total health budget (2021).	Ankita Meghani, Charles Ssemugabo, George Pariyo, Adnan A. Hyder, Elizeus Rutebemberwa and Dustin G. Gibson Global Health: Science and Practice March 2021, 9(1):149-159; https://doi.org/10.9745/GHSP-D-20-00051
4.	Rwanda Republic	13% of total health budget (2021)	National Strategy and Costed Action Plan for the Prevention and Control of Non-Communicable Diseases in Rwanda (Page 91) 2020-2025; RWANDA STEPS SURVEY REPORT 2021
5.	Burundi Republic	(only 1% in 2014). The resource allocation is challenged by the lack of data on public health issues, which would inform the prioritisation.	Making Non-Communicable Diseases Prevention and Control a Development Priority in East Africa (Program Document 2020-2023). Danish NCD Alliance.
6.	South Sudan Republic	Lack of current data	
7.	Congo DRC	Lack of current data	https://globalnutritionreport.org/resources/nutrition-profiles/africa/middle-africa/democratic-republic-congo/

II.5 RESPONSE ANALYSIS

II.5.1 GLOBAL NCD RESPONSE

NCDs undermine both health and development. In 2008, WHO reported a shift from communicable diseases to NCDs. In 2000, the WHO adopted a Global Strategy for NCDs. Political commitments have driven NCD prevention and control agendas since 2010. The 2030 Agenda for Sustainable Development aims to reduce premature NCD mortality by one-third

by 2030 (target 3.4). World leaders pledged to reduce NCD deaths by one-third by 2030. WHO's strategies, guidelines, and tools are disease and risk-specific (WHO, 2014).

UN Interagency Task Force on Non-Communicable Diseases (UNIATF) was created in 2013 to coordinate UN system action on NCDs. 2017 World Health Assembly selected NCD "best buys". Best buy interventions target tobacco, harmful alcohol, unhealthy food, and physical inactivity; and CVD, diabetes, cancer, and chronic respiratory diseases. 88 recommendations, including policy initiatives are recommended. 2018's third UN high-level meeting endorsed the first NCD political declaration. The proclamation recognises the involvement of civil society, PLWNCDs, the commercial sector, and NCD communities (UN General Assembly, 2018; ANN, 2021).

Global NCD Alliance, a network of over 2,000 organisations in 170 countries working to accelerate NCD prevention and control, is an example of a civil society response. The coalition aims to raise PLWNCDs' voices (people with NCDs and caregivers). NCD coalition created PLWNCD Advocacy Agenda in 2017. Advocacy Agenda promotes human rights and social justice, prevention, treatment, care, and support, and meaningful involvement (NCDA, 2017).

The Global NCD coalition created the PLWNCD Global Charter in 2021. (NCDA, 2021). The Global Charter encourages partners to engage PLWNCDs in NCD prevention and control. The Global Charter is the first technical paper on meaningful involvement of PLWNCDs. It highlights the principles adopted during the Global Week for Action on NCDs in 2021 to operationalize meaningful involvement and achieve a people-centred NCD response.

II.5.2 AFRICAN UNION REGIONAL RESPONSE

Ministers of Health and Heads of Delegation of WHO-AFRO met at a Regional Consultative meeting on the Prevention and Control of NCDs in Brazzaville, Congo, 4-6 April 2011 in preparation for the Ministerial Meeting on Healthy Lifestyles and NCDs; Moscow, 28-29 April 2011 and for the United Nations High-Level Summit on NCDs held in New York, September 2011 recognized that; there was an ever-increasing double burden of communicable and non-communicable diseases in the region. The meeting noted that cardiovascular diseases, diabetes, cancers, chronic respiratory diseases, haemoglobinopathies (especially sickle cell disease), mental disorders, violence and injuries, oral and eye diseases were major burdens in WHO-AFRO. A prioritized NCD agenda in the region was recommended.

Further, the 67th WHO African regional committee session adopted a framework for integrating NCD services into PHC by 2030, and set the following goals:

Adapt and use WHO Afro PEN-Plus guidelines;
More than 80% of the PHC workforce should receive formal training in NCD management;
Have the essential medicines and basic technologies needed for NCD management available at PHC facilities; and
Have systems for routinely collecting mortality data.

A report of case studies on meaningful involvement of People PLWNCDs in 8 African countries (Kenya, Ghana, Tanzania, Cameroon, Malawi, South Africa, Nigeria and Uganda) in 2021

indicates ongoing efforts in these countries to improve the lives of PLWNCDs. The report presents strategies for meaningfully involving Private Sector, CSOs and PLWNCDs.

II.5.3 EAC RESPONSE

Global and regional commitments to address NCDs have not been adequately translated into country-level action, which calls for a regional effort to drive the response and relevant interventions.

Through the EAC 2017-2020 progress monitor, it was shown that East African countries have been attempting to overcome NCDs challenges using a variety of indicators, such as Mortality, National Integrated Policies and Plans, tobacco demand reduction, unhealthy diets, and drug therapy. Each Partner State's progress in addressing NCDs is shown in the table below:

Table 4: WHO non-communicable diseases (NCD) progress monitor for East African community (2017/2020)

Indicator	Kenya	Tanzania (incl. Zanzibar)	Uganda	Rwanda	Burundi	South Sudan	CONGO DRC
National NCD targets	●/●	●/●	○/○	○/○	●/●	No Data	No Data
Mortality data	○/○	○/○	○/○	○/○	○/○	37%	No Data
Risk factor surveys	●/●	◐/◐	●/●	◐/◐	○/○	No Data	No Data
National integrated NCD policy/strategy/action plan	●/●	●/●	○/○	○/○	○/●	No Data	No Data
Tobacco demand-reduction measures	◐/◐	○/◐	◐/◐	◐/◐	○/◐	No Data	No Data
Harmful use of alcohol reduction measures	◐/◐	◐/◐	◐/◐	◐/◐	◐/◐	No Data	No Data
Unhealthy diet reduction measures	○/○	◐/◐	○/○	○/○	○/○	No Data	No Data
Public education and awareness campaign on physical activity	○/○	○/○	○/●	○/●	○/○	No Data	No Data
Guidelines for management of cancer, CVD, diabetes and chronic respiratory disease	◐/●	○/●	●/●	●/●	◐/◐	No Data	No Data
Drug therapy/counselling to	○/○	○/○	○/○	○/○	○/○	No Data	No Data

prevent heart attacks and strokes							

Source: BMJ Global Health 2020 (Fighting non-communicable diseases in East Africa: assessing progress and identifying the next steps).

KEY:
●=fully achieved ◐=partially achieved ○=not achieved.
NCD Progress Monitor, 2017/2020. Geneva WHO; 2017/2020. CVD, cardiovascular diseases.

II.5.4 EAC PARTNER STATES RESPONSE ON NCD

The country response strategies in all EAC countries' Partners States are categorised into different approaches to ensure successful reduction of non-communicable diseases through addressing the most common and overarching gaps. The EAC Partner States have attempted to address the most prevalent gaps and challenges through different approaches, which underscores the need for harmonization and collective efforts to tackle these issues effectively. All EAC countries also have established civil society National NCD Alliances that are active members of the regional EANCDA and global NCD Alliance.

Table 5: East African Non-Communicable Diseases Alliance Benchmark Survey (2017).

	Burundi	Kenya	Uganda	Rwanda	Tanzania	Zanzibar
1) Governance						
NCDs included in the national development plan	○	○	●	●	●	●
NCDs included in national health sector plan	●	●	●	●	●	●
NCD strategy/action plan available	○	●	○	○	●	●
Presence of NCD targets/indicators	○	●	○	○	●	●
Dedicated NCD department	●	●	●	●	●	●
Formal Government systems to engage Civil Society	○	◐	●	○	○	●
Government engagement of PLWNCDs	○	◐	○	○	○	○
Public–private partnerships to improve NCD prevention	○	○	○	●	○	○
and control.						
2) Prevention and reduction of risk factors						
Tobacco Legislation	○	●	●	●	○	●
Tobacco legislation on pack labelling and pictorial	○	●	●	●	○	●

health warnings						
Tobacco taxation policy	○	◐	○	◐	○	○
Smoke free public policy	○	●	●	○	○	●
Bans on tobacco advertising and sponsorship	○	●	●	○	○	●
Comprehensive alcohol control Legislation	○	●	○	●	○	◐
3) Health systems readiness						
National guidelines/protocols for management of major NCDs	◐	◐	◐	◐	◐	◐
Guidelines for mental and neurological disorders	○	●	○	●	●	○
Guidelines for tobacco dependence treatment	○	●	○	◐	○	○
Guidelines for alcohol dependence treatment	○	●	○	◐	○	○
Government initiatives delivering NCD detection, treatment and care	◐	●	●	●	●	●
Updated national essential medicines list	○	●	●	●	●	◐
Standards for availability/affordability of NCD essential medicines/technologies	○	●	●	●	●	○
Studies published on availability/affordability of essential medicines and technologies	○	○	○	○	○	○

NCD prevention and management integrated into training programmes for healthcare professionals	○	◐	●	●	●	●
4) Monitoring, surveillance and evaluation						
Demographic and Health Survey done	○	●	●	●	●	●
Functioning mechanism to respond to WHO or UN NCD surveillance frameworks	●	●	●	●	◐	○
Has the government set up NCD research priorities	○	○	○	○	○	○

Availability of funding for in--country research intoNCDs and their risk factors	○	○	○	○	○	○

Source : Kraef C, et al. BMJ Global Health 2020;5:e003325. doi:10.1136/bmjgh-2020-003325
Key: ●=fully achieved. ◐=partially achieved ○=not achieved.

