



FINAL DECLARATION

10th IGAD HEALTH MINISTERIAL COMMITTEE MEETING ON REFUGEE AND OTHER CROSS BORDER HEALTH PROGRAMS

Preamble

We, the Health Ministers of IGAD Member States convened in Addis Ababa, Ethiopia, on 19th March 2018, to discuss the Refugee and Cross Border Health issues in the IGAD region

1. **Recalling** the recommendations of the First and Second Conferences on Public Health in the Horn of Africa held in Addis Ababa, Ethiopia in 1996 and 1998, for the improvement of HIV and AIDS control among vulnerable populations in the IGAD Region, recommendations from Ministerial meeting on health held in Djibouti in November 2006, the recommendations of the First, Second, Third, Fourth, and Fifth Ministerial Committee meetings on Health and HIV&AIDS held in Nairobi, Kampala, Addis Ababa, Nairobi and Addis Ababa in March 2007, January 2008, February 2009, March 2010 and December 2010 respectively, the recommendations of the First IGAD Conference on Health held in Addis Ababa in December 2014; the recommendation of 9th IGAD Ministerial Meeting on Surveillance and Outbreak held in Nairobi, Kenya in July 2016; and other Regional and Sub-regional conferences on major communicable diseases and other key public health priorities;
2. **Acknowledging** the strong commitment to improving health and promoting the well being of people in the IGAD region including refugees by governments, communities and development partners, to achieve the Sustainable Development Goals, Agenda 2063 and universal Health Coverage and other Global Health Commitments;
3. **Recognizing** that communicable diseases such as HIV, TB and Malaria place a high-level burden on IGAD member states Health system and pronounced changes in the incidence of epidemic diseases have been observed in the region in parallel with the climate change and extreme weather conditions;
4. **Mindful** of the importance of the IGAD Health Programs in complementing the efforts of the national health systems especially at the cross border areas addressing the cross border and mobile population with the focus on supporting refugees access to health services;
5. **Deeply concerned** by the persistent burden of high maternal, infant, child mortality and morbidities across the IGAD member states and mindful of the regional, national and global efforts to reduce these mortalities and morbidities;

6. **Alarmed** by the increasing burden of non-communicable diseases particularly cancer, diabetes and cardiovascular diseases; and their impact on the lives of the people of the region, and the urgent need to address them
7. **Concerned** by the frequent conflicts and droughts which frequently cause displacement of the populations in the region resulting in increasing number of refugees hosted by governments of the member states with serious impact on the national health systems that requires additional resources to strengthen the health systems and improve capacity especially at cross border areas
8. **Recognizing** that the increasing number of refugees hosted in the region continue to place a high burden on the IGAD Member States' Health System and communities in the cross border and other hosting areas
9. **Aware of** the need to improve access to quality health care services to the refugees and other cross border mobile populations; **also aware** that most of the refugees in the region are from the member states, and thus underscoring the importance of integrating their health needs into the national health system;
10. **Recognizing with appreciation** the current support provided by the Global Fund for improving availability and utilization of TB/HIV services in the refugee camps in the IGAD region, **Also appreciating** the support provided by the USAID to strengthen the IGAD cross border programs especially to address the cross border health threats; further **recognizing with appreciation** the support from the Kingdom of Saudi Arabia for cancer initiative
11. **Further aware of** the previous support provided by the World Bank, Canadian Government and University of Alberta, UNFPA, WHO, UNICEF and other partners for IGAD Regional Health Programs
12. Acknowledging the efforts provided by member states in the provision of TB/HIV services in the Refugee and cross border populations through the various implementation mechanisms both at regional and country level
13. **Welcoming** the establishment of the IGAD Medicine Regulation and Harmonization (MRH) Program, and the IGAD Regional Action Through Data (IGAD-RAD) Program/initiative, while **Encouraging** more to mobilize additional financial and technical support from other conventional and non-conventional health partners for IGAD Health Programs and special support to strengthen the health systems of South Sudan and Somalia

WE THE HEALTH MINISTERS OF IGAD MEMBER STATES DO HEREBY AGREE TO:

14. **Take** collective responsibility that every refugee, returnee, other cross border population, and members of the host communities have access to quality healthcare services within our respective countries without discrimination;



15. **Integrate** the refugee health programs into the national health system including joint planning, implementation and reviews

AND SOLEMNLY DECLARE OUR COMMITMENT TO IMPLEMENT THE FOLLOWING ACTIONS:

