EAST AFRICAN COMMUNITY

Refined Draft

Incorporating observations and directives of the 15th EAC Sectoral Council of Ministers of Health

The East African Community Social Health Protection Portability Strategy and Roadmap

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List of Abbreviations

EAC	East African Community
EU	European Union
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
ICT	Information and Communication Technology
ILO	International Labour Organization
MIS	Management Information System
MIS	Management Information System
MoH	Ministry of Health
NHIF	National Health Insurance Fund
SHP	Social Health Protection
UHC	Universal Health Coverage
WHO	World Health Organisation

F o r e w o r d

[Foreword (SG) and Acknowledgement (DSG PSS or DSS) to be added in final version, after approval by the Council]

Executive Summary – Policy Brief

The Challenge

The people centred East African Community (EAC – One People, One Destiny) enables EAC citizens to move freely in the region (Table 1). When people covered by one Partner State`s social health protection system have a right to move to another Partner State, their free movement cannot be limited by obstacles in access to health benefits while temporarily staying in the other Partner State and in medical need. Therefore, the citizens of these Partner States need to have a right to health benefits of the other county while temporarily being abroad and in medical need. This should be guaranteed on the basis of their coverage in their home country. In this case we talk of the **portability of Social Health Protection (SHP) entitlements**.

The EAC SHP Portability Strategy and Roadmap guides the EAC Partner States on how to achieve portability of health benefits accruing from their enrolment in the nationally independent SHP system of their home country. Portability is not an issue of the quality of health service provision but rather a relatively simple administrative mechanism of ensuring cross-border compensation for peoples' access to national SHP benefits. The EAC SHP Portability Strategy and Roadmap provides a strategic roadmap towards an SHP related socio-economic integration in the EAC. SHP portability enables to coordinate different national SHP systems in a way that:

1. allows people to access health services in another Partner State;
2. enables financial compensation to cover the costs for these services between different national SHP systems.

In addition, the EAC Health Policy, under objective 5, states that the EAC supports the Partner States in ensuring effective and sustainable health financing mechanisms towards Universal Health Coverage (UHC) through Social Health Protection. However, these are national health system goals/objectives and are not related to SHP portability.

Policy Options

Implementing SHP portability in a supranational regional economic community can be based on two policy options:

1. **Bilateral agreements** (see Figure 2) can directly be proposed by a Partner State and negotiated with another. Providing capacities of national institutions and staff for the implementation of the agreements lies in the responsibility of each Partner State as well as the appointment of the competent authority to represent the Partner State in the bilateral cooperation.

2. A **regional coordination** mechanism (see Figure 3), would require the EAC to put a legislative framework for the coordination of national social protection schemes in place. Partner States would still be responsible for defining the national legislative framework of their SHP scheme and implementing it. Capacities needed for the implementation of a regional coordination mechanism would lie in the responsibility of both, the EAC and the Partner States.

These two policy options can be implemented independently and/or in a phased approach:

- **Phase 1 - bilateral agreements** (short-term, 1-5 years)**:** establish bilateral agreements between individual EAC Partner States. At the same time all EAC Partner States are advised to independently improve UHC and SHP in their countries, by strengthening their health systems.

- **Phase 2 - regional coordination** (medium-term, 6-10 years): establish a regional coordination mechanism for the portability of SHP entitlements between EAC Partner States.

POLICY RECOMMENDATION

In order to expedite the implementation of SHP portability in the EAC and at the same time allow the EAC Partner States to gradually adjust developments according to the current status of their health care systems, available capacities, and political priorities, it is recommended that the EAC Secretariat:

1. **F**ast track and facilitate the short-term negotiations of **BILATERAL SHP PORTABILITY AGREEMENTS** between Partner States.[1]

2. **P**resent a capacity development plan towards a medium- to long-term **REGIONAL SHP PORTABILITY COORDINATION**.

[1] We kindly refer to Annex 1: Modell Bilateral SHP Portability Agreement for EAC Partner States

1 Introduction

The East African Community enables EAC citizens to move freely in the region. The total volume of intra-regional movement within EAC in 2015 was with 851,914 significantly below 1 million. (see Table 1)

Table 1: EAC Intra-regional movement of people, 2015

	BURUNDI	KENYA	RWANDA	S. Sudan	TANZANIA	UGANDA
BURUNDI	-	13,611	211,162	-	7,786	45,817
KENYA	4,050	-	55,436	-	73,529	409,417
RWANDA	60,712	21,278	-	-	6,738	300,747
S. SUDAN	-	-	-	-	-	-
TANZANIA	22,595	195,626	92,328	-	-	95,933
UGANDA	5,730	123,621	170,029	-	14,698	-
Total	**93,087**	**354,136**	**528,955**	**-**	**102,751**	**851,914**

Source: EAC Framework for Monitoring and Evaluating the Implementation of the EAC Common Market Protocol, September 2017.

When people covered by one Partner State`s social health protection system have a right to move to another Partner State, their free movement cannot be limited by obstacles in access to health benefits while staying in the other Partner State. Therefore, the citizens of these Partner States need to have a right to health benefits of the other county while temporarily being abroad and in medical need. This should be guaranteed on the basis of their coverage in their home country. In this case we talk of the **portability of Social Health Protection (SHP) entitlements**.

Health care systems can be classified by various sets of characteristics. These are concerned with coverage (i.e. health protection that can in general be based on insurance and taxes), benefits (i.e. package of benefits defined and guaranteed by the state), and the way how these benefits are reimbursed/financed for their providers. According to the above-mentioned domains health care systems can also be assessed if they are based on the principle of solidarity (i.e. coverage is ensured through risk sharing pool and contributions paid equally are reallocated according to needs). Regarding benefits, health systems need to guarantee equal treatment for equal needs according to the principle of equity.

Health system development in the EAC is based on the EAC Treaty, EAC Vision, EAC Development Strategy, EAC Common Market Protocol, EAC Regional Health Policy as well as health related documents such as strategies, roadmaps and action plans. SHP is a function of funding mechanisms and the related level of access to health benefits (i.e. insurance or taxed-based social health protection), benefits (i.e. package of benefits defined and guaranteed by the Partner States), and the way how the providers of these benefits are reimbursed/financed. The free movement of people in the EAC and a complementary SHP portability are based on the principle of solidarity and equity.

Box 1: Social Health Protection (SHP) - definition

Social Health Protection as a series of public or publicly organized and mandated private measures against social distress and economic loss caused by the reduction of productivity, stoppage or reduction of earnings or the cost of necessary treatment that can result from ill health (ILO 2008).

The EAC Partner States apply a mix of tools for prepayment and risk pooling, including:

- Tax-financed national or regional health services (Beveridge system)
- Contribution-financed compulsory social insurance (Bismarck system)
- Health insurance at local, cooperative or community level
- Commercial private insurance schemes
- Complementary forms of financing (e.g. vouchers).

Social health insurance and private health insurance follow very different approaches:

- Solidarity Principle - Social Health Insurance: contributions are paid according to income (i.e. rich substitute the poor) and benefits are offered and received according to needs. In general, the healthy, young, and childless pay for the ill, old, and families.
- Equivalence Principle –Private Health Insurance: premiums are calculated according to individual risks (costs) and benefits are paid for according to individual contracts.

Like in all countries around the world, EAC Partner States apply mixed funding systems, including elements of tax funding, social insurance funding, and private health insurance.

1.1 Portability of SHP Entitlements

Box 2: Portability of SHP entitlements

When people covered by one country`s social health protection system have a right to move to another country freely, their free movement cannot be limited by obstacles in access to health benefits while staying in the other country. Therefore, the citizens of these countries need to have a right to access to health benefits of the other county. It should be guaranteed on the basis of their coverage in their home country. In this case we talk about portability of social health protection entitlements.

Portability of SHP

The portability of Social Health Protection is the ability of people given the right to free movement to preserve, maintain, and transfer entitlements of benefits from a social health system of one country to another while temporarily being abroad and in medical need. The concept of portability does neither foresee elective treatments in another country nor does it cover persons who have moved to another country.

Presumption: free movement of workers / students / lecturers / tourists etc. as expression of economical and cultural interrelations (within EAC).

Obstacle: SHP Systems are based on national legal and institutional frameworks. Providing that there is a common (internal) market in EAC and the free movement of people, goods, services and capital are ensured, no obstacle of these freedoms is acceptable. Consequently, measures need to be taken to ensure portability of social health protection in EAC for supporting free movement of people within EAC.

Solution: mechanisms to transfer SHP entitlements from one EAC Partner State to another while travelling.
Portability of SHP entitlements can be expressed:

- By bilateral/multilateral agreements on SHP, or
- Common or multilateral coordination mechanism/s of SHP systems.

Bilateral Agreements

Bilateral agreements on portability of SHP entitlements define rights and obligations of the involved stakeholders and patients on how to organise and operate the portability of SHP entitlements between two EAC partner states. Annex 1 was developed to serve as a draft template for negotiating bilateral agreements on the portability of SHP entitlements between EAC Partner Satates.

Coordination mechanisms

Coordination means a mechanism through which the social security systems of the partner countries can work together to ensure that migrants and travellers have protection, while, at the same time, maintain and respect the separate standards and rules of each scheme.

Box 3: Showcase: Coordination of SHP in the EU

Coordination in the EU, for instance, means that the rules on social security coordination do not replace national systems with a single European one. All countries are free to decide who is to be insured under their legislation, which benefits are granted and under what conditions. While being temporarily abroad and in medical need you are entitled to receive health benefits in the foreign country under the same conditions (e.g. benefits, co-payments) as those residents. The EU provides common rules to protect your social security rights when moving within Europe (EU 28 + Iceland, Liechtenstein, Norway and Switzerland).