Note: DRC was not part of the assessment hence there was no data available for DRC

Note: Burden
Regarding the burden of NCDs in the EAC region, table … below shows the incidence, mortality of the various NCDs by gender and age. (Add table)

II.5.4.1 KENYA RESPONSE TO NCD

Non-communicable diseases are a major public health concern and a hindrance to economic growth. Like many African countries, Kenya is facing an increase in the burden of NCDs. Kenya has undertaken strategic interventions to halt the rise in the burden of NCDs. The interventions are guided by global and regional commitments such as the SDGs, global action plans, the constitution and national commitments such as Vision 2030.
Interventions undertaken by Kenya to address NCDs include;

Development of policies and guidelines: The Kenya Non-Communicable Diseases Strategic Plan 2021-2025, the Kenya Cancer Policy and Strategy, Mental Health Policy, disease-specific guidelines and protocols, the Primary Health Care strategic framework that advocates for NCD services integration.

Strengthening leadership and governance: The Ministry of Health established an NCD interagency coordinating committee that oversees the coordination of sectoral and multisectoral players in NCDs. Further, disease-specific technical working groups both at the national level and county levels have been established to coordinate interventions for NCDs.
Human resource for Health: Capacity building of healthcare providers in particular conditions such as Cardiovascular diseases, Diabetes, Cancer, and Mental health among others. This has been achieved through collaborations with professional organizations and bodies, MOH Virtual Academy among other platforms.

NCD services integration at the Primary Healthcare Level: Kenya, through the Ministry of Health recently rolled out Primary Healthcare Networks that looks at enhancing access to NCD services at the primary healthcare level. Further, through collaborative efforts between the Division of NCDs and other partners, the country is currently implementing projects that are geared towards strengthening NCD service delivery at the PHC level.

Health information and Research: Data is one of the key building blocks in addressing NCDs in the country. The presence of the Digital Health Act and the Data Protection Act is vital in guiding the NCD services digitization processes that are already ongoing in the country. The existence of standardized data collection tools and established cancer registry has been vital

in the surveillance of NCDs. The collaboration between research institutions such as Kemri and the Ministry of Health has realized enhanced research activities in NCDs.
Health Products and Technologies: The ministry has revised the Kenya essential drug list, improved the availability of HPTs and increased access to special tests, medicines and procedures.
Financing: Conducted NCD investment cases to be used as advocacy tools for increased financing, restructuring of the national hospital insurance fund to social health insurance fund that will expand the scope of service delivery for NCDs

Enhanced prevention interventions for NCDs through community awareness, leadership involvement, and meaningful involvement of people living with NCDs.

II.5.4.2 SOUTH SUDAN RESPONSE TO NCD

Priority areas and activities of NCDS in South Sudan NCDS burden and the risk factors are becoming a major health problem in the Republic of South Sudan in the last two decades. The major NCDs are cardiovascular disease, cancer, Diabetes and chronic respiratory disease and the main risk factors are tobacco smoking, harmful use of alcohol, unhealthy diet and physical in activity. The percentage of death due to these major NCDs from all death due to communicable, maternal and child health and nutritional diseases combined is 27% and will rise to above 50% by 2030 if not addressed, according to WHO estimate.
Activities

The Republic of South Sudan has the strategic work plan for NCDs implementation, with four pillars. The country is in the process of Establishing a functional NCDS Office at the MOH to coordinate the NCD response.

All of the above are included in the plan, but implementation remains a challenge due to weak leadership and financial support. Challenges include weak leadership support, limited research, and inadequate funding both domestic and from partners.

II.5.4.3 BURUNDI RESPONSE TO NCD

The MOH has Developed normative documents to guide the NCD response, including multi-sector plan for the prevention and treatment of NCDs 2019-2023 (to be revised), the strategic plan to fight cancer 2024-2028, the physical medicine and rehabilitation strategic plan 2023-2027, strategic mental health plan (under development) and mental health code in Burundi (Validation phase).

The country has also developed training manual for healthcare providers on the main NCDs (Diabetes, Hypertension, Sickle Cell Disease and Asthma), Manual for promoting mental health in schools, and Community Health Worker's Manual on Mental Health
The country also has held celebration of international or world days of different NCDs with the aim of social mobilization and awareness of the population and political, health and financial decision-makers on the harmful issues of these diseases on the health, economy and social life of Burundians.

The country is developing Infrastructure on NCDs, improving a physiotherapy services, and other aspects on general rehabilitation and computerization of medical records.
Additionally, the country of improving the Human resources through training and recruitments.
To improve the data on NCDs, the country has conducted the Harmonized health facility assessment HA survey and preparations for the STEPS Wise survey are currently underway.

Mental health survey in Burundi which will soon begin with the support of the Parex Project of the Kingdom of Belgium. The country has prioritized integration of NCD indicators into the DHIS 2 platform and this is work in progress.

II.5.4.4 RWANDA RESPONSE TO NCD

Non-Communicable Diseases (NCDs) deaths in Rwanda account for 44% of all deaths according to WHO estimates in 2018. The main risk factors prevalences from the 2012-13 and 2021-22 NCD risk factors STEP survey showed that:

1. The prevalence of Hypertension is 16.8%, an increase of 1.8% from 15% in 2012
2. The prevalence of Diabetes Mellitus is 2.9% from 3.1% in 2012
3. Tobacco smoking has reduced from 12.9% in 2012 to 7.1% in 2022
4. The alcohol consumption has increased from 41.2% in 2012 to 48.1% in 2022
5. Fruit and vegetables consumption is still low, as 90% of Rwandans consume less that 5 servings, vs 99% in 2012
6. The physical activity is good as 95.4% of Rwandans do sufficient physical activity (at last 150 min/week)
7. The overweight and obesity are increasing as 18.6% of Rwandans have a BMI ≥25: (14.2% for overweight and 4.3% for obesity) vs 17.12% (14.32% for overweight and 2.8% for obesity)

The Rwanda national strategy and costed action plan 2020-2025 has the vision of having a nation free from the avoidable burden of NCDs, including injuries and disabilities and the goal of reducing premature mortality due to NCDs by 25 percent, by 2025. It aims to achieve this by improving universal accessibility, in geographical and financial terms, of equitable, affordable, and quality NCD services (preventative, curative, rehabilitative and promotional) for all in Rwanda.

The strategy has four main objectives

1. Preventing NCDs through health promotion and reduction of risk factors
2. Strengthening health systems for quality NCD early detection, care and treatment at all levels
3. Strengthening disease surveillance and research, alongside robust monitoring and evaluation, for evidence-based intervention
4. Strengthening intersectoral coordination, advocacy and resource mobilisation for the prevention and control of NCDs

Implementation progress of different NCDs prevention and control interventions

1. Preventing NCDs through health promotion and reduction of risk factors
2. Strengthening health systems for quality NCD early detection, care and treatment at all levels
3. Existing challenges in NCDs Prevention and Control

Rwanda has made a significant progress in NCDs prevention and control but challenges still exist:

a. Low levels of awareness and knowledge of NCD risk factors, symptoms and signs among the general population, leading to late presentation
b. Screening services not yet rolled out in all health facilities (cervical cancer, breast,..)
c. Lack of enough specialized infrastructure and human resources to provide advanced management of NCDs;
d. High cost for specialized interventions for NCDs management like dialysis, specialized surgeries, radiotherapy
e. Expensive NCD drugs that patients have to take for a long period eg: Insulin, …
f. Inadequate supply chain of NCDs drugs and commodities that leads to frequent stock outs
g. Some of the most expensive NCDs are not covered by CBHI schemes eg: Chemotherapy
h. Insufficient funding of NCD Prevention and Control Interventions
i. Low numbers of partners active in NCD prevention and care (across public and private sectors, and CSOs)

There is a need to have multisectoral collaborations and efforts to have a sustainable response to the growing burden of NCDs in the country.

Responses from other Partner States are hereto attached as Annex 1.

CHAPTER THREE: STRATEGIC DIRECTION 2024 - 2030

The preceding chapters provide background information on the healthcare sector, governing policies and initiatives, and strategic guidance for the control of non-communicable diseases. This Chapter describes the strategic plan's vision, mission, objectives, guiding principles, and scope.

III.1 RATIONALE

The rationale for EAC Regional NCD Strategic Framework 2024-2030 is to respond to the most prevailing NCDs burden and risk factors as well as its implementation Frameworks to adopt to multisectoral approach. In EAC-Partner States, NCDs are the leading cause of death, with five major NCDs, namely cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases and mental health being largely preventable by addressing five common modifiable risk factors namely tobacco use, harmful alcohol use, unhealthy diet and physical inactivity, and environmental pollutants and toxins, particularly air pollution.

Tackling NCDs is critical to meeting global, regional and national targets and commitments such as the Sustainable Development Goals (SDGs), Global NCD Action Plan 2013-2020, EAC Vision 2050, EAC 6th Development Strategy, EAC Health Sector Strategic plan 2024 - 20230 and the health sector Investment Priority (2018-2028) and commitment to reducing NCDs, n the EAC region.