A. On IGAD HIV, TB and Malaria Strategic plan for the period of 2018-2025

16. **Endorse** the IGAD HIV, TB and Malaria Strategic plan for the period 2018 - 2025 with its Four Strategic Objectives and interventions as recommended by the technical experts, and acknowledge the complementarity of this strategic plan to the national strategic plans and the efforts of member states;
17. **Direct the** IGAD secretariat to coordinate with member states the implementation, monitoring and follow up of this TB, HIV and Malaria strategic plan;
18. **Call upon** the development partners to provide technical and financial support for the implementation of this strategic plan;

B. On improving TB and HIV services for the refugees

19. **Endorse** the recommended Supportive Guidance Document for improving TB and HIV services for refugees in the IGAD region;
20. **Renew our commitment** to continue providing leadership and the necessary support required to improve detection and management of MDR TB in alignment with national programs;

C. On the Upcoming Global Fund Multi-country Grant Application

21. **Noting with satisfaction** that the Request for Proposal (RFP) from the Global Fund provides opportunity for the continuation of the ongoing TB/HIV regional grant implemented by IGAD in the refugee settings within the member states;
22. **Endorse** the findings and recommendations of the in country and regional dialogues on the common priority gaps and challenges related to accesses and utilization of TB services in the refugee settings in the member states, and need to mobilize additional resources to support TB and MDR TB interventions among refugees
23. **Confirm** IGAD as our preferred applicant for the regional TB interventions among refugees in the IGAD region, and request the Country Coordination Mechanisms (CCMs) of the member states to support and endorse IGAD application for upcoming Global Fund Multi-country Grant
24. **Task** IGAD Secretariat, to prepare robust and technically sound funding application, and request the Country Coordination Mechanisms (CCMs) of the member states to support



3

and endorse the submission of IGAD application for upcoming Global Fund Multi-country Grant

D. On the Establishment of the IGAD Regional Cancer Center of Excellence

25. **Reiterate** the commitment of IGAD to support the establishment of the Regional Cancer Center of Excellence in Addis Ababa to be the regional hub for improving the quality of Cancer services through recommending evidence based guidelines and technical assistance to the national Cancer Control Programs of the Member States;
26. **Endorse** the establishment of the visionary Board composed of Ministers of Health of IGAD Member States to guide and direct the establishment and operationalization of the IGAD Regional Cancer Center of Excellence (IGAD RCCE);
27. **Endorse** the establishment of an autonomous professional executive body in order to operationalize and execute the decision of the Visionary Board;
28. **Task** IGAD Secretariat to write an official letter to the Federal Government of Ethiopia, host of the IGAD RCCE, to act through the appropriate Ministries and Agencies to provide all the necessary support for the realization of the Center (IGAD RCCE);
29. **Task** IGAD Secretariat to engage in resource mobilisation, not limited to IGAD Partners Forum (IPF), relevant State Owned Companies, Venture Capital and other stakeholders;

E. On IGAD Medicine Regulation and Harmonization (MRH) initiative

30. **Endorse** the IGAD medicines regulatory harmonization initiative aimed at ensuring IGAD population have access to quality and efficacious medicines across borders;
31. Support the member states' Call to Action which recommended establishment of the Steering Committee (SC) for the Heads of National Medicine Regulatory Authorities (NMRAs) and the experts Working Groups on medicines regulatory systems;
32. **Adopt** the phased approach on the harmonization of Medicines Regulation systems amongst member states based on the priorities endorsed by head of national drug authorities while addressing counterfeit and falsified medicines as an urgent priority across the IGAD borders;
33. **Task** IGAD Secretariat to further mobilize resources needed for the implementation of the IGAD MRH program;

F. On IGAD Regional Action Through Data (RAD) initiative

34. **Endorse** the IGAD RAD initiative to address the challenges of data use for decision and policy making supported by actions to respond to intractable health problems in the IGAD region; and further endorse the establishment of a Steering Committee composed of: Heads of Health Information System, Planning and Policy departments/directorates and units;
35. **Welcome** the innovative analytical technologies and digital solutions to address the challenge in data use for regional health action and further welcome other partners to support IGAD Health comprehensive information systems for better health outcomes;



36. **Welcome** the collaboration with West Africa Health Organization (WAHO) of Economic Community of West African States (ECOWAS) and the involvement of the private sectors like BroadReach Healthcare, Jembi Health Solution and Duke University in the RAD initiative (RAD Consortium);
37. **Commit to** create an enabling environment for the implementation of RAD initiative through facilitating data sharing at regional level and cross border level to improve health outcomes in the IGAD region through better use of the evidence for decision making;