Roadmap

Strategic document that introduces the concept of portability of social health protection, discusses different options to ensure portability of social health protection, and guides the beneficiary to implement portability of Social Health Care Protection in EAC, including aspects of sequencing.

Prerequisites

Portability of SHP require a set of prerequisites:

- Informal labour market: part of population not covered by SHP systems, i.e. any portability of SHP in these cases. As a prerequisite these parts of population need to be covered/ registered by the SHP systems in the EAC Partner States (see also section 1.2)
- Problems in proximity to international borders in EAC: in case the closest health provider is across the border and not in the country of residence solutions have to be developed to avoid illicitly utilization of health benefits in the neighbour country. According cross-border agreements for those communities could be developed
- Successful implementation of Portability of SHP entitlements requires specific knowledge of target groups (population, health providers, purchasers, administrators) to
  - meet the populations needs
  - avoid fraud and misuse.

1.2 Universal Health Coverage (UHC)

Box 4: UHC is a goal

UHC is a goal for health systems development! Universal Health Coverage exists when all people receive the quality health services they need without suffering financial hardship. UHC combines two key elements, the first relating to people's use of the health services they need and the second to the economic consequences of doing so.[2]

Universal Health Coverage exists, when:

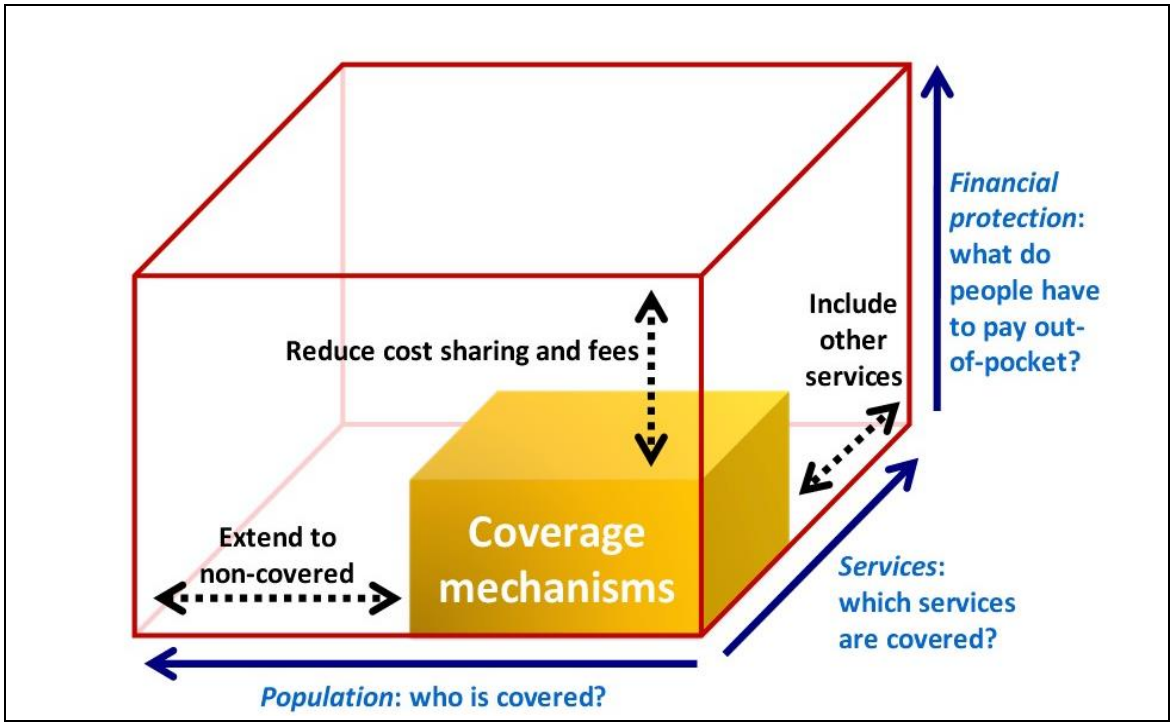
- Needed health services are provided (in good quality)
- Equal access to effective health services - everyone who needs services should get them, not only those who can pay for them

[2] Evans D, Elovainio R, Humphreys G. World Health Report 2010. Health Systems Financing: the path to universal coverage. Geneva: WHO; 2010.

- Financial risk protection for patients: People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm. In many cases this implies to decrease out-of-pocket payments
- All population is covered: extend social health protection to the non-covered.

Universal health coverage therefore means that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be, while also ensuring that the use of these services does not expose the user to financial hardship. Progress can be measured along three dimensions: share of the population covered, share of services covered, and share of total expenses of a covered service that are paid collectively. If all three dimensions reached 100%, then UHC would be achieved, as adopted by the World Health Assembly (please refer to Figure 1).

Figure 1: Towards Universal Health Coverage[3]



According to the World Health Organization, social health protection is a system that ensures equitable access to essential quality health services at affordable prices, with contributions to the system based on capacity to pay and benefits based on need. Universal health coverage is a result that ensures equitable access to essential quality health services at affordable prices. UHC does not specify the type of financing. Universal health insurance is an approach to achieving UHC by ensuring that the entire population is covered through a health insurance system, a financing mechanism to cover part or all of the financial cost of health services.

A major challenge is to integrate the informal labour market and poor population, i.e. those parts of population, which are not covered by SHP systems. In this context poor population also may include so-called near poor population. These considerations are country specific.

3 WHO, World Health Assembly, 2013.

Population belonging to the informal markets and the poor population must be in the focus of politics and policy makers in order to improve progress towards UHC and to prepare portability of SHP entitlements.

Box 5: Addressing UHC

The goal of addressing policies to move towards UHC is independent from the type of health care system, i.e. tax-based, social health insurance financed, and any other systems can be improved towards UHC.

The "Background Study for the EAC Strategy and Roadmap for SHP Portability within the context of the EAC Common Market Protocol and the EAC Vision 2050" serves as a basis for further information on UHC.

1.3 Comparison of Health Systems in EAC Partner States

Seven individually configured health care systems characterize 'health care' in the region of the East African Community (EAC) Partner States. A mixture of funding elements, purchasers, and benefits (medical and cash benefits) has been established in each and every EAC Partner State.

Table 2: Comparison – EAC Partner States' Health Systems Comparison

					Tanzania		
	Burundi[4]	**Kenya**[5]	**Rwanda**[6]	**South Sudan**[7]	**Mainland**[8]	**Zanzibar**[9]	**Uganda**[10]
Total Health Expenditure as % of GDP	10.2 %	7 %	11 %	2.7 %	4 %	3 %	7.2 %
Total Health Expenditure per capita	29.9 USD	67 USD	40 USD	73 USD	38.8 USD	26	55 USD
National Health Insurance Fund (NHIF)	X	X	X		X	X	
Community Based Health Insurance (CBHI)	X		X		X		X
National Health Service (NHS;	No		No				X

4 Data for 2013.

5 Data for 2012/2013.

6 Data for 2010-2011.

7 Data submitted by South Sudan in May/June 2017 with no indication of year.

8 Data for 2014/2015.

9 Data for 2013.

10 Data for row 1 is from 2014 and row 2 from 2015.

					Tanzania		
	Burundi[4]	**Kenya**[5]	**Rwanda**[6]	**South Sudan**[7]	**Mainland**[8]	**Zanzibar**[9]	**Uganda**[10]
tax-based funding)							
Private Health Insurance	X	X	X		X		X
Basic Benefit Package	X	X	X	X	X	X	X
Competent authority	Ministry of Public Health and Fighting AIDS; Ministry of Social Affairs	National Health Insurance Fund	Ministry of Finance and Economic Planning; Ministry of Local Government; Ministry of Health	Ministry of Health	National Health Insurance Fund	Ministry of Health and Social Welfare	Ministry of Health

Table 2 highlights the diversity of the EAC Partner States' health care systems from a macro level perspective. A mixture of National Health Insurance Funds, Community Based Health Insurance, National Health Service, and Private Health Insurance is characterizing the funding. However, all EAC Partner States have defined a Basic benefit Package for their country. Only in Kenia and Mainland Tanzania the National Health Insurance Fund is the competent authority. In all other Partner States the Ministry of Health is the competent authority. The Total Health Expenditures as percentage of Gross Domestic Product range from 2.7% (South Sudan) to 11% (Rwanda) and from $26 per capita (Zanzibar) to $73 per capita (South Sudan) respectively.

For further details we kindly refer to Annex 4 in "Background Study for the EAC Strategy and Roadmap for SHP Portability within the context of the EAC Common Market Protocol and the EAC Vision 2050".