This Strategic Framework offers a Multisectoral Coordination Approach for NCD prevention, management and control by accelerating efforts to reduce suffering, disease, and death, through the EAC-Partner States holistic approaches of unlocking the common challenges of financing and resource mobilization strategies, legal and regulatory frameworks for the risk factors, and lack of NCDs data due to weak information system for health (digital health) and data capturing. This will contribute to improving the quality of life in all EAC-Partner State communities by reducing the suffering, disease, and death caused by the preventable burden of NCDs, with a focus on access to high-quality, long-term, and equitable health care for all.

III.2 PROBLEM STATEMENT

NCDs pose a significant and growing health burden in EAC partner states, contributing to increased morbidity, premature mortality, and economic strain on healthcare systems. Factors such as increased urbanisation, changing lifestyles, limited access to healthcare services, and insufficient public health infrastructure exacerbate the challenge.
In addition to traditional risk factors such as unhealthy nutritional habits (use of trans fats), physical inactivity, tobacco use and harmful use of alcohol and substance abuse, other risk factors which contribute significantly to the increasing burden of NCDs include environmental exposure to pollutants (air pollution), increasing ageing population and lack of awareness by the community.
EAC faces challenges with effective multi-sectoral coordination and response, including inadequate involvement of people living with NCDs; lack of harmonised unified legal, policy & regulatory framework; inadequate investment in training, research, data and innovations

and poor integration of NCDs with other chronic diseases (HIV/AIDS) and into primary health care.
There is a critical need for comprehensive and sustainable strategies to ensure increased awareness, prevention, early diagnosis, and effective management of NCDs, addressing both individual behaviours and systemic barriers to healthcare access and delivery.

Developing innovative, culturally sensitive interventions including monitoring and reporting mechanisms; and strengthening healthcare systems that are essential to mitigate the growing impact of NCDs on public health and socioeconomic development in the region.
Regarding financing of NCDs, the EAC region experiences limited financing to procure NCD medicines, equipment, devices and supplies. NCD products and supplies are financed largely by the national governments or out-of-pocket by patients. Partner State budgets for NCDs remain small despite there being limited donor funding for NCD activities. Government budgeting processes often have a long lead time to approval and can be uncertain or unclear, increasing the complexity of deploying innovative finance products. Further to this, there is lack of pooled procurement mechanisms or a coordinated marketplace for NCD HPTs. Therefore, most NCD medical products are procured by Ministries of Health at national /federal, district/county and facility levels. The absence of pooled procurement mechanisms makes it difficult to aggregate volumes and effectively negotiate pricing. Few philanthropic organisations, private sector organizations actively invest in country-level programmatic efforts geared towards health systems strengthening and improving the adoption of NCD services and medical products.

III.3 VISION STATEMENT

A healthy and prosperous EAC population free of preventable Non-Communicable Diseases

III.4 MISSION STATEMENT

Collaboratively address and mitigate the burden of NCDs in the East African Community (EAC) through harmonised policies and evidence-based interventions.

III.5 GOAL

To reduce the premature mortality due to NCDs by 20%, in the East African Community (EAC Partner States) by 2030

III.6 OBJECTIVES

The EAC Regional Strategic Framework for prevention and control of NCDs (2024-2030) will seek to attain the following objectives:

1. Promote public awareness, community engagement, advocacy and social mobilisation for effective NCD programming;
2. Strengthen data, surveillance and research on NCDs, for evidence-based decision making;

3. Improve access to comprehensive (essential and specialised) services for NCDs;
4. Strengthen leadership, governance, and accountability for effective response to NCDs in the region; and
5. Strengthen domestic and innovative financing approaches for NCD response at regional and national levels.

III.7 EAC NCD STRATEGY GUIDING PRINCIPLES

Following principles will guide implementation of this EAC Regional NCD Strategic Plan Framework:

Universal Health Coverage/Primary Health Care Approach: Deliberate efforts will be made to provide full access to quality NCD services that are appropriate, accessible, and affordable for all people, especially those living in poor and disadvantaged communities.

Country ownership: The Ministries responsible for Health and relevant Departments and Agencies in the EAC Partner States will provide leadership and make decisions for the provision of essential NCD services.

Patient-Centred and Community-Based Approaches will empower individuals, families, and communities in NCD prevention and management. Health workers in PHC facilities will have updated, user-friendly tools for NCD prevention and control.

Interventions must be evidence-based and cost-effective, using the latest proven science and best practices.

Multisectoral Approach: Public, private, and non-profit collaboration will strengthen NCD services in PHC. Public and private sector, civil society, and the international community should implement NCD interventions. All EAC-Partner States should adopt health-in-all policies and whole-government approaches.

Accountability: The EAC-NCDs Strategic Framework (2024-2034) cannot be implemented without strong and effective leadership, human resources, and financial accountability by all EAC-Partner States.

Meaningful engagement of persons living with NCDs. Individuals with lived experience, as well as communities, will be engaged in a meaningful way to contribute actively to the formulation, execution, monitoring and evaluation and scale-up of NCD policies and programs, and to the overall decision-making processes that affect them.

III.8 SCOPE OF THE STRATEGIC FRAMEWORK

The EAC Regional NCD Strategic Framework is comprehensive in order to provide guidance on how to address the majority of NCDs and risk factors of public health concern. Each country in the EAC has attempted to address NCDs on its own, but evidence has shown that the burden of NCD-related deaths in the region is increasing, as 40% of deaths in the region are currently attributable to NCDs.

The Strategy will also encompass all cohorts, Pregnancy and the new-born (up to 28 days), Childhood (29 days – 59 months), Children (5 – 9 years), Adolescents (10-19 years), Adulthood (20 – 59 years and older persons (60 years and above).

III.8.1 The Scope of Non-Communicable Diseases and Conditions

a. Cardiovascular Diseases
b. Diabetes
c. Cancer
d. Chronic Respiratory Diseases
e. Mental Health Disorders
f. Violence and injuries
g. Hemoglobinopathies
h. Haemophilia and other bleeding disorders
i. Epilepsy and other neurological disorders
j. Autoimmune diseases
k. Chronic Kidney Diseases
l. Chronic skin conditions
m. Oral diseases and conditions
n. Chronic eye conditions
o. Disabilities

III.8.2 Risk Factors

a. Harmful use of Alcohol and substance abuse
b. Unhealthy diet
c. Tobacco use
d. Physical inactivity
i.
e. Overweight and obesity
f. Exposure to Environmental pollutants and toxins
g. Road carnage
h. Genetics

The main risk factors for NCDs are the harmful use of alcohol, unhealthy diets, and tobacco use. Physical inactivity and obesity are on the increase in the region. Eliminating the major risk factors could prevent almost three-quarters of heart disease, stroke and type 2 diabetes and 40% of cancer13.

[13] Working Group of the Specialised Technical Committee on Health, Population and Drug Control, Experts Meeting 25 to 26 April 2016, Addis Ababa

CHAPTER FOUR: STRATEGIC OBJECTIVES, INTERVENTIONS AND ACTIONS

IV.1 STRATEGIC OBJECTIVES AND KEY STRATEGIES

This section outlines the objectives and key strategies to be implemented

STRATEGIC OBJECTIVES	*KEY STRATEGIES*	*STRATEGIC INTERVENTIONS*
OBJECTIVE 1. PROMOTE PUBLIC AWARENESS, COMMUNITY ENGAGEMENT, ADVOCACY AND SOCIAL MOBILIZATION FOR STRENGTHENING NCD PREVENTION AT ALL HEALTH SYSTEM LEVELS	Create regional guidelines to increase community awareness about the main NCD risk factors and preventive measures	Create awareness on the importance of quality data on NCDs among stakeholders;
		Advocate for improvement of human resources for health (capacity, numbers) who will also support management of NCDs;
		Promote awareness on Genetic risks for NCDs and establish mechanism to facilitate screening
		Develop a guideline for integration of NCDs into national CPD program
		Develop a regional policy guideline to facilitate adoption & implementation of wellness programs and campaigns in Partner States
	Equip communities in all EAC Partner States with knowledge and skills in NCD prevention and control.	Create regional guidelines to increase community awareness on NCD risk factors and preventive measures;
		Create tailored messages on NCD prevention and control for various target audience segments (men, women, boys, girls, and vulnerable populations) in the region;
		Disseminate key messages on NCD prevention and management to the general population, including using mainstream and social media;
		Establish and enhance linkages between communities and healthcare facilities
		Enhance social mobilization for NCD prevention and control;
		Conduct commemoration of NCD health awareness days to highlight key issues
		Create and disseminate policy briefs on NCD prevention and control in EAC-Partner States.
	Strengthen community participation and meaningful engagement of PLWNCDs in the prevention and control of NCDs	Engage community leaders in different spheres of influence and at various levels in planning and implementation of NCD programs
		Engage persons living with NCDs in the planning and implementation of NCD programs
		Strengthen the capacity of persons living with NCDs through peer and community education and psychosocial support