G. On Reproductive Maternal Newborn, Child and Adolescent Health initiative

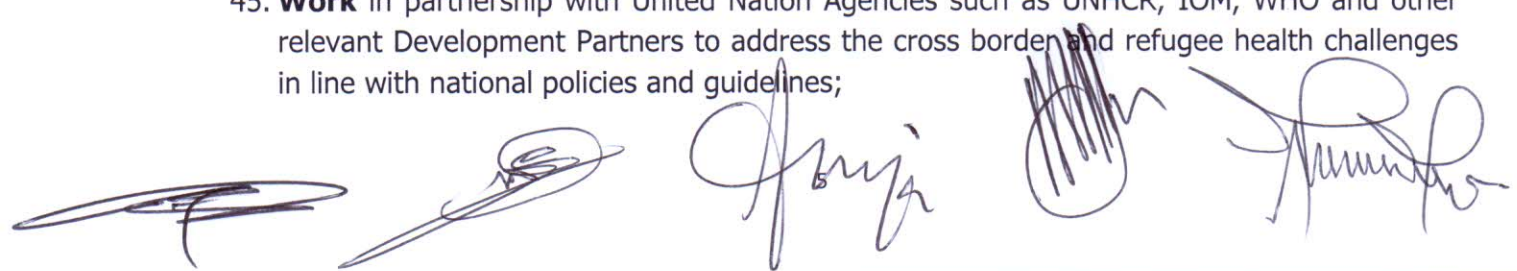
38. **Welcome** the envisioned support of USAID to the IGAD Reproductive maternal Newborn and Child, Health initiative including Family Planning for the cross border and mobile population and urge IGAD member states to address the unprecedented high maternal and child morbidities and mortalities in the IGAD Region
39. **Appreciate** the support of the USAID for strengthening regional cross border health systems to address the health risk that transcend the IGAD borders with support to regional health policy and knowledge management and sectoral strategies and commit to quality implementation of the initiative;
40. **Direct the** IGAD Secretariat to establish the Regional governance platform of the Permanent /Under/Principal Secretaries of health to provide supportive oversight to the IGAD Health initiatives and act as the overall advisory arms for the Health Ministerial Committee;
41. **Urge** IGAD to revive the Steering Committee of the Heads of maternal and child Health departments/directorates and jointly plan for the cross border interventions to improve maternal and child health outcomes;

H. On Establishment of Regional Trust Fund to support the IGAD Health Programs

42. **Recommend** the establishment of regional trust fund to support the IGAD Health Programs with particular focus on regional surveillance and response to prevent and mitigate the impact of trans-boundary diseases such as TB and other outbreaks in the region;
43. **Calling upon all development partners to** support the establishment of the trust fund

COMMIT OURSELVES TO:

44. **Mobilize and maintain** political will at the highest level of our countries in support of addressing common regional issues with particular focus on cross border areas and refugee camps/settlements;
45. **Work** in partnership with United Nation Agencies such as UNHCR, IOM, WHO and other relevant Development Partners to address the cross border and refugee health challenges in line with national policies and guidelines;



46. **Mobilize** additional domestic resources to support availability and access to quality health services for cross border and mobile population and particularly refugees;

Finally

47. **Thank** the People and the Federal Democratic Republic of Ethiopia for hosting this important Ministerial Meeting;

Commit to remain engaged on the matters herein.

S.E Dr. Djama Elmi Okieh

Minister of Health
Djibouti, République de Djibouti

H.E Prof Yifru Berhan

Minister of Health
Federal Democratic Republic of Ethiopia
Chair IGAD Health Ministerial Committee

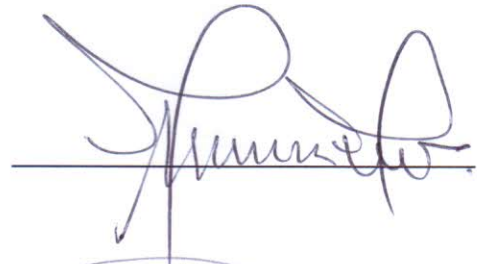


H.E Cicily K. Kariuki

Cabinet Secretary of Ministry of Health
Republic of Kenya

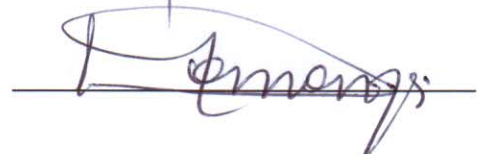
H.E Fawziya Abikar Nur

Minister of Health
Federal Government of Somalia



per **Hon. Dr. Riek Gai Kok**

Minister of Health
Republic of South Sudan



H.E Dr. Firdous Abdulrahman Yousif

State Minister of Health
Khartoum, Sudan



Hon. Dr. Jane Ruth Aceng

Minister of Health
Republic of Uganda



Done in Addis Ababa, Ethiopia on this 19th day of March 2018