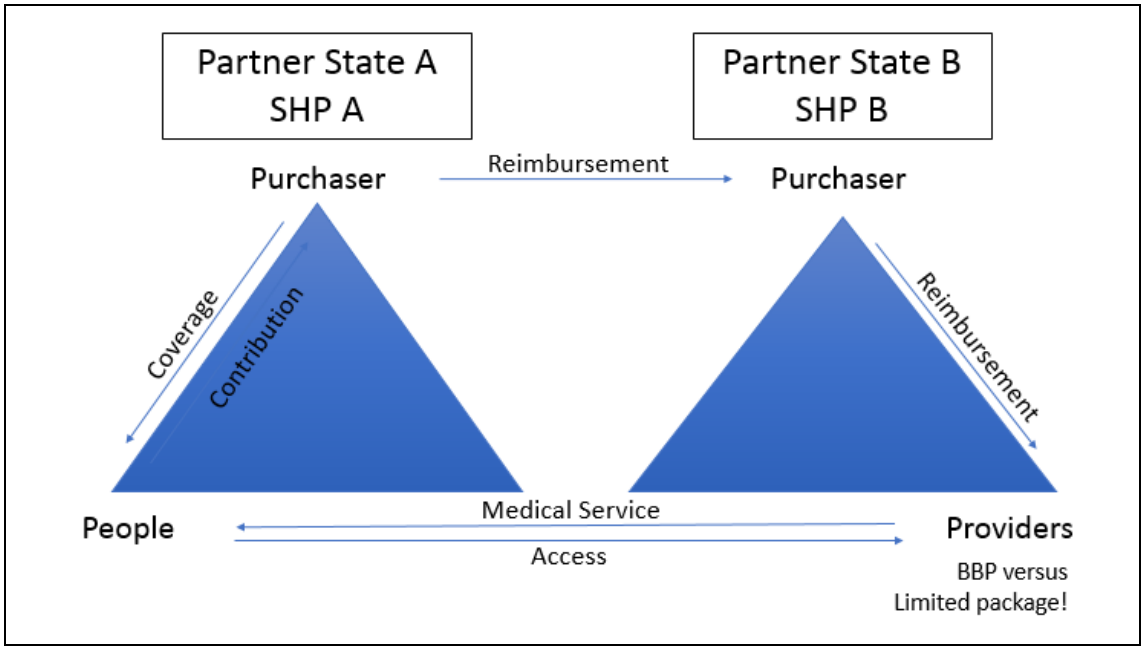
2 Portability of SHP Entitlements within EAC Partner States

2.1 Strategy and Instruments

EAC policies (e.g. EAC Vision 2050) foresee to ensure access to health benefits for EAC citizens staying in a Partner State other than their home country where they are covered by their SHP system. Portability of SHP entitlements and access to health benefits in another EAC Partner State while temporarily being abroad and in medical need require to be provided. There are two possible scenarios for that.

1. **Bilateral agreements** between EAC Partner States (as transitional phase 1):
   a. A tool to start structured portability of SHP entitlements
   b. Respect different status of health delivery systems
   c. Consider different pace of development of EAC Partner States towards UHC
   d. Identify administrative/managerial capacity needs
   e. Prepare for coordination mechanisms

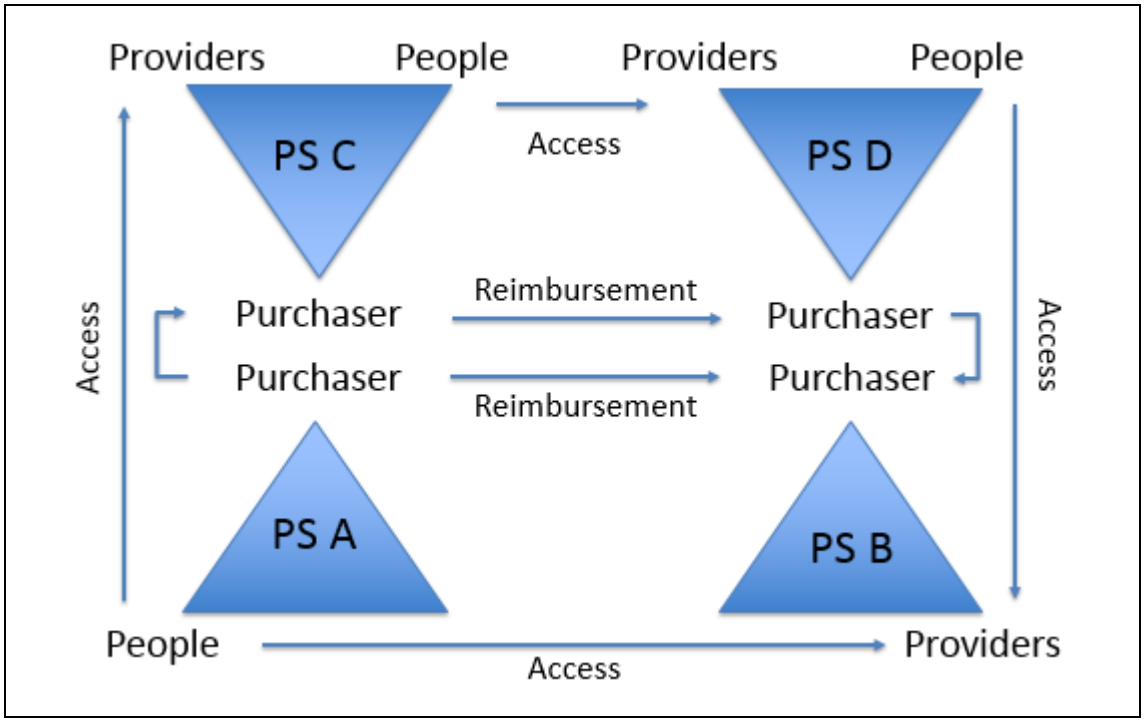
Figure 2: Bilateral agreement on portability of SHP between two Partner States



A template for bilateral agreements on portability of SHP entitlements is displayed in annex 1 and specifies roles and functions of the involved partners and stakeholders.

2. **Coordination mechanisms** to ensure portability of SHP entitlements (as transitional phase 2):
   a. The rules on coordination do not replace national systems with a single EAC health system
   b. All countries are free to decide who is to be insured under their legislation, which benefits are granted and under what conditions
   c. Based on lessons learnt from bilateral agreements
   d. Demonstrate political will of close collaboration within EAC
   e. Reflect increased mobility of workers and travellers within EAC by coordinated rules.

Figure 3: Coordination of SHP Portability between Partner States



The right for healthcare services differs in many aspects in the Partner States of EAC. Currently the questions of the social politics and social security are not legislated by EAC, those belong to each country's jurisdiction: citizens that are entitled to social security (health coverage), and the basket of benefits are set in each member state in the national legislation.

In accordance with the strategic proposal, one is entitled to healthcare services in that particular state where he/she works and contributes to the healthcare costs (i.e. *lex loci laboris*) and can have social security only in one country (i.e. principle of single applicable legislation). Similarly, to the rights of the European citizens, EAC can ensure healthcare services in other partner states – in accordance with the freedom of movement of persons – for the citizens and their family members travelling across the community.

To do so, the partner states` legislation need to ensure that:

- The rights of the citizens are recognized by other member states;
- If covered in his/her own country, no other security is needed in other member states (double coverage ban);
- No discrimination allowed on the ground of citizenship;
- Health insurance periods are not lost; they are taken into account at the time of provision of healthcare services.

Based on the principles above, claims for healthcare abroad may arise in different cases EAC Partner States' citizens. Medical care may be necessary if someone temporarily stays abroad (holiday, business, education) and unexpectedly becomes ill. Some would stay longer abroad (e. g. for work) and need medical treatment. Some would like to receive a healthcare service, which is only available in another state, so they have to travel there. Lastly, some would settle down in another state for their retirement.

The EAC can make it possible that individuals entitled to healthcare services in the Partner States may receive the same healthcare services in other states from the providers signed contract with social insurance, as if they were citizens of that state. The expenses are paid by their own state's health insurance or national health service.

The scope of the rules may apply to state insurance systems, or, in accordance with the decision of EAC they may be subject to collective bargaining, sectorial agreements, voluntary or compulsory supplementary sectorial, occupational, or other non-state programs.

Individuals (e.g. tourists) staying abroad temporarily may receive the same (medically necessary) healthcare services as the citizens of that state (at providers which signed contract with social insurance) on the expense of their own state's health insurance. The entitlement for the services can be verified by the insurance card and personal identification documents.

Healthcare for EAC citizens working abroad is basically covered by the coordinating rules and national laws of Partner States. The workers' relatives may receive the same entitlements as the worker him/ herself.

In the case of posted workers and self-employed, working in another Partner State, the worker or self-entrepreneur may continue to be insured under the laws of the sending state for certain period (e.g. one or two years), as if he/she continues to work on that field. For the duration of posting the worker may be qualified for health benefits, he/she will continue to be insured in the state from which he/she is posted, and he/she is exempted from the payment of contributions in the country where he/she is sent.

EAC citizens doing study, research or professional practices abroad may be entitled to healthcare similar to those working abroad. If they are employed, a registration may be needed in the host country's social system. If they are not employed, another measure may be required to prove their status. If they are sent to a university or research institution in another Partner State for a specified period, they may act like the posted workers (they may remain in the sending country's social insurance system).

If a person does not work in the country where he/she lives, he/she may be entitled to all healthcare benefits regarding residence and place of work. To receive this health care a registration to the healthcare system of the country of employment may be necessary.

A person entitled in a Partner State is granted the right to receive the same medical treatment in another Partner State under the same conditions and benefits.

For receiving planned care abroad, a prior authorization may be required, which can be claimed form certifying the right to receive healthcare. If the permission is granted, the health insurance may cover the full costs of the healthcare.

Contributions and/or co-payments that have to be paid in a Partner State by insured citizens are not covered by the insurer of home country, which means that if the insured persons in that Partner State have to pay any costs for the treatment, those also need to be paid by the entitled travellers.

The treating physician shall judge the fact that the service is medically necessary. 'Medically necessary' may not only qualify for the services to be provided immediately. If the claimed treatment – in regards of the patient's condition – may not be necessary in short term, the service provider must take into account how long the person intends to remain in that state.

The benefit packages, as well as the range of medically necessary treatments, differ from one Partner State to another and it is therefore possible that in some cases, e.g. rescue services, certain types of benefits will not be covered. By the decisions of the EAC, treatment may be considered medically necessary in cases of dialysis therapy, oxygen therapy and treatments related to delivery/giving birth.