STRATEGIC OBJECTIVES	*KEY STRATEGIES*	*STRATEGIC INTERVENTIONS*
		Conduct public education for behaviour change towards NCD prevention and control, through strategies involving schools, workplaces, faith-based organizations
		Enhance capacity to Community Health Workers (CHW) to educate their communities and deliver basic prevention, control and palliative care on NCD services at community levels.
OBJECTIVE 2: STRENGTHEN DATA, SURVEILLANCE AND RESEARCH ON NCDS, FOR EVIDENCE-BASED DECISION-MAKING	Standardize Data Collection Tools on NCDs Within the HMIS and DHIS2 Systems.	Develop and disseminate harmonized guidance documents and data collection tools
		Improve the capacity of healthcare workers to collect, analyse, and use NCD data for decision-making
		Incorporate NCD surveillance data into health information management systems.
		Enhance the information system to enable the collection of NCD morbidity and mortality data, along with associated risk factors.
	Promote the use of information technology tools (such as e-Health and m-Health) to improve access to information on NCD prevention, control and management and facilitate the sharing of patient care data among healthcare professionals	Develop or adapt e-Health and m-Health tools for use in the region
		Conduct training on the use of information systems (e-Health and m-Health) for NCD prevention and control information accessibility.
		Ensure that research-based evidence on NCDs is gathered and made accessible through e-health and m-health systems.
	Establish regional mechanisms and policies for monitoring, evaluation for NCDs response and quality of care	Create effective monitoring and evaluation tools for NCD indicators;
		Conduct annual, mid-term, and end-of-term evaluation of NCD activities;
		Conduct support supervision to monitor NCD data collection implementation at the country and regional levels;
		Establish regional structures and harmonized policies for quality-of-care assessment and accreditation of health facilities; and
		Work collaboratively with WHO Afro, Africa CDC and other stakeholders in surveillance, monitoring of NCD indicators and research in the region
	Establish a mechanism for coordination of NCD research in the region	Develop a regional NCD research agenda and priorities
		Establish a regional network to facilitate research and sharing of information/data on NCDs, under the leadership of the East Africa Health and Research Commission (EAHRC)

STRATEGIC OBJECTIVES	*KEY STRATEGIES*	*STRATEGIC INTERVENTIONS*
		Establish a regional research hub in collaboration with relevant stakeholders including research institutes and medical universities
		Mobilize resources/ funds to specifically support NCDs research across partner states
OBJECTIVE 3: IMPROVE ACCESS TO COMPREHENSIVE NCD SERVICES	Strengthen integration of quality NCD care in primary healthcare, in line with the WHO PEN Plus Strategy and improve referral systems	Develop harmonized and simplified NCD prevention & management SOPs, guidelines and protocols to enhance integrated service delivery in PHC facilities.
		Integrate chronic care (including palliative care) in communicable disease programs (such as TB and HIV) and in primary healthcare in line with the WHO PEN Plus Strategy.
		Strengthen the referral system, including inter-country referrals for NCDs through:
		Mapping of specialized and super-specialized medical infrastructure in the region
		Developing guidelines to facilitate inter-country referral and management of patients with NCDs in the region
		Establishing a mechanism to facilitate portability of health insurance benefits in the region
		Engage with Council of traditional and alternative medicine at national and regional level to develop strategic interventions for NCDs prevention, control and management in the community/ Develop and execute a mechanism / policies on engagement of traditional and alternative medicine practitioners
	Strengthen human resource for effective response to NCDs in the region	Collaborate with the EAC Regional Centres of Excellence (RCoE) to build the capacity of health workers and students to provide chronic care at the various levels of the health system
		Review, strengthen and harmonize NCD content in existing pre- and in-service health professional's training curriculums at regional and national levels
		Promote task-shifting and task-sharing to ensure efficient use of skills and compensate for insufficient specialized staff
		On-the-job mentoring and coaching for community health workers and other cadres so they can perform various non-clinical duties.
		Promote harmonised retention and compensation policies and strategies for healthcare workers in the region
		Harmonise regulations of healthcare professionals licensing and practice across the region

STRATEGIC OBJECTIVES	*KEY STRATEGIES*	*STRATEGIC INTERVENTIONS*
		Strengthen the technical leadership and management of healthcare facilities to improve supervision and ensure quality NCD services through programs for targeted training programs for healthcare facility managers.
	Strengthen health infrastructure for effective response to NCDs in the region	Provide guidelines for establishing and/or strengthening health infrastructure for chronic management of NCDs across partner states
		Strengthen and support access to specialised care at RCoEs
	Improve access to quality NCDs medicines, vaccines, diagnostics, health products and technologies and strengthen procurement and supply management systems.	Implement pooled procurement of essential medicines, diagnostics and technologies for NCDs prevention & management;
		Establish a joint Procurement Planning and Management Taskforce and develop pooled procurement strategy to address critical areas of interventions
		Conduct joint product forecast and acquisition, storage, and distribution
		Establish price regulation (including control of both wholesale and retail mark-ups) and tax exemption policies and strategies for NCD medicines and diagnostics, in collaboration with relevant regional and national authorities.
		Promote local manufacturing of NCD medicines, diagnostics, consumables and technologies, in the region, through Public-Private-Partnerships (PPPs)
		Prioritize capacity development for procurement and supply chain professionals in the region
		Develop harmonized and standardized essential drug and supplies lists
		Develop and implement regional quality assessment systems/ structures/ guidelines to support tracking of the entire supply chain processes, from quality assessment, procurement, to distribution and delivery of NCD medicines, diagnostics, consumables and technologies across the region.
OBJECTIVE 4: STRENGTHEN LEADERSHIP, GOVERNANCE, COORDINATION AND ACCOUNTABILITY FOR EFFECTIVE RESPONSE TO	Promote the enactment of relevant policies and legislations that promote prevention and control of NCDs in the region and by all partner states.	Conduct a mapping exercise to identify gaps in NCD-related policy, legislative and regulatory frameworks among member countries
		Promote cross-border collaborations to harmonize policies related to NCD
		Conduct policy advocacy to enhance awareness on NCDs among leadership across all partners
		Conduct regular policy briefs to track compliance among partner states

STRATEGIC OBJECTIVES	*KEY STRATEGIES*	*STRATEGIC INTERVENTIONS*
NCDS IN THE REGION	Create coordination and oversight mechanisms for implementation of the EAC-NCD Strategic Framework	Establish an NCD Unit at the EAC Secretariat and strengthen NCD Units/ Departments/ Division in each partner state to coordinate the implementation of this Strategic Framework.
		Strengthen the oversight and coordination of the NCD agenda by the EAC TWG on Prevention and Control of communicable and Non-Communicable Disease at the regional level under the EAC Council of Ministers
		Create an NCD sub-committee in the EAC Prevention and Control of communicable and Non-Communicable Disease TWG to enhance coordination
		Strengthen link with other sectors responsible for food safety such as sectors responsible food production and food standards
	Establish sectoral and multi-sectoral stakeholder coordination mechanisms for NCD prevention and control policy at national and regional level	Conduct stakeholder mapping
		Establish and operationalise national and regional multi-sectoral stakeholder coordination committees on NCD prevention and control;
		Conduct capacity building of the multi-sectoral committee members;
		Support the operationalization of the multi-sectoral committee, and
		Conducts regular meetings of the regional multi-sectoral stakeholder coordination committee on NCD prevention and control
OBJECTIVE 5: STRENGTHEN DOMESTIC AND INNOVATIVE FINANCING APPROACHES FOR NCD RESPONSE AT REGIONAL AND NATIONAL LEVELS.	Strengthen domestic financing approaches and promote increased budget allocation for NCD response at regional and national levels	Develop and harmonize regional regulations for increased taxes on unhealthy commodities and earmark generated revenue for NCD response.
		Advocate for enhanced resource allocation for NCD programs and services through communities and CSOs
		Set a regional target for resource allocation for NCDs in Partner States
		Engage social and private medical insurance organizations to expand the scope of NCD packages
	Promote innovative financing mechanisms for NCDs, including Public-private partnerships	Collaborate with private sector companies, non-profit organizations, faith-based organizations and philanthropic foundations to mobilize resources for NCD prevention and control (corporate social responsibility initiatives, joint ventures for NCD programs, leveraging the expertise and resources of non-profit organizations).
		Establish NCD prevention and control levy
		Conduct a regional investment case study on NCDs to guide resource allocation

STRATEGIC OBJECTIVES	*KEY STRATEGIES*	*STRATEGIC INTERVENTIONS*
		Promote harmonized implementation of access programs for NCDs
	Improve accountability in the management of funds in NCD Programs in all the EAC partner states	Establish training programs and technical assistance in financial management and resource mobilization to support NCD programs in the region
		Establish mechanisms to monitor and evaluate the impact of financing interventions on NCD prevention and control in the region.
	Collaboration with regional and international partners for NCD financing	Leverage on donor funding for communicable diseases to support NCD prevention and control programs e.g. Global Fund
		Advocate for collaborations with regional and international partners including Africa CDC, WHO Afro for NCD funding

IV.2 THEORY OF CHANGE

The "Theory of Change" (ToC) approach was used to develop a set of result areas/key pillars such that if certain inputs were in place, and certain activities were carried out, then a set of results would be realised (outputs and outcomes), ultimately leading to the achievement of the vision of 'a healthy and prosperous EAC population free of preventable Non-Communicable Diseases' (2024-2034). ToC promotes social change through planning, participation, and evaluation and best defines the EAC NCD strategy change pathway.

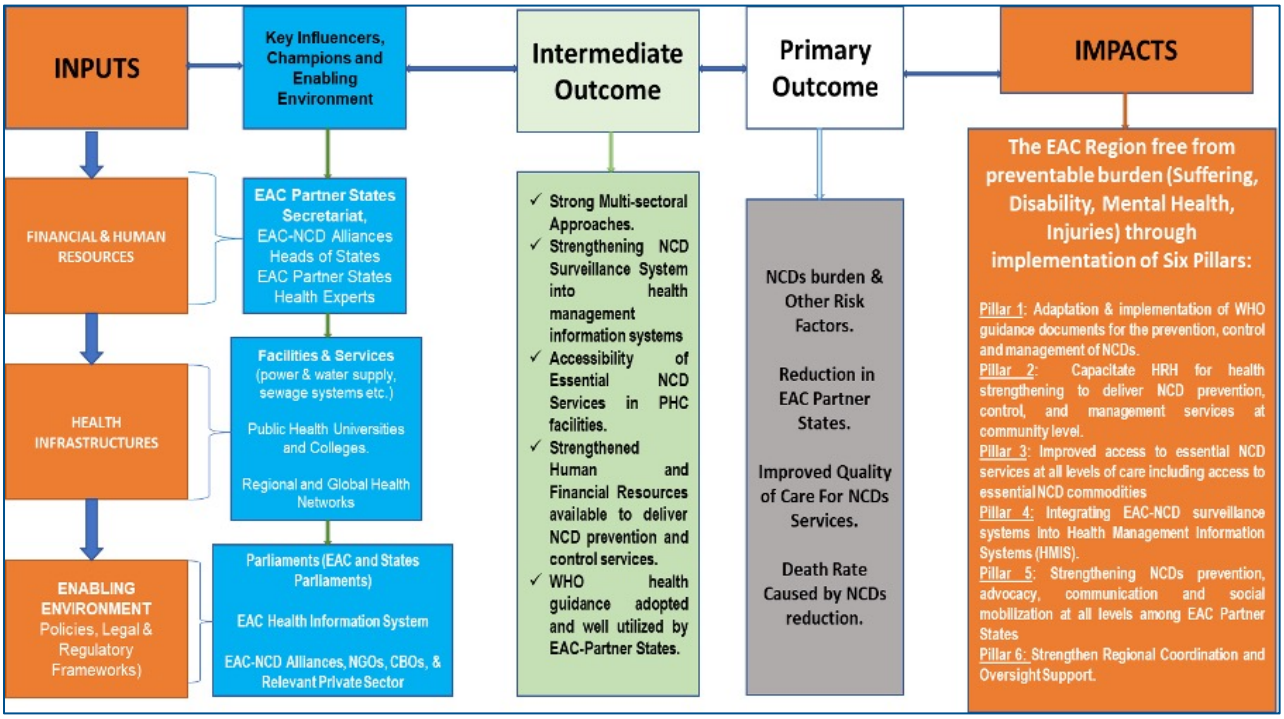
Key assumptions

1. EAC-Partner States policies and regulations continue to support NCD burden elimination, putting advocacy at the forefront of initiatives;
2. EAC Partner States harmonize policies geared towards combating NCDs to take a whole of government approach;
3. EAC Secretariat allocates resources to combat NCDs; and
4. EAC Partner States allocates resources to combat NCDs

The ToC measures indicators for every expected step on the hypothesised causal pathway to impact to test how and why initiatives work. This EAC NCD Strategic Framework's theory of change was developed in collaboration with EAC Partner States. It was modified throughout the intervention development and evaluation process based on the needs of the EAC countries partner states (demand) and the operational project plans 2024-2034, examined through the lens of each EAC-Partner State's political commitments and an "ongoing process of reflection to explore change and how it happens.

The EAC-NCD Strategic Framework will implement targeted strategies and key activities across the life course to address the strategic priorities of an NCD-free EAC-Region by 2022-2026. The ToC is summarised in Figure 3.

Figure 6: EAC-NCD Theory of Change



Source: Developed & Verified by EAC-Secretariat (Oct. 2023)

CHAPTER 5. IMPLEMENTATION AND COORDINATION

V.1 COORDINATION AND PARTNERSHIPS

The implementation and coordination of the strategic framework for NCDs prevention and control is premised on principles defined in Article 7 of the Treaty Establishing the EAC, namely asymmetry, complementarity, subsidiarity, and variable geometry. The principle of asymmetry foresees a variance in the implementation of measures, complementarity defines the extent to which economic variables support each other, subsidiarity emphasises multi-level participation of a wide range of participants, while the variable geometry requires flexibility, which allows for progression in cooperation among a sub-group of members, at different speeds and in a variety of areas. Engagement of EAC NCD Departments and the forums for national planning authorities and the central regional planning authority will be critical in advancing many of the strategies proposed, especially interventions relying on regional regulation, cooperation, coordination, and policy.

Keys Stakeholders

Key stakeholders in implementation of this strategy will include:

1. Partner State's ministries responsible for health, EAC affairs and Finance;
2. Summit of the Heads of States, Council of Ministers, and the Sectoral Council on Health;
3. Development partners (Intergovernmental, multilateral, donors, philanthropic organizations) investors/private sector,
4. CSOs and faith-based organizations,
5. Academic and research institutions,
6. Healthcare providers and implementing partners,
7. Health regulatory authorities (professional training and practice, medicines, quality of healthcare),
8. End-beneficiaries of health services,
9. Professional Associations.

V.1.1 Heads of States: *Refer article 10 – 11 of the Treaty establishing EAC*

V.1.2 Council of Ministers

The Council of Ministers is the central decision-making and governing organ of the EAC. Its membership includes the Minister responsible for East African Community affairs of each Partner State; such other Ministers of the Partner States as each Partner State may determine; and the Attorney General of each Partner State. It meets twice a year in its ordinary sitting and links the political decisions taken at the summits with functional operations of the community. Regulations, directives, and decisions taken or given by the council are binding to the Partner States and to all other organs and institutions of the community other than the summit, the court, and the assembly. The Council elects a chairperson each year, on a rotational basis. The Council of Ministers establish from among its members, Sectoral Councils to deal with such matters that arise as the Council may delegate or assign to them and the decisions of such Sectoral Councils shall be deemed to be decisions of the Council. In this regard, the Sectoral Councils of Ministers on Health was established,

and one among its functions will be recommending to the Council to approve the NCD Strategy and its implementation.

V.1.3 Sectoral Council of Ministers of Health

The Sectoral Council of Ministers of Health is a sectoral committee to conceptualise health programmes and monitor their implementation. Its membership includes the Minister for Health of each Partner State. According to article 118 of the Treaty establishing EAC, with respect to co-operation in health activities, the Partner States undertake to among others to take joint action towards the prevention and control of communicable and non-communicable diseases and to control pandemics and epidemics of communicable and vector-borne diseases such as HIV-AIDS, cholera, malaria, hepatitis etc. The Sectoral Council of Ministers on Health 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.

V.1.4 EAC Organs and Institutions

EALA is an EAC Organ 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. EAC institutions will mainstream the strategic intents of this plan into their programs for a harmonised regional response. They will also collaborate with the Secretariat in research, capacity building, knowledge transfers and implementation of joint programs i.e. East African Health Research Commission (EAHRC) and the relevant Centres of Excellence.

V.1.5 Other Regional Economic Communities

Other Regional Economic Communities (REC) like SADC, IGAD, ECSA, AU, GLIA, and COMES) 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 harmonising regional policies.

V.1.6 Other Partners

Other partners including CSOs, Implementing Partners, Development partners, research and academia will play a role in supporting implementation of this strategy through funding, capacity building, provision of technical assistance as well as lobbying and advocacy on key policy issues, and support on research and knowledge generation.

V.1.7 The EAC Secretariat

EAC secretariat will be responsible to:

1. Support implementation of this strategy through functions outlined in Article 71 of the EAC Treaty. Operationalization of this strategy will be synchronised with EAC strategies and planning entities.

2. Coordinate resource mobilisation, harmonisation and coordination of research, standardisation of minimum standards of NCD prevention and management. It will be responsible for coordinating efforts for capacity building, M&E, advocacy, knowledge management, partnerships mobilisation, integration, and constituency/ partner engagement.
3. Disseminate the Strategic Plan among the Partner States and other implementing agencies to promote its implementation. It will collaborate with implementing institutions to realise the objectives of this strategy.
4. Commission studies, research and programs which cut across the region and are beyond the purview of individual Partner States to handle. It will document and disseminate the regional response and update annual operating plans.
5. Coordinate key stakeholders such as parliaments, regional and national CSOs, and other partners to identify pertinent issues for policy advocacy;
6. Coordinate with National NCDs departments and units, and other organs and institutions of EAC and engage the private sector.
7. Coordinate the development and dissemination of policy briefs and exchange information with NCD departments and units, while holding forums for Health Ministers.
8. Have technical Collaboration with existing regional and local bodies including civil societies and GLIA to administer regional projects (emphasising outsourcing wherever possible) and to assist in regional advocacy, strategy, policy and program capacity building, and oversight; assessment, monitoring and evaluation, including epidemiological and behavioural surveillance and mapping, operational research and pilot testing.
9. Disseminate the strategy along with its annual implementation plans widely among stakeholders and mobilise partner states towards providing adequate resources.

V.1.8 Partner States

1. Partner States will continue to add value to each other's responses by implementing the planned interventions, reporting in a timely manner and sharing their lessons, challenges, technical needs, and good practices.
2. They will support implementation of cross border interventions in addition to country-specific intervention including policy and legal reviews.
3. Partner States will implement set priorities in the Strategic Plan including providing human resource and technical expertise to the Secretariat. They will also participate in resource mobilisation, 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 harmonising policy guidelines and capacity building for service delivery and strengthening the multisectoral response and accountability. It will also be incumbent upon Partner States to align/interphase their national plans with this plan.
4. Each Partner State will disseminate the plan through the respective NCD departments with support of the focal person.