For those who have accidents in mountains, the exploring, and mountain rescue and transport can be provided for a fee. The charged fees may not be reimbursed by the health insurance, those need to be paid by those who concerned, plus they may use sports and leisure insurances or use insurance provided by their credit cards. In the case of a fee is charged, and health insurance will not reimburse the full costs of invoices, but only a predetermined fixed amount, it is recommended to have travel insurance as well.

The above-mentioned rules may apply to all partner states on the basis of a community legislation of EAC (i.e. coordination mechanism), or those can be included in bilateral agreements according to the negotiation between two partner states.

Table 3: Portability of SHP Entitlements - Salient Features

Salient Features	Explanations
1. Target population	Travellers (e.g. workers, students, tourists) to other EAC Partner States, which fall sick during the travel. The purpose of this travel is not(!) to seek medical treatment, i.e. so-called medical tourism is not covered under portability of SHP entitlements without prior authorization.
2. Basic Benefit Package (BBP)	• The traveller who falls sick in another EAC Partner State will be treated and has the same rights as any other registered/enrolled native in that country – no discrimination in treatment. • The SHP of the traveller's home country entitles him/her to receive the benefits of other EAC Partner States' in case of urgent care. • Only urgent care is covered. • Elective care/treatment generally is exempted but may be covered with pre-authorization. • Medical doctors/nurses have to ensure that the foreigner seeking medical treatment is in urgent need. Otherwise this coordination mechanism is not valid • Each EAC Partner State keeps its own benefit package.
3. Standards for portable health care benefits	• By each EAC Partner State
4. Providers	Only registered/contracted providers will participate this system of portability.
5. Medical guidelines / treatment protocols	• By each EAC Partner State

6. Expenditures and payments	• Seeking urgent medical treatment in another EAC Partner State will be reimbursed in accordance with the applicable financing techniques in the country of treatment.
	• Expenditures caused for urgent care in another EAC Partner State while traveling will be:
	  ○ Reimbursed by the purchaser in the country of medical treatment.
	  ○ The purchaser of the country of medical treatment will invoice the purchaser of the traveller's home country.
	• The traveller will have to do co-payments and has the same obligations as any other registered/enrolled native in the country of medical treatment – no discrimination
	• Each EAC Partner State keeps its own provider payment system.

7. Identification	Travellers have to testify being registered/enrolled in an EAC Partner State (e.g. by insurance card + ID card).
8. Legislation	• Persons/travellers are covered by the legislation of one country. In general, this is where the person is working. There will be no choice by the person/traveller. • Crossborder ('frontier') workers are working in another country then they reside in and commute daily (at least weekly). They are insured in the country they work in and are also covered in their home country.
9. Liaison body	Each EAC Partner State will designate a liaison body to respond to requests for information and assistance from both institutions and citizens.
10. Competent authority	Each EAC Partner State will designate a competent authority responsible for portability of SHP entitlements.

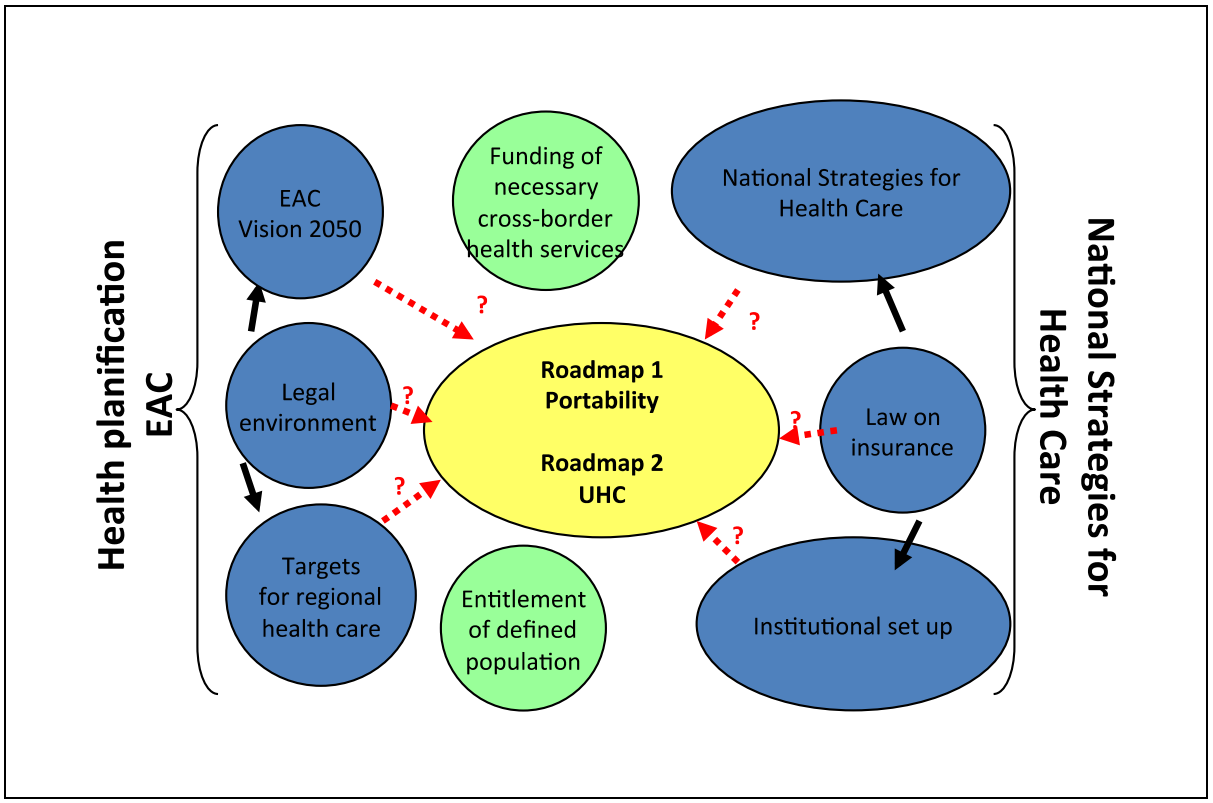
Salient Features	Explanations
11. Exemptions	• Persons not covered by SHP in their home country will not be covered in other EAC Partner State. • Persons travelling with the purpose of getting medical treatment abroad will not be covered. • Elective medical treatment is exempted. • Posted workers will be exempted after a defined period of time (e.g. 24 months). • Benefits in cash (sick-leave) will provided in your home country only.
12. MIS and registers	• By each EAC Partner State • 'clearing house' with interfaces to EAC Partner State
13. SUMMARY	• EAC Partner States keep their **national systems** • **Portability** of SHP entitlements

The European Union as a **functional example for coordination mechanisms** in the light of portability of SHP entitlements is displayed in annex 5 in the "Background Study for the EAC Strategy and Roadmap for SHP Portability within the context of the EAC Common Market Protocol and the EAC Vision 2050".

2.2 Roadmap

On the way forward towards portability of SHP entitlements and towards UHC the EAC and Partner States start from two sides and in different environments. Both sides intent to improve the health care delivery systems. The challenge is and will be conversion towards achieving vision 2050 goals. Figure 4 demonstrates that the EAC environment is defined by Vision 2050, the legal framework, and the targets for regional health care. The EAC Partner States' point of departure is as per National Strategies for Health Care, laws on health insurance/health financing, and institutional settings.

Figure 4: A strategic and operational plan



Considering that 2050 is more then 30 years to go we propose a phased approach towards portability of SHP entitlements and improved UHC. This proposal allows EAC and its Partner States to learn lessons, adjust pace of developments according to needs and capabilities of the EAC Partner States, and to even develop a fall-back plan as necessary.

The following activities are suggested to be considered before making decision (i.e. needs assessment and strategic planning) and during implementation of policy decision (i.e. creating regulatory framework, building capacities, and creating systems and processes). The steps suggested in the roadmap to some extent may be built on each other, therefore lessons learnt, experiences, best practices, methodologies, technologies, and capacities may be used for/during the next step/s.

Table 4: Next steps

Activity	Output
1. Needs assessment	• Needs assessment study including assessment of needs of the migrants for health care services while staying in another Partner State as well as needs for building capacities of institutions responsible for providing and purchasing health care services as well as capacities of their staff. • Stakeholder analysis including analysis of roles, responsibilities, and capacities (see above) of competent authority and other institutions/organisations playing key role in portability of SHP entitlements. • Donor mapping, as needed; if necessary, mapping donors playing key role in health system and providing supplementary funding for health services for the informal sector workers, the poor population, refugees and stateless persons, and other vulnerable groups of migrant population.
2. Strategic planning	• Options for portability of social health protection entitlements (e.g. feasibility, sustainability, legal aspects, and implementation of bilateral social security agreements and/or coordination mechanism for social health protection systems of the Partner States).