V.1.9 EAC Technical Working groups on Health

The EAC Technical Working Group (TWG) on Health was established by the EAC Council of Ministers to formulate harmonised policies, coordinate their implementation, and conduct advocacy. The EAC

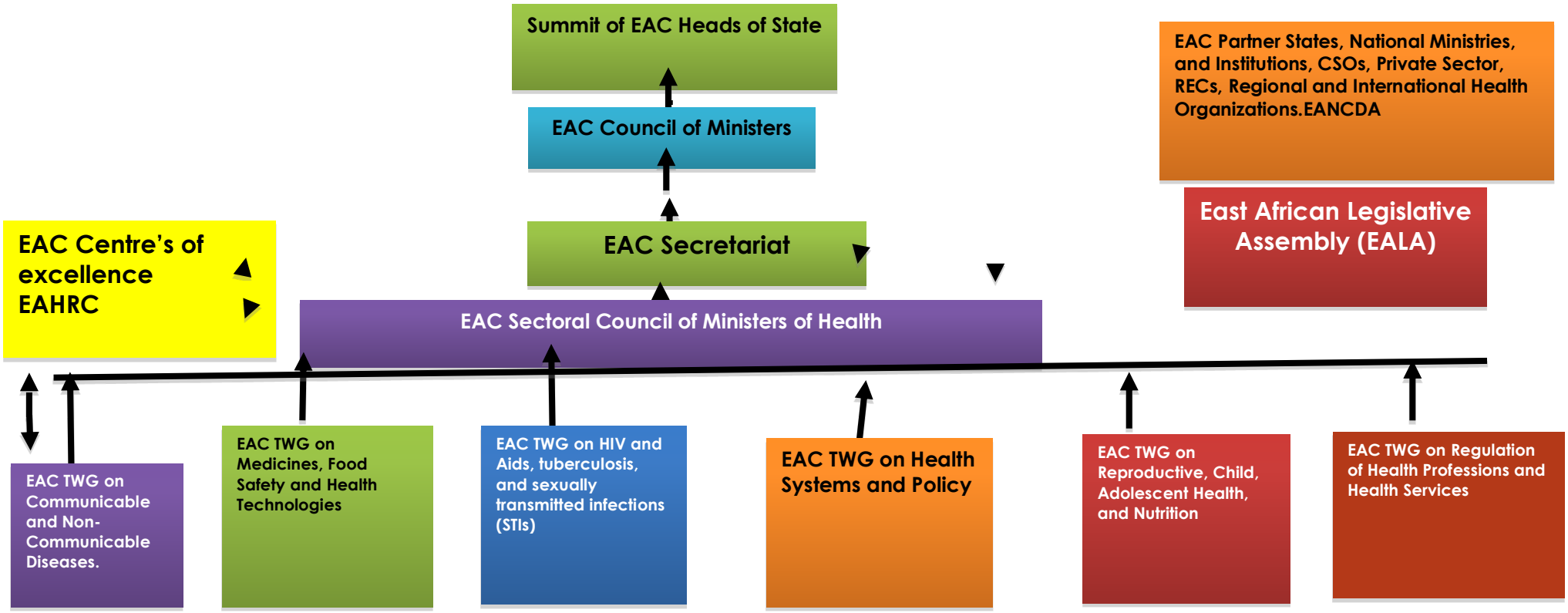
HSSP supports implementation and coordination and ensures that the regional and national management and accountability structure is fully operationalized. The TWGs support implementation of EAC HSSP strategies and support the resource mobilisation strategy. Specifically, they monitor and operationalize these strategies and develop guidelines and structures for the EAC Health Department, national ministries, county, and other stakeholders. Stakeholders will include civil society, private sector and development partners' coordination, accountability and support structures mentioned in the EAC HSSP (2015-2020). The EAC TWG on health includes;

a. EAC TWG on HIV/AIDS, TB and STIs;
b. EAC TWG on Health Systems and Policy;
c. EAC TWG on Health Professionals Regulation;
d. EAC TWG on Prevention and Control of communicable and Non-Communicable Disease;
e. EAC TWG Medicines, Food Safety and Health Technologies; and
f. EAC TWG on Reproductive, Maternal Newborn, Children and Adolescent Health (RMNCAH) and Nutrition.

Role of the EAC TWG on Prevention and Control of communicable and Non-Communicable Disease;

i. Working broadly to mainstream NCD management prevention and control and enhance an integrated and patient-centred regional response, the EAC TWG on NCDs and will collaborate with other EAC TWGs on health.
ii. Ensure intersectoral and multisectoral coordination in the NCD response among Partner States.
iii. Coordinate and facilitate through the EAC legislature; enactment of relevant policies and legislations that promote prevention and control of NCDs in the region.
iv. This TWG will monitor and support implementation of this strategy, using it as a framework to guide EAC Secretariat in the NCD response in the region, to be implemented in concert with the EAC country NCD strategies. To avoid duplication with Partner State and other collaborators, interventions on NCDs will be trans-boundary in nature and will change according to the context.
v. The TWG will collaborate in-country partners, regional and international partners to draw continues support to the EAC Secretariat to effectively carry out its responsibilities. Linkages with development partners including multilateral and bilateral agencies, RECs, MOH, CSOs, East African Health Partnership and other private sector entities and partners will continue to be vital.
vi. The working groups will continue to be strengthened to improve coordination, while the EAC secretariat will conduct capacity building of partner agencies, carry out multicounty/cross border studies, harmonisation activities, and advisory activities by liaising with Partner State institutions.

Figure 7: EAC REGIONAL NCD STRATEGIC FRAMEWORK IMPLEMENTATION STRUCTURE



Source: Developed and approved by EAC-Secretariat during the Consultative Meeting (Oct. 2022)

CHAPTER SIX: MONITORING, ACCOUNTABILITY AND LEARNING (MEAL) FRAMEWORK

VI.1 OVERVIEW

This chapter provides guidance on the EAC-NCD strategy's monitoring, evaluation, accountability, and learning (MEAL) process. Monitoring and evaluation will systematically track the progress of suggested interventions and assess their effectiveness, efficiency, relevance, and long-term viability.

This MEAL plan will be used to track performance, implementation, outputs, and effectiveness as well as lessons learned during EAC-NCD implementation. The EAC-NCD Framework theory of change emphasises the desired impact of ‘’a healthy and prosperous EAC population free of preventable Non-Communicable Diseases". The Monitoring, Evaluation, Accountability, and Learning framework clarifies the process and interventions that will lead to the desired EAC-NCD outputs in order to achieve this impact.

The information generated will guide implementers, decision makers, and various stakeholders about whether the EAC-NCD programme is on track and when and where changes may be required. With the goal of making evidence-based decisions, regular monitoring with appropriate health information systems will identify challenges and successes. A transparent system of joint periodic data and performance reviews involving key NCDs health stakeholders who use the information generated will be critical. Stakeholders will be encouraged to use the same reporting tools and processes and to avoid working in silos. In order to comply with global and regional health systems, the EA-NCD Framework will adapt and localise a user-friendly health information system that will be used to collect data and other information based on global and regional indicators.

As a result, the NCD strategy M&E framework will ensure:

i. Enhancement of the mechanism for mutual accountability among stakeholders, as well as accountability to EAC-Partner States;
ii. Alignment of stakeholders' resources and actions to strengthen priority EAC-NCD interventions;
iii. Evidence-based decision-making is achieved by ensuring the timely availability of high-quality evidence that is widely disseminated;
iv. Continued progress monitoring and reporting through regular and systematic tracking of the EAC-NCD strategy's implementation progress;
v. The operational research capacity of all EAC-Partner States is strengthened in order to generate evidence to inform decision-making; and
vi. Reasonable financial resources are obtained and tracked for use in NCD prevention and control

VI.2 PURPOSE OF THE MEAL PLAN

The MEAL plan is designed to support the efficient and successful attainment of the Strategic objectives outlined in this document. The MEAL process involves evaluating performance, leveraging evidence for timely and strategic decision-making, and drawing lessons from past experiences to achieve desired outcomes. Continuous monitoring of key indicators will facilitate the tracking of progress towards established goals, allowing for necessary adaptations to accommodate evolving circumstances during implementation.

Table 6: Monitoring and Evaluation Framework of the EAC Strategic Framework for NCDs

IMPACT INDICATORS

IMPACT	**Key Performance Indicator**	**Sources/Means of Verification**	**Baseline**	**Overall Target**	**Target Yr2 (2027) Mid-term**	**Target Yr4 (2030) End-term**
Reduction of NCD Burden in EAC Partner States	Premature Mortality due to NCDs below 70yrs	National Health Information Systems/ Vital Registration and Population Based Survey	TBD	By 20%	By 10% of the Baseline	By 20% of the Baseline

OUTCOME AND PROCESS INDICATORS

Outcome	**Key Performance Indicator**	**Sources/Means of Verification**	**Baseline**	**Overall Target**	**Target Yr2 (2027) Mid-term**	**Target Yr4 (2030) End-term**
Increased public awareness, community engagement	% Reduction of prevalence of risk factors [total alcohol per capita (≥ 15 years of age) consumption]	National Health Information Systems/ Vital Registration and Population Based Survey (STEPs Survey)	TBD			

Outcome	Key Performance Indicator	Sources/Means of Verification	Baseline	Overall Target	Target Yr2 (2027) Mid-term	Target Yr4 (2030) End-term
and uptake of services	% increase of uptake of screening services for WHO PEN DM HTN Cervical cancer	National Health Information Systems/ Vital Registration and Population Based Survey (STEPs Survey)	TBD			70%
	% increase of uptake of (HPV) vaccination services	National Health Information Systems/ Vital Registration and Population Based Survey				90%
Strengthened data, surveillance and Research on NCDs in the EAC region	NCD indicators, data collection and surveillance tools standardized and adopted	Standardized NCD indicators list, Data collection and surveillance tools in place; Guidelines on data collection developed and in use; Training and dissemination reports;	0	Standardized data collection tool; Surveillance tool/guideline	50%	100%
	Standardized NCDs indicators adopted by Partner State and integrated into the National Health Information Systems (DHIS2)	Standardized NCDs indicators integrated National Health Information Systems	TBD	By 100%	50%	100%
	Baseline, mid-term, and end-of-term evaluation done	Evaluation reports, Baseline targets set	0	3 reports	2	3
	Regional network to facilitate research and sharing of	Meeting and/or activity reports Terms of reference for regional network developed & approved	0	Initiated by midterm; full		

Outcome	Key Performance Indicator	Sources/Means of Verification	Baseline	Overall Target	Target Yr2 (2027) Mid-term	Target Yr4 (2030) End-term
	information/data on NCDs established			operation by end-term		
Enhanced access and utilization of quality NCDs services in the EAC Region At Primary Health Care level and Community Health Programs	Simplified harmonized NCD prevention & management SOPs, guidelines and protocols for integration of service delivery in PHC facilities developed	Meeting/Activity reports Regional SOPs, guidelines and protocols developed and disseminated	0	4 SOPs/ guidelines/ protocols (Integration of services, training, management, referral, quality, etc.)	2	4
	% increase in number of PHC facilities providing integrated NCD services	Number of facilities reporting on DHIS2	TBD	50%	25%	50%
	Number of NCD commodities included for EAC pooled procurement	No. of NCD commodities on approved list for EAC pooled procurement	0	Approved List with NCD Commodities	5	10
	% increase in number of health workers trained to provide NCD basic prevention (screen, early diagnosis) and care services	Training reports SARA Surveys	TBD	50%	25%	50%
Strengthened leadership, governance,	% of Partner States who have domesticated the EAC regional	NCD Country reports	TBD	100%	10%	20%

Outcome	Key Performance Indicator	Sources/Means of Verification	Baseline	Overall Target	Target Yr2 (2027) Mid-term	Target Yr4 (2030) End-term
and accountability for effective response to NCDs in the region	instruments to guide NCDs programmes					
	NCD Unit at the EAC Secretariat and NCD Departments in each partner state to coordinate the implementation of this Strategic Framework	NCD unit established at EAC; NCD Departments established/ strengthened in partner states (staffing, training, mandate)	TBD	Regional -1 Partner States - 9	100%	100%
	High-level multi-sectoral stakeholder coordination committee on NCD prevention and control established and operationalised at regional and national level	Terms of Reference for the committees Minutes of meetings Activity reports	TBD	1 regional; 9 Partner states	90%	100%
Increased Financing for NCDs	% increase in Health Budget allocated for NCDs					
	Innovative mechanisms for NCDs Financing.					
	Domestic general government NCD health expenditure	National Report and	TBD	· TBD		

Note: The EAC Secretariat will coordinate a baseline assessment as the first step to operationalize this MEAL framework. During this process, indicators will be defined more clearly

VI.3 MONITORING PROCESS

Effective policies, tools, processes, and systems will be in place and widely disseminated to achieve a robust EAC-NCDs monitoring system. Resources (inputs); service statistics; service coverage/outcomes; client/patient outcomes (behaviour change, morbidity); investment outputs; access to services; and impact assessment are the critical elements to be monitored. However, progress will be continuously monitored, and results will be reported to EAC-Partner States on an annual basis in order to assess the implementation and impact of the EAC-NCD strategy.

This process will consider criteria such as relevance (are its goals and objectives still fit for purpose in a dynamic environment?), efficiency (does its implementation remain within budget?), effectiveness (do its outputs translate to outcomes?), and sustainability.

VI.3.1 Monitoring reports

Table 7: Monitoring Reports

Reports	Frequency	Responsible	Timeline
Annual Work Plan	Annually	All EAC-Partner States	End of each year from 2024
Surveillance Reports	Monthly	Each EAC-Partner States and Health Facility in charge	5th of every Month
Health Data Reviews	Quarterly	All EAC-Partner States	At the beginning of each quarter
Quarterly Reports	Quarterly	All EAC-Partner States	
Annual performance reports and Reviews	Annually	All EAC-Partner States	End of each year from 2024
Surveys and Assessments	As per the needs	All EAC-Partner States	Periodic Survey
Advocacy Reports	As per the needs	All EAC-Partner States	Periodic Advocacy
Training Reports	Quarterly	All EAC-Partner States	Periodic Reporting
Annual NCD Forum	Annually	All EAC-Partner States	End of each year from 2024

VI.4 EAC STRATEGIC FRAMEWORK EVALUATIONS

During the implementation process, two evaluations will take place. Mid-term and end-of-strategy assessments will be carried out in June 2027 and December 2030, respectively. The EAC-Partner States and EACNCDA will be closely engaged.

VI.4.1 Mid Term Review

The mid-term review (MTR) will assess progress toward implementing the proposed agreed-upon intervention to achieve the agreed-upon objectives and will review the interventions'

relevance. MTR will provide an opportunity to make changes to ensure that these objectives are met within the EAC-NCD timelines.

VI.4.2 End- Term Review

The end-of-term evaluation will take place in 2030 to assess performance against the anticipated targets and indicators of achievement at the output level; strategies and implementation arrangements, including partnership arrangements, constraints, and opportunities.

Assess the impact of the EAC-NCDs implementation in relation to the desired outcomes as defined in the Theory of Change. The entire EAC-NCD Monitoring, Evaluation, Accountability, and Learning Meal (MEAL) Plan will follow the appropriate routes of planning (which will include need assessment, stakeholder analysis, and project design/log frame), implementation (which will include mid-evaluation and monitoring), and evaluation standards during the mid and final evaluation.

VI.5 REPORTING, COMMUNICATION AND FEEDBACK MECHANISM

Communicating this Policy is essential for increased awareness and ownership and implementation. The EAC Secretariat shall disseminate the framework at regional level and support dissemination at Partner State level using the already exiting platforms including policy and technical meetings etc.

Partner States shall:

i. Develop and implement country specific advocacy and communication strategies for this framework working with the national NCD alliance in the respective countries, taking cognizance of existing socio- cultural values of each Partner States.
ii.
iii. Monitor and share progress against the communication strategy and document achievements, challenges, lessons learnt and propose the way forward
iv.
v. Use this framework to initiate dialogue with relevant stakeholders for comprehensive NCD response interventions in the region.

The EAC Secretariat will regularly update the Sectoral Council and other relevant stakeholders on the progress in the implementation of this Framework using available platforms and innovative technical tools.

CHAPTER 7: RESOURCE MOBILISATION

The EAC Secretariat, Partner States, the EAC regional NCD alliance, in collaboration with the national NCD alliances, development partners and civil society – will need to advocate for and mobilize resources for the implementation of this strategic framework. The stakeholders coordinated by the EAC Secretariat will collaboratively cost the framework, and develop a resource mobilisation plan, to ensure that adequate resource are available in a timely manner.

Emphasis will be put on domestic sources of funding and allocation to ensure sustainability and ownership and flexibility in implementation. Partner states will adopt measures that increase allocation using available resources both external and internal. Additionally, technical and physical resources will be mobilised using the agreed approaches.

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ANNEXES

ANNEX 1: COUNTRIES' NCD RESPONSE STRATEGY

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
1	KENYA	In Kenya, non-communicable diseases account for 39% of annual deaths. The four most prevalent NCDs are cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, which account for 57% of all NCD-related deaths.	Kenya has addressed NCDs in the past decade. Kenya joined the rest of the world in 2011, 2014, and 2018 to review her commitment and increase her efforts to fight NCDs. Five of her six health policy objectives impact NCD prevention and control. The NCD strategic plan 2021/22–2025/26 is the second after 2015-2020. Kenya's CSOs and National NCDA of Kenya (NCDAK) work closely with the MOH to prevent NCDs. MOH hosts annual conferences, NCD days, and other forums to share evidence-based information on NCDs. The plan envisions a nation free of NCDs. The plan seeks to halt and reverse the rising burden of NCDs through multisector	Below the age of 40, about 53% and 72% of NCDs and injury DALYs, respectively, are incurred. By 2030, it is anticipated that mortality from non-communicable diseases will increase by 55%, while deaths from injuries will increase by 25%. NCDs have been reported to cause adverse economic impact to the country.	The nation requires 17% of its total health expenditures to implement interventions to mitigate the effects of non-communicable diseases. The country faces the challenge of inadequate HRH for NCD.