Activity	Output
	• Strategic plan (e.g. activities, tasks of stakeholders, coordination of activities, meetings, milestones, management, etc.) for national institutions in the Partner States and community level organisations/bodies at EAC level. • Timeframe (please refer to suggested activities and terms below). • Risks and mitigation strategies, assumptions (please refer to the section on Assumptions and Risks below). • Monitoring and evaluation plan (please refer to the Monitoring and Evaluation Plan attached). • Financial planning and fiscal considerations.
3. Creating a regulatory framework	Relevant legislation on • coverage, rights and entitlements (i.e. definition of the appropriate minimum health care package/s of health services as basis for the portability of benefits of Social Health Protection (SHP) and Universal Health Coverage (UHC) in the Partner States); • contributions, benefit package/s and price list (i.e. calculation of the costs associated with the minimum health care package/s to define the level of contributions); • service standards of the minimum package/s for the health care providers and provider payment mechanisms for purchasers.
4. Building capacities	Partner States' capacities for the implementation of portability of Social Health Protection entitlements (including human resource plan and institutional capacity building).
5. Creating systems and processes	• Systems and processes (including interoperable Information and Communication Technology/Management Information Systems in the Partner States as well as the necessary communication platform and/or mechanisms to exchange data and information related to the provision and reimbursement of health care services between Partner States). • Quality assurance system (NB: portability of social health protection entitlements does not require any common and/or minimum level of quality of health care services to be provided in the Partner States in order to ensure portability of SHP entitlements; instead, Partner States may agree on and implement mechanisms to provide access to their SHP system for migrants when staying in another Partner State).
6. M&E	Regional Monitoring and Evaluation framework.

2.2.1 Short-Term (1-5 years)

- ➢ Improve UHC in each EAC Partner State!
- ➢ Develop and execute bilateral agreements between EAC Partner States![11]
- ➢ Prepare SHP coordination at EAC level as well as on national level!

Lessons to be learnt:

- Partner States will have a better understanding of other Partner States health system and health benefits during negotiation of bilateral agreements;
- These lessons may enable them to step on the next level, i.e. coordination;
- While elaborating coordination mechanism, Partner States will understand the challenges and needs their reimbursement mechanisms face (who will receive what, how the patient bills will be reimbursed, etc.);
- Partner States will also need to answer questions such as: how will the competent authorities communicate with each other: paper based or IT platform? Which documents/ SOPs during communication and reimbursement?

[11] See also Annex 1: Modell Bilateral SHP Portability Agreement for EAC Partner States.

- Partner States will realize need for capacity building (e.g. development of SOPs, training).

2.2.2 Mid-Term (6-10 years)

- Develop and implement/execute coordination mechanisms for portability of SHP entitlements between EAC Partner States.

2.2.3 Long-Term (11+ years)

- Refine coordination mechanisms as necessary and allow EAC Partner States to run their particular national health care delivery systems. In this case the vision 2050 goal of one health care system for all EAC Partner States will not be reached.

2.2.4 Requirements

Implementation of portability of SHP entitlements requires:

- Legal frameworks need to make the internal market operable through the application of common market protocol in Partner States;
- National legislation ensuring access to quality health care services for the most people possible at affordable cost through social health protection system;
- Necessary legal instrument/s at EAC level concerning coordination mechanism (for instance, appendix to the common market protocol, or another separate EAC level legislation);
- Well-designed and developed, inter-operable national MIS systems to generate, exchange and analyse quality data and information in a secure way as well as a secure electronic communication system, such as a network or platform, for exchange of social security/health information and personal/medical/financial data between Partner States (information sharing and exchange may happen electronically by using portable e-documents, or by providing migrants with hard copies of information/data carriers such as forms or SHP portability/insurance card);
- Appointment of competent authority to represent the partner state in dialogue and conciliation;
- Capacities of involved institutions and their staff need to be built to implement both bilateral agreements and the coordination mechanism;
- Awareness raising among key actors, such as the people/migrants, health care providers and purchasers of health services.

3 Assumptions and Risks

- SHP and UHC have top priority on EAC's and Partner States' health policy agendas. Portability of SHP entitlements is not a tool to solve issues regarding SHP and UHC.
- Each EAC Partner State will run its own Health Care System in the foreseeable future.
- Bilateral-/Multilateral agreements or coordination mechanisms will serve as tool for making SHP entitlements portable.
- Portability of SHP entitlements be organised by existing authorities, e.g. NHIF/MoH; i.e. no need for new authorities in this regard.
- One Basic Benefit Package for all EAC Partner States is not a prerequisite for successfully introducing portability of SHP entitlements.
- The proposed bilateral agreements and coordination mechanism could bear the risk of misuse by so-called medical tourists and by people with nearest access to health care across the border rather than in the home country.
- People of the informal sector per se do not benefit from SHP and thus would neither benefit from portability of SHP entitlements, i.e. significant number of population would be excluded.

4 Conclusion

In light of the above mentioned and taking into consideration that the free movement principle already applies to EAC the Consultant proposed to design the following instruments and implement the portability mechanism accordingly. Portability of SHP entitlements requires strategic decisions to be made either at community or at national levels. However, the tools can be applied and developed as necessary and feasible step by step.

Firstly, bilateral agreements can directly be proposed by a Partner State and negotiated with another. Building capacities of national institutions and their staff responsible for the implementation and management of the agreements is also the responsibility of the Partner States, such as the appointment of the Competent Authority to represent Partner States in bilateral cooperation. The Consultant proposed a model agreement that might be considered while initiating negotiations between the Partner States.[12]

Secondly, the coordination mechanism, however, requires EAC to make a decision on the legislative framework to introduce and implement the coordination of national social health protection schemes. The dialogue and conciliation mechanism need to be developed by EAC, too. Partner States are still responsible for defining the national legislative framework of their social health protection schemes, and for implementing those. Capacities needed for the implementation of coordination mechanisms need to be defined and built by Partner States, too. The Consultant introduced the international experience with coordination of social security systems and discussed with the representatives of EAC and the Partner States how best practices and lessons learnt in other regions might be relevant and useful for developing and implementing a coordination mechanism in EAC.

Developing and implementing both bilateral agreements and coordination mechanisms would open the door to quickly start implementing portability of SHP entitlements.

[12] We kindly refer to Annex 1: Modell Bilateral SHP Portability Agreement for EAC Partner States

Annex 1: Modell Bilateral SHP Portability Agreement for EAC Partner States[13]

AGREEMENT
BETWEEN
……
AND
……
ON
SOCIAL SECURITY

The Government of …… and the Government of …… being desirous of regulating relations between the two States (hereinafter called "Contracting Parties") in the field of social security have agreed as follows:

PART I
GENERAL PROVISIONS

Article 1
Definitions of terms

(1) The terms used in the present Agreement shall be defined as follows**:**

a) **Territory:**
in relation to ……, ……;
in relation to ……,……

b) **Legislation:** the laws, by-laws and regulations which relate to the social security schemes specified in paragraph 1 of Article 2 of this Agreement;

c) Competent Authority:
in relation to the ……, the ……,
in relation to the ……, the ……

d) **Competent Institution:** the insurance institution responsible for implementing the legislation mentioned in Article 2 of this Agreement and providing the benefits;

e) **Institution:** the institution in charge of applying the legislation mentioned in paragraph 1 of Article 2 of this Agreement;

f) **Insured Person:** the person who is and has been subject to the legislation mentioned in Article 2 of this Agreement;

[13] This model bilateral agreement may be considered as a template for drafting bilateral agreements between (i) EAC Partner States, (ii) between EAC and non-EAC states, and (iii) between EAC Partner States and non-EAC states.

g) **Period of Insurance:** the period over which insurance contributions have been paid or are deemed to have been paid under the legislation specified in Article 2 of this Agreement;

h) **Benefits and Pensions:** all benefits or pensions including all components thereof provided out of public funds as well as all increases, revaluation allowances or supplementary allowances, and lump sum benefits as are payable in lieu of pensions unless otherwise provided in this Agreement;

i) **Residence:** permanent residence;

j) **Stay:** temporary residence;

k) **Member of family:** the persons defined or recognised as member of family by the legislation applied by the competent institution;

l) **Beneficiary:** the persons defined or recognised as such by the legislations of the Contracting Parties;

m) **Survivor:** persons defined or recognised as survivor and entitled person by the legislations of the Contracting Parties.

(2) Any term not defined in this Agreement has the meaning assigned to it in the legislations of the Contracting Parties.

Article 2
Legislation to which the Agreement applies

(1) This Agreement shall apply to the following legislation:

A. In relation to …….:

a) Invalidity, old age, survivor, work accident and occupational diseases, unemployment insurance, and sickness and maternity insurances under the general health insurances in respect of persons employed under a contract of employment by one or more employer;

b) Invalidity, old age, survivor, work accident and occupational diseases and sickness and maternity insurances under the general health insurances in respect of self-employed persons working on their own name and account without a contract of employment;

c) Invalidity, old age, survivor and sickness and maternity insurances under the general health insurances in respect of persons working in public administrations;

B. In relation to the ……..

a) ……
b) ……
c) ……

(2) This Agreement shall also apply to any legislation, which amends, revises or replaces or supplements the legislation specified in paragraph 1 of this Article.

(3) Application of this Agreement to the legislation concerning a new social security scheme or a new social insurance branch shall be realized through conclusion of a new Agreement between the Contracting Parties for this purpose.

Article 3
Personal scope of the Agreement

Unless otherwise provided in this Agreement, provisions of this Agreement shall apply to persons who had been subject to the legislation of either or both Contracting Parties or are currently subject to the legislation of either Contracting Parties as well as to family members of such persons and to their survivors

Article 4
Equality of treatment

Unless otherwise provided in this Agreement, the persons who are resident in the territory of either Contracting Party and to whom the provisions of this Agreement apply, shall have the same rights and obligations provided by the legislation of the Contracting Party in whose territory they reside, on the same grounds as the nationals of that country.

Article 5
Export of benefits

Unless otherwise provided in this Agreement, benefits awarded under the legislation of the Contracting Party, which is responsible for payment shall be paid at the same rate to persons within the scope of Article 3 of this Agreement even when they are resident in the territory of the other Party. In cases they are resident in the territory of a third country, benefits shall be paid in accordance with the legislation of the Contracting Party, which is responsible for payment.

Article 6
Reduction, suspension and cancellation of benefits

Persons to whom this Agreement is applicable shall not be subject to the legislation of the two Contracting Parties concerning reduction, suspension or cancellation of benefit in case of the simultaneous receipt of the benefits from the competent institutions of both Contracting Parties.

PART II
PROVISIONS ON APPLICABLE LEGISLATION

Article 7
General provisions

Unless otherwise provided in this Agreement:

(1) Persons employed in the territory of either Contracting Party or self-employed persons who perform their occupation in the territory of either Contracting Party shall, with respect to that employment, be subject to the legislation of the Contracting Party where they work even if they

reside in the territory of the other Contracting Party or if their employer or the registered office of their employer is located in the territory of the other Contracting Party.

(2) Civil servants and persons treated as such of either Contracting Party shall be subject to the legislation of the Contracting Party in whose administration they are employed.

(3) A person who is employed by a branch or permanent representation of an undertaking in the territory of a Contracting Party other than that in which it has its registered office shall be subject to the legislation of the Contracting Party in whose territory such branch or permanent representation is located.

Article 8
Temporary posting

If a person who is employed in the territory of either Contracting Party is posted temporarily by his employer to perform certain work in the territory of the other Contracting Party, he shall, with respect to that employment, be subject to the legislation of the first Contracting Party for a period not exceeding 24 months as long as he has kept his status of paid worker of the same employer. If a self-employed person who performs an occupation in the territory of either Contracting Party moves to the territory of the other Contracting Party to carry out his occupation temporarily there, that person shall be subject to the legislation of the first Contracting Party for a period not exceeding 24 months. In both cases, this period may be extended conditional upon approval of the competent Authorities or the Bodies designated by these Authorities of both Contracting Parties.

Article 9
Personnel of international transport undertakings

A person who is a member of the travelling or flying personnel of an undertaking which, for hire or on its own account, operates international transport services for passengers or goods by road, rail, air or sea and has its registered office in the territory of the other Contracting Party shall be subject to the legislation of that Contracting Party.

Article 10
Crewmembers and workers on vessels

(1) A person who is employed on board a vessel flying the flag of either Contracting Party shall be subject to the legislation of that Contracting Party.

(2) If a person, who is employed in a port or the territorial waters of a Contracting Party but who is not a member of the crew on a vessel, is engaged in loading, unloading and repairing a vessel flying the flag of the other Contracting Party or supervises such activities, he shall be subject to the legislation of the Contracting Party of the port or territorial waters.

(3) A person who is engaged on board a vessel flying the flag of a Contracting Party and who is paid for this engagement by an undertaking or by a person that has its registered office or place of residence in the territory of other Contracting Party shall be subject to the legislation of the latter Party if he resides in that Party's territory; the undertaking or person paying the remuneration shall be considered as employer for the purpose of the application of the said legislation.

Article 11
Diplomatic missions and consular officials

(1) Members of diplomatic missions or consular posts of either Contracting Party as well as persons employed in the private service of officials of such missions or posts, who are posted to the receiving Party, shall be subject to the legislation of the sending Contracting Party.

(2) The persons referred to in paragraph 1 of this Article shall be subject to the legislation of the receiving Contracting Party if they are employed locally. However, they may opt for the application of the legislation of the employing State within three months following the date of their engagement provided that they are nationals of the employing Contracting Party.

Article 12
Exceptions

The competent Authorities of the Contracting Parties may agree on exceptions to Articles 7 to 11 of this Agreement, regarding the legislation applicable to a person or category of persons.

PART III
SPECIAL PROVISIONS

SECTION 1
HEALTH, SICKNESS AND MATERNITY BENEFITS

Article 13
Aggregation of periods of insurance

(1) Where the legislation of either Contracting Party makes entitlement to benefits conditional upon the completion of periods of insurance, the competent institution of that Party shall take into account periods of insurance completed under the legislation of the other Contracting Party, in so far as they do not coincide, as if they were periods of insurance completed under the legislation of the first Contracting Party.

(2) With respect to sickness and maternity daily cash allowances, the aggregation of periods mentioned in paragraph 1 of this Article shall be effective only if the person concerned is insured in the territory of the Contracting Party under whose legislation the application has been filed, where he performs on income yielding activity.

Article 14
Work or stay in the territory of other Contracting Party

(1) Where the conditions of an insured person who has been posted by his employer to other Contracting Party on temporary basis to perform a particular work and his dependents residing with him require medical treatment, they shall receive health, sickness or maternity insurance benefits on behalf and at the expense of the Contracting Party where the registered office of the employer is established.

(2) Where the conditions of those working as actively insured under the legislation of a Contracting Party and members of their families residing with them require urgent medical treatment during their stay in the territory of the other Contracting Party, they shall receive

health, sickness or maternity insurance benefits on behalf and at the expense of the Contracting Party where the persons concerned are insured.

(3) Where those working as actively insured under the legislation of a Contracting Party and members of their families residing with them go to the territory of the other Contracting Party while receiving health, sickness or maternity insurance benefits provided by the institution of a Contracting Party, they shall continue to receive these benefits. Given that the beneficiary should obtain the authorisation of the competent institution before returning to the other Contracting Party. The demand for the authorisation shall be refused on account of a medical report submitted to the effect that the health condition of the person concerned does not permit travelling to the other Contracting Party.

(4) The acquisition of the right to benefits, the duration of the benefits and members of the family eligible for benefits shall be determined in pursuance of the legislation of the Contracting Party in whose territory the person is insured, whereas the provision mode and scope of the benefits shall be determined in accordance with the legislation of the Contracting Party in whose territory the beneficiary stays.

Article 15
Health benefits for family members of the insured

(1) The members of the family of a person who is entitled to health benefits under the legislation of a Contracting Party under which he is insured, who reside in the territory of the other Contracting Party, shall receive benefits as specified by the legislation of the Contracting Party in whose territory they reside, in so far as they are not entitled to health insurance benefits under the legislation of the Contracting Party in whose territory they reside. The expenses of the health benefits shall be covered by the competent institution in which the family members of the insured person are insured on the basis of his affiliation to that competent institution.

(2) When the members of the family referred to in paragraph 1 of this Article stay or transfer their residence to the territory of the Contracting Party of competent institution, they shall receive health benefits in accordance with the legislation of that Contracting Party.

(3) The acquisition of the right to benefits, the duration of the benefits and members of the family eligible for benefits shall be determined in pursuance of the legislation of the Contracting Party in whose territory the person is insured, whereas the provision mode and scope of the benefits shall be determined in accordance with the legislation of the Contracting Party in whose territory the beneficiary stays.

Article 16
Health benefits for the pensioners and members of their families

(1) Pensioners receiving pensions under the legislation of both Contracting Parties and the members of their families shall receive health benefits under the legislation of the Contracting Party in whose territory they are resident.

(2) Pensioners receiving a pension under the legislation of one Contracting Party and having residence in the territory of the other Contracting Party and members of their families shall be subject to the legislation of that Contracting Party, as if the entitlement to pension benefit were acquired pursuant to its applicable legislation, at the expense of the competent institution.

The acquisition of the right to benefits, the duration of the benefits and members of the family eligible for benefits shall be determined in pursuance of the legislation of the Contracting Party in whose territory the person is insured, whereas the provision mode and scope of the benefits shall be determined in accordance with the legislation of the Contracting Party in whose territory the beneficiary stays.

(3) In pursuance of paragraph 2 of this Article, when the conditions of the pensioner and members of his family who are resident in the territory of one Contracting Party require urgent medical treatment during their stay in the territory of the other Contracting Party, they shall be entitled to receive benefits in accordance with the legislation of that Contracting Party and at its expense.

(4) When the conditions of the pensioners receiving pension under the legislation of a Contracting Party and members of their families require urgent medical treatment during their stay in the territory of the other Contracting Party, they shall receive health benefits at the expense of the institution they are affiliated.

Article 17
Orthopaedic appliances, prostheses and other health benefits requiring high costs

Orthopaedic appliances, prostheses and other health benefits requiring high costs shall be provided, except for the cases of emergency, upon the authorisation of the competent institution. The list of such benefits shall be attached to the Administrative Agreement.

Article 18
Cash benefits

(1) Cash benefits shall be paid by the competent institution in accordance with the legislation it applies.

(2) Where the amount of cash benefits depends on the number of family members in accordance with the legislation of either Contracting Party, the competent institution shall also take into account the family members residing in the territory of the other Contracting Party.

Article 19
Reimbursement

The competent institution shall reimburse the costs of health benefits to the insurance institution of the other Contracting Party for benefits provided pursuant to Articles 14, 15, 16, 17 and 24 of this Agreement, according to the procedure established by the Administrative Agreement.

SECTION 2
OLD-AGE, INVALIDITY AND SURVIVORS' BENEFITS

Article 20
Aggregation of periods of insurance

(1) Where the legislation of either Contracting Party makes entitlement to benefits conditional upon the completion of periods of insurance, the institution which applies that legislation shall, where necessary, take into account periods of insurance completed under the legislation of the

other Contracting Party, in so far as they do not overlap, as if they were periods of insurance completed under its legislation.

(2) Where a person does not qualify for a benefit in pursuance of the provisions of paragraph 1 of this Article, the competent institutions shall also aggregate the insurance periods completed under the legislation of a Third Party with which they concluded an Agreement on Social Security, in so far as these periods do not overlap.