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
			collaboration and partnerships by ensuring Kenyans receive the highest attainable standard of accessible, affordable, quality, equitable, and sustainable NCD continuum of care.		
2.	TANZANIA	In 2019, non-communicable diseases were responsible for 32.38 percent.	Tanzania has developed national NCD targets, according to WHO (2017). According to "Tanzania Non-Communicable Diseases and Injuries Poverty Commission: Findings and Recommendations," NCDIs account for 41% of all death and disability, but its financing strategy is limited (only 7.8% of total health expenditure). More efforts should be made to broaden the NCDI agenda, implement evidence-based interventions, increase financial investment on NCDs, and create wider stakeholder engagement.	Gaps and challenges According to WHO (2017), Tanzania did lack guidelines for cancer, CVD, diabetes, and CRD management; drug therapy/counselling to prevent heart attacks and strokes; and public awareness-raising and education campaigns on physical activity which have been recently developed and launched. The country faces a lack of data on NCDs and surveillance of risk factors, which adds to the challenges of NCD prevention and control in the country. In general, data collection and surveillance systems have limited capacity and resources.	The above efforts have increased awareness and reduced stigma around NCDs, helped understand the needs of PLWNCDs, and strengthened NCD policy development.

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
				The country faces limited funding for NCDs (only 7.8% of total health expenditure in Tanzania is spent on NCDs). The country lacks a national NCD policy, however the country is in the process of revising its overall health policy to respond to emerging health challenges including the rising burden of NCDs.	
3	UGANDA	An estimated 100,000 Ugandans die annually from non-communicable diseases (NCDs), and roughly one in four persons dies from an NCD before the age of 70. NCDs accounted for 35.58 percent of all deaths in 2019. (WHO, 2020a). NCDs impacting Ugandans include malignancies, CVDs, diabetes, chronic respiratory illnesses, mental health disorders, and substance use disorders.	Uganda registered UgNCDA in 2012. The Alliance partners with MOH to fight preventable NCDs. The alliance mobilizes and sensitizes partners, stakeholders, and PLWNCDs to generate NCD issues from the community level to inform country NCD policy; sensitizes the public on existing NCD policies, regulations, and guidelines; and monitors implementation of existing NCD policies and informs policy reforms. Uganda formed the		

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
			Parliamentary Forum on NCDs (PFNCD) in 2011 to raise awareness about controlling NCDs. In 2013, Uganda established the Uganda Initiative for Integrated Management of Non-Communicable Diseases (UINCD), a research partnership (of doctors, MOH, Researchers Makerere University college of Sciences, Mulago National Referral Hospital and Yale School of Medicine) whose mission is to build capacity in prevention, care, training, and research to enable the provision of effective and integrated care along the NCD management spectrum. Uganda's MOH launched NCDI commission in 2019 with the theme "Reframing NCDs and Injuries in Uganda." The commission collects, analyses, and reports data on Uganda's NCDI burden, health		

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
			system readiness, and potential health system interventions. Uganda is implementing the WHO and UNDP Global joint programme on NCD prevention and control (UNDP, 2021).		
4	RWANDA	The burden of NCDs in Rwanda has increased tremendously over the years. NCDs including injuries and disabilities account for approximately 59% of all deaths in the country this higher than WHO estimates of 44% in 2016 (WHO, 2018a). 7.0% of Rwandans aged 40-69 years have a 10-year cardiovascular disease (CVD) risk ≥ 20%, or have an existing CVD. prevalence of diabetes in Rwanda is about 2.9%, hypertension 16.8% of the population. The related risk factors were 7.1% for tobacco use, 48.1 for alcohol and overall, 8.8% of Rwandans have a habit if adding salt to their food before/while eating. (Rwanda STEPS Survey 2021).	Rwanda fights communicable diseases. Rwanda's 2015 NCD policy aims to reduce the burden of NCDs and their risk factors and prevent premature morbidity and mortality. The NCD alliance is Rwanda's national umbrella for NCD-focused civil society groups. Rwanda Biomedical Centre's NCDs Division works with health facilities, public institutions, and other partners to reduce NCD burden. The country has a 2015-amended national guideline for NCD prevention and management. Rwanda MOH, Rwanda Biomedical Center, and PIH's site in Rwanda,	The strategy lists key stakeholders involved in NCD prevention and control in Rwanda and details operational priority interventions and targets. The country has a national costed plan to guide NCD-related investments and make NCD services universally accessible and affordable. The costed action plan outlines how 358.1billion RWF will be needed in five years to improve NCD prevention, screening, diagnosis, and treatment, strengthen advocacy initiatives, train health workers, and raise Rwandese awareness.	Enforcement of lifestyle change through awareness programs from EACNCDs is mandatory.

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
			Inshuti Mu Buzima (IMB), work with NCD Synergies to scale interventions to address NCDIs among the poor. Rwanda established a National NCDI Poverty Commission in March 2017 to define local NCDI epidemiology, determine an expanded set of priority NCDI conditions, and recommend cost-effective, equitable health-sector interventions. In September 2021, the government launched the second NCD National Strategy and Action Plan (2020-2025). The strategy aims to rid Rwanda of NCDs, injuries, and disabilities. It fulfils Rwanda's commitment to SDG 3, target 3.4—reduce premature mortality from NCDs by one-third by 2030.		
5	BURUNDI	NCDs have been declared a public health issue in Burundi since 2015. Over time, there has been a rise in the	Burundi's NCD Alliance comprises 11 CSOs fighting NCDs and their risk factors. Four	Financial Challenges, Data/Information System Challenges	Need for Multisectoral approach in eliminating the challenges in

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
		prevalence of NCDs in Burundi. As of 2019, non-communicable diseases accounted for 36.76 percent of all deaths in the country, up from 33.59 percent in 2015 and 19.93 percent in 2000.	national groups formed the alliance in 2014. (the Cancer Association, Diabetes Association, Epilepsy League and Asthma Association). The Alliance works closely with the Ministry of Health. BNCDA contributed to The East Africa NCD Charter, which established action points to advance the NCD agenda at regional, national, and sub-national levels. BNCDA delegates have also attended the Global NCD Alliance Forum in 2015 and 2017, the 3rd UN HLM on NCDs in 2018, the annual general assemblies of EANCDA, and NCDA's workshop on NCDs in Francophone Africa in 2019.		Collaboration with EAC
6	SOUTH SUDAN	In South Sudan, the national burden of prevalent NCDs and related risk factors had not yet been determined as of 2017. (WHO, 2017). There wasn't much written about NCDs, but it was clear that by 2012, 19.3% of people had hypertension. In	South Sudan has made slower progress than other EAC countries in combating NCDs. WHO convened the country's first high-level multi-sectoral NCDs meeting in July 2017, and 65 senior	Due to decades of conflict, the nation is also grappling with mental health problems that are mostly linked to psychological stress. According to WHO estimates, one in six of the six million people in	Need for National/political commitments to address NCDs.

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
		addition, the Ministry of Health estimates that approximately 7% of Sudanese adults have diabetes.	representatives from government ministries, Civil Society, NGOs, academia, UN organizations, and the private sector attended. The meeting endorsed a 'Call for Action on NCD Prevention and Control' Alcohol, tobacco use, and substance abuse are NCD risk factors that must be controlled to protect public health.	the humanitarian crisis has a mild, moderate, or severe mental health problem.	
7	Democratic Republic of Congo	Due to decades of conflict, Congo DRC has had unstable NCD care. The conflict has reduced funding, forced migration, infrastructure, human resources, etc., making it difficult to combat NCDs. The Ministry of Public Health is very committed to addressing NCDs. Other government departments, including Planning, Finance, and Social Affairs, promote NCD prevention and control. NCDs cause 23% of DRC deaths. Prioritized NCDs include hypertension, diabetes mellitus, COPD and asthma.	After identifying the areas of weakness for combating NCDs in almost six (6) dimensions, the following are the country responses; Short-term plans: Create an NCDs department in the MoH and involve all stakeholders, including civil society. Develop a policy and strategic plan regarding NCDs that clarifies the desired outcomes. Integrate NCD prevention and control into primary health care by shifting tasks to nurses and community workers and providing	Lack of strong leadership and governance to coordinate and put in place an NCDs policy and programme or strategies, poor service delivery for NCDs both for prevention, treatment, and palliative care, a weak information system to generate information to guide decision making, and a lack of resources to produce a good outcome for patients (human, finances, medicine, and meditech),	Create social and community health insurance. Researchers were also urged to: Conduct research on NCD-related HR, financing, and HIS topics; Study COPD and other CVDs, not just hypertension, diabetes, and cancer To conduct research on non-communicable diseases (NCDs) in various parts of the Democratic Republic of the Congo (DRC), because the country's size means that local conditions can vary significantly.

SN	COUNTRY	SUMMARY OF NCD BURDEN	NCD RESPONSE	GAPS AND CHALLENGES	RECOMMENDATION
			guidelines. Standardize the health information system tool by including NCD risk factors and age, sex, and disease data. Midterm plans: To raise and allocate enough funds for chronic diseases by allocating at least 15% of the total budget to health, increasing taxes on tobacco, alcohol, sugar, and other products, and allocating that fund to health.		

ANNEX 2: RISK MANAGEMENT PLAN

Risks	Probability of occurrence			Impact	Mitigation measures
	Low	Medium	High		
Mismatch between policies and legislation in different sectors		X		▪ Not achieving the target ▪ Inadequate support for implementation of the framework	▪ High level advocacy for alignment of the different sector policies to the Ministry of Health guidance on NCD response.
Limited political commitment			X	▪ Limited investment in the NCD response ▪ Limited uptake and implementation of proposed strategies and interventions to prevent and control NCDs	▪ Evidence based High level advocacy on the need for high level political intervention in the prevention and response of NCDs

Financing		X		▪ Limited Resource allocation to promote the prevention and control of NCDs	▪ Case building and Evidence based High level advocacy ▪ Advocacy for national budget allocation ▪ Innovative financing mechanisms