(3) Where the right to receive benefits under the legislation of either Contracting Party is conditional upon the completion of a certain period in an occupation covered by a special scheme or in a specified occupation or employment, only periods completed under the scheme concerned or, in the absence of such a scheme, in the same occupation or employment, as appropriate, shall be taken into account for determining entitlement to such benefits under the legislation of the other Contracting Party.

(4) One month of the periods in which premium or contribution is paid under ..... legislation shall be considered as equivalent to 30 days, and one year equivalent to 360 days.
(5) For the purpose of determining the right to receive benefit, under the legislation of either Contracting Party, the date of the first working day in the other Contracting Party shall be taken into account.

Article 21
Periods of insurance less than one year

(1) If the total period of insurance completed under the legislation of one Contracting Party is shorter than 12 months, the benefit shall not be granted, except when, according to that legislation, there exists a right to benefit based exclusively on that period of insurance.

(2) In pursuance of paragraph 1 of this Article the competent institution of the other Contracting Party shall take into account these periods for the entitlement to, maintenance of and re-entitlement to benefits as well as the determination of the actual amount as if those periods had been completed under the legislation it applies.

Article 22
Calculation of cash benefits

(1) If entitlement to benefits under the legislation of either Contracting Party is to be acquired without regard to the provisions of Article 19 of this Agreement, the competent institution of that Contracting Party shall calculate the benefits to be awarded solely on the basis of the periods completed under the legislation it applies.

(2) If the person concerned acquires the right to benefits under the legislation of either Contracting Party only through application of Article 19 of this Agreement, the competent institution of this Contracting Party shall calculate the benefits as follows:

a. The competent institution shall calculate the theoretical amount taking into account all the insurance periods completed under the legislation of both Contracting Parties as if they had been completed solely under the legislation which that institution applies;
b. On the basis of the amount calculated as referred to above, the actual amount of benefit shall be computed as a proportion between the insurance periods completed

exclusively according to its legislation and the total insurance periods taken into account for calculating the benefit.

(3) Where benefits under the legislation of a Contracting Party are calculated on the basis of earnings or contributions paid under the legislation of that Contracting Party, the competent institution shall take into account the earnings or contributions paid exclusively under the legislation it applies.

(4) Where the amount of cash benefits depends on the number of family members in accordance with the legislation of either Contracting Party, the competent institution shall also take into account the family members residing in the territory of the other Contracting Party.

SECTION 3
DEATH GRANT

Article 23
Aggregation of periods of insurance and award of death grants

(1) Where entitlement to death grants under the legislation of either Contracting Party is conditional upon the completion of a period of insurance, the competent institution of that Contracting Party shall take into account, if necessary, periods of insurance completed under the legislation of the other Contracting Party, in so far as they do not overlap, as if they were periods of insurance completed under its legislation.

(2) Where a person who is insured under the legislation of one Contracting Party dies in the territory of the other Contracting Party, it shall be assumed that he has died in the territory of the Contracting Party where he is insured and the survivors shall be entitled to a death grant.

(3) If entitlement to benefit in case of death exists pursuant to legislation of both Contracting Parties, only the legislation of that Contracting Party in the territory of which the deceased had place of residence shall apply.

SECTION 4
ACCIDENTS AT WORK AND OCCUPATIONAL DISEASES

Article 24
Medical benefits

(1) Any insured person who resides or stays in the territory of either Contracting Party and who satisfies the conditions for entitlement to benefit from work accident or occupational disease shall receive the medical benefits according to the legislation of the Contracting Party where he resides or stays, at the expense of the competent institution where he is insured.

(2) Provisions of Article 17 of this Agreement shall apply with respect to the prostheses, orthopaedic appliances and other major medical benefits in kind.

(3) For the reimbursement of the cost of benefits provided under paragraph 1 of this Article, the provisions of Article 19 shall apply mutatis mutandis.

Article 25
Occupational diseases

(1) Where under the legislation of one Contracting Party the eligibility to receive benefits for occupational diseases is conditional upon the disease in question being first contracted in its territory, that condition shall be deemed to have been satisfied even when the disease was first contracted in the territory of the other Contracting Party.

(2) If granting of the benefit in the case of the occupational disease, according to legislation of one Contracting Party, is conditional upon the fact that the occupation which may have induced such disease lasted for specific time, the competent institution of that Contracting Party shall also take into account, if necessary, the periods spent in such occupation in accordance with the legislation of other Contracting Party.

Article 26
Cash benefits

(1) If the right to cash benefit in the case of occupational disease exists pursuant to the legislation of both Contracting Parties, the benefit shall be granted only pursuant to the legislation of the Contracting Party in whose territory the occupational activity conducive to occurrence of occupational disease concerned has last been performed.

(2) Where an insured person has received benefits for occupational disease under the legislation of either Contracting Party, and in the event of an aggravation of his condition during his residence in the territory of the other Contracting Party, the competent institution of the first Contracting Party shall bear the cost of benefit, taking the aggravation into account, in accordance with the provisions of the legislation which that institution applies, in so far as the person contracted occupational disease has not engaged, under the legislation of the second Contracting Party, in an occupation liable to cause or aggravate the disease in question. If the insured person has engaged in such an activity under the legislation of the second Contracting Party, the competent institution of the first Contracting Party shall bear the cost of benefit, leaving the aggravation out of account, in accordance with the provisions of the legislation it applies; the competent institution of the second Contracting Party shall pay the difference between the amount of benefit calculated after the aggravation in accordance with the legislation which that institution applies and the amount of benefit that would have been due before the aggravation.

SECTION 5
UNEMPLOYMENT BENEFITS

Article 27
Aggregation of periods of insurance

(1) Where the entitlement to benefits according to one of the Contracting Parties' legislation is conditional upon the completion of periods of insurance, the competent institution of that Contracting Party shall take into account periods of insurance completed under the legislation of the other Contracting Party, in so far as they do not overlap.

(2) The amount, duration and way of payment of the benefits shall be determined according to the legislation that the competent institution applies.

SECTION 6
FAMILY ALLOWANCE

Article 28
Aggregation of periods of insurance

(1) Where the legislation of either Contracting Party makes entitlement to child allowance conditional upon the completion of periods of insurance, the competent institution shall take into account periods of insurance completed under the legislation of the other Contracting Party, in so far as they do not overlap, as if they were periods of insurance completed under the legislation of the first Contracting Party.

(2) Right to child allowance for children who have residence in the territory of other Contracting Party shall be established pursuant to legislation of that Contracting Party under legislation of which the person is insured, as if those children were resident in the territory of that Contracting Party.

(3) Where the entitlement to family benefits exists under the legislation of both Contracting Parties, benefit shall be paid in accordance with the legislation of the Contracting Party in whose territory the child resides.

PART IV
MISCELLANEOUS PROVISIONS

Article 29
Administrative measures and co-operation methods

(1) The competent Authorities of the Contracting Parties shall make the administrative arrangements necessary for the application of this Agreement.

(2) The competent Authorities of the Contracting Parties shall communicate to each other as soon as possible the necessary information on the measures taken for the application of this Agreement and inform of any changes in their national legislation in so far as these changes affect the application of this Agreement.

(3) The competent Authorities of the Contracting Parties shall designate liaison bodies for the purpose of facilitating the implementation of this Agreement.

(4) The competent Authorities and institutions of the Contracting Parties shall assist each other on any matters relating to the application of this Agreement as if these matters affected the application of their own legislation. Such administrative assistance shall be free of charge.

(5) Medical examination performed exclusively for the application of the legislation of one Contracting Party and referring to persons having place of residence or stay in the territory of the other contracting Party, shall be performed at the request and at the expense of the competent institution, by the institution of its place of residence or stay. Medical examinations related to the application of the legislation of both Contracting Parties shall be performed at the expense of and by the institution of the place of residence or stay.

(6) Any information about an individual, which is communicated to a Contracting Party by the other Contracting Party in accordance with this Agreement, shall be deemed confidential for the

purpose of this Agreement and be used only in the application of this Agreement and the legislation to which this Agreement applies. The other Contracting Party shall not disclose the information so communicated.

Article 30
The authority of diplomatic representatives

For the purposes of the application of this Agreement, the diplomatic and consular Authorities of each Contracting Party may refer directly to the Authorities, Competent Institutions and Liaison Bodies of the other Contracting Party to obtain the information needed in order to protect claimants' interest who are citizens of their State and may represent them without a power of attorney.

Article 31
Use of official languages

(1) For the application of this Agreement, the competent Authorities and the institutions of the Contracting Parties may communicate with each other in their official languages.

(2) No claim or document shall be rejected on the ground that it is written in the official language of the other Contracting Party.

Article 32
Exemption from charges and authentication

(1) Exemption from or reduction in the dues and charges of the written files and documents enclosed for the purpose of application of the legislation of a Contracting Party shall also apply to any declaration or other document which is submitted under the legislation of the other Contracting Party or for the implementation of this Agreement.

(2) Any identity statement, document and declaration submitted for the purposes of this Agreement need not be authenticated.

Article 33
Submission of written claims

(1) Any application, declaration or appeal which is submitted, in pursuance of the application of this Agreement or under the legislation of either Contracting Party to a competent Authority, institution or other competent body of a Contracting Party shall be deemed to be submitted to the competent Authority, institution or other competent body of the other Contracting Party.

(2) A claim for benefit submitted under the legislation of either Contracting Party in pursuance of the application of this Agreement shall be considered as a claim for benefit submitted under the legislation of the other Contracting Party.

(3) Any application, declaration or appeal which should, under the legislation of either Contracting Party, be submitted to a competent Authority, institution or other competent body of that Contracting Party may be submitted within the same deadline to the competent Authority, institution or other competent body of the other Contracting Party.

(4) In the cases mentioned in paragraphs 1 to 3 of this Article, the abovementioned institutions shall, either directly or through the liaison bodies, forward without delay these applications, declarations or appeals to the competent institution of the other Contracting Party.

Article 34
Compensation for damages

(1) In the event that a person is receiving benefits under the legislation of either Contracting Party on account of a damage occurred in the territory of the other Contracting Party, and if the right to compensation exists against the third parties under the legislation of that Contracting Party, the right to compensation is then transferred under the legislation of the first Contracting Party to its institution.

(2) If the right to compensation for the same damage is related to the same kind of benefits and this right arises for both institutions of Contracting Parties in accordance with the provision of paragraph 1 of this Article, the third party may pay for the compensation to the institution of either one or the other Contracting Party. The institutions shall share the compensation received according to the ratio of the benefits they have paid.

Article 35
Recovery of undue payments

If the competent institution of either Contracting Party pays to a beneficiary, under the provisions of this Agreement, a sum in excess of his entitlement, it may request the institution of the other Contracting Party responsible for the payment of the corresponding benefits to that person to deduct the amount overpaid from any amounts payable to him. The said competent institution shall transfer the amount so deducted to the institution of the other Contracting Party.

If recovery of undue payment cannot be made in this way, the following procedure shall apply:

- Where the institution of either Contracting Party has paid to a beneficiary a sum in excess of his entitlement, that institution may, on the conditions and to the extent permissible under the legislation it applies, request the institution of the other Contracting Party responsible for payment of benefits to the beneficiary to deduct the amount overpaid from the payments it will make to him.

The competent institution of the other Contracting Party shall deduct that amount, on the conditions and to the extent permissible under the legislation it applies, as if the overpayment had been made by it, and shall transfer the amount so deducted to the institution of the other Contracting Party.

- Where the competent institution of either Contracting Party has made an advance payment to the beneficiary under its legislation, it may request the competent institution of the other Contracting Party to deduct the amount of the advance from payments due to the beneficiary for the same period. The competent institution of the other Contracting Party shall deduct the amount and transfer it to the competent institution of the Contracting Party that made the request.

Article 36
Collection of Contributions

(1) Collection of contributions owed to the Competent Institution of any of the Contracting States shall be made through other Contracting State following the same process applied in the collection of contributions payable to the Competent Institution of the other Contracting State with same guarantees and priorities.

(2) Procedures for implementing this Article shall be regulated through the administrative agreement to be concluded between Competent Authorities.

Article 37
Currency of Payment

(1) Payment of any benefit in accordance with this Agreement shall be made in the currency of the Contracting Party whose competent institution makes the payment, and any such payment made shall constitute a full discharge of the obligation of the competent institution for the payment.

(2) If, under this Agreement, the competent institution of either Contracting Party is liable to pay sums by way of a reimbursement for benefit provided by the institution of the other Contracting Party, its liability shall be expressed in the currency of the second State. The institution of the first Contracting Party shall discharge its liability by paying with its own currency.

Article 38
Resolution of disputes

(1) The competent authorities of the Contracting Parties shall jointly resolve any dispute about the interpretation and application of this Agreement through negotiations.

(2) If any dispute cannot be resolved as specified in paragraph 1 of this Article and within six months, it shall be submitted to an arbitration mechanism, which can resolve it in accordance with the basic principles and spirit of this Agreement. The Contracting Parties shall determine together the rules concerning constitution and working method of the arbitration mechanism.

PART V
TRANSITIONAL AND FINAL PROVISIONS

Article 39
Transitional provisions

(1) This Agreement shall confer no rights to benefits for any period before its entry into force.

(2) Any period of insurance completed under the legislation of a Contracting Party before the entry into force of this Agreement shall be taken into account for the purpose of determining rights arising from this Agreement.

(3) Any benefit due only by virtue of this Agreement shall be paid, at the request of the person concerned and in accordance with the provisions of this Agreement, with effect from the entry into force of this Agreement, unless the rights previously determined have given rise to a lump-sum payment.
(4) Where the request referred to in paragraph 3 of this Article is submitted within two years of the entry into force of this Agreement, the rights arising in accordance with the provisions of this Agreement shall be acquired as from that date, and those provisions of the legislation of

either Contracting Party which concern the loss or extinction of rights by lapse of time shall not be raised against the person concerned. The date of submission of the request shall be taken into account for the request submitted after two years.

Article 40
Ratification and entry into force

(1) This Agreement shall be ratified in accordance with the legislation of the Contracting Parties and the instruments of ratification shall be exchanged as soon as possible.

(2) The Agreement shall enter into force on the first day of the third month following the month in which the instruments of ratification are exchanged.

Article 41
Duration and Denunciation of the Agreement

(1) This Agreement shall remain in force indefinitely.

(2) Either Contracting Party may denounce it by giving three-month notice in writing to the other Contracting Party.

Article 42
Maintenance of acquired rights

(1) In the event of denunciation of this Agreement, all rights acquired under the Agreement shall be maintained.

(2) In the event of denunciation of this Agreement, all processing related to the rights to benefits on which no determination has been made yet shall be concluded in accordance with the provisions of this Agreement.

Done and signed in two originals at…… on……...in the ……, …… and English languages, all three texts being equally authoritative. In case of discrepancy in the interpretation, the English text shall prevail.

FOR THE GOVERNMENT OF ……	**FOR THE GOVERNMENT OF ……**

Annex 2: Monitoring Framework/Indicators

Hierarchy of objectives Strategy of Intervention	Key Indicators	Data to be collected	Data sources and means of verification	Frequency of data collection	Baseline value - 2017 -	Target value - 2022 -	Target value - 2027 -	Target value - 2050 -
Impact (Goal)	**Impact Indicators**					**Short-term**	**Medium-term**	**Long-term**
Portability of SHP entitlements ensured	Bilateral social security agreements signed between Partner States	Number of bilateral social security agreements signed between Partner States	• Ministries of Health • Competent Authorities	annual	0	12	0	0
	Coordination mechanism for portability of social health protection entitlements	Coordination mechanism / EAC legislation on coordination of SHP systems in Partner States	• EAC Secretariat • Ministries of Health • Competent Authorities	baseline / end line	0	1	1	0
Outcome 1: Needs assessment	Needs assessment	Needs assessment studies, reports, analyses	• EAC Secretariat • Ministries of Health • Competent Authorities • Institutions responsible for provision and reimbursement of health care services	baseline / end line	Relevant studies, reports, analyses on needs and capacities available	Relevant studies, reports, analyses on needs and capacities produced	Relevant studies, reports, analyses on needs and capacities produced	Relevant studies, reports, analyses on needs and capacities produced
Outcome 2: Strategic plan	Strategic plan	Strategic plans including feasibility studies, legal analyses, implementation plan, risk assessment and mitigation strategies, monitoring and evaluation plan, financial plan	• EAC Secretariat • Ministries of Health • Competent Authorities • Institutions responsible for provision and reimbursement of health care services	baseline / end line	Relevant plans, studies, analyses, strategies available	Relevant plans, studies, analyses, strategies produced	Relevant plans, studies, analyses, strategies produced	Relevant plans, studies, analyses, strategies produced
Outcome 3: Regulatory framework	Relevant legislation on • coverage, rights and entitlements • contributions, benefit package/s and price list	Legislation on • coverage, rights and entitlements (i.e. definition of the appropriate minimum health care package/s of health services in the Partner States), • contributions, benefit package/s and price list (i.e. calculation of the costs associated with the	• EAC Secretariat • Ministries of Health	baseline / end line	Relevant legislation available	Relevant legislation produced	Relevant legislation produced	Relevant legislation produced

Hierarchy of objectives Strategy of Intervention	Key Indicators	Data to be collected	Data sources and means of verification	Frequency of data collection	Baseline value - 2017 -	Target value - 2022 -	Target value - 2027 -	Target value - 2050 -
Impact (Goal)	**Impact Indicators**					**Short-term**	**Medium-term**	**Long-term**
		minimum health care package/s to define the level of contributions)						
	Service standards of the minimum package/s for the health care providers and provider payment mechanisms for purchasers	Service standards of the minimum package/s for the health care providers and provider payment mechanisms for purchasers	• Ministries of Health • Competent Authorities • Institutions responsible for provision and reimbursement of health care services	baseline / end line	Relevant service standards available	Relevant service standards produced	Relevant service standards produced	Relevant service standards produced
Outcome 4: Capacity development	Partner States' capacities for the implementation of portability of Social Health Protection entitlements	Human resource plan and institutional capacity building plan	• Ministries of Health • Competent Authorities • Institutions responsible for provision and reimbursement of health care services	annual	Capacity building plans available	Capacity building plans produced and being implemented	Capacity building plans produced and being implemented	Capacity building plans produced and being implemented
Outcome 5: Systems and processes	Information and Communication Technology/Management Information Systems in the Partner States	Information and Communication Technology/Management Information Systems in the Partner States and mechanisms to exchange data and information related to the provision and reimbursement of health care services between Partner States)	• Ministries of Health • Competent Authorities • Institutions responsible for provision and reimbursement of health care services	baseline / end line	ICT/MIS available	ICT/MIS developed and being implemented	ICT/MIS developed and being implemented	ICT/MIS developed and being implemented
	Quality assurance system	Quality assurance system	• Ministries of Health • Competent Authorities • Institutions responsible for provision and reimbursement of health care services	baseline / end line	Quality assurance system available	Quality assurance system developed and being implemented	Quality assurance system developed and being implemented	Quality assurance system developed and being implemented

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