In 2014, the African Union signed the *Science, Technology, and Innovation Strategy for Africa* as a way of spurring economic growth and realizing the potential of Africa’s young population to innovate. This strategy, which was later adopted by the African Heads of State, provides continental-wide direction for investments in science, technology, and innovation, including research and development (R&D) for health. While this commitment was an important step, most countries had not yet laid out a clear path forward for implementation of the recommendations outlined in the strategy. When the East African Community (EAC) partner states came together to create an investment priority framework and corresponding joint communiqué that reflects the need to prioritize investment in health, they publicly reaffirmed their commitment by clearly outlining priorities for action and targets for health including R&D. Thanks to advocacy by PATH and partners, this communiqué firmly confirmed the importance of R&D for health, providing a basis for governments to be held accountable for upholding health financing commitments.

**The challenge and opportunity**

Access to high-quality medicines and health technologies is essential for achieving health goals. Investing in R&D ensures that high-impact, affordable health technologies are developed and made available to the people who need them most. Within a regional intergovernmental organization like the EAC—which consists of six partner states: the Republics of Burundi, Kenya, Rwanda, South Sudan, the United Republic of Tanzania, and the Republic of Uganda—each health system must be backed with commodities that are safe, effective, and appropriate for the country context. However, a policy and regulatory environment that encourages innovation is needed to ensure R&D is prioritized. In East Africa, despite the 2014 *Science, Technology, and Innovation Strategy*, no formal commitments or supportive policies existed at the regional or national level.

With this in mind, when PATH learned in 2018 that the EAC Heads of State Summit would focus on health and infrastructure development, we saw an ideal opportunity to elevate R&D for health to the highest decision-makers in East Africa. The EAC Heads of State Summit is a major convening held every year to chart a way forward on issues the EAC leaders plan to prioritize to achieve their vision of a prosperous, competitive, secure, stable, and politically united East Africa.
Africa. Recognizing that the inclusion of R&D as a priority area of focus for health would help the region take steps toward realizing its health system targets and goals—such as achieving universal health coverage—PATH advocates and partners, including the International AIDS Vaccine Initiative (IAVI), the East African Health Platform (EAHP), and officials of the EAC health sector, began taking steps to bring such a commitment to reality.

Implementing the strategy

PATH and IAVI agreed to bring existing networks involved in R&D advocacy on board to build a strong collective voice targeting the heads of state summit. These networks included the Coalition for Health Research and Development in Kenya (CHReaD), Africa Free of New HIV Infections (AfNHi), and the EAHP. PATH and its partners then reached out to civil society organizations in the EAC countries. At least two civil society organizations from each country were invited to participate in a one-day civil society pre-summit forum to deliberate on the key R&D asks to be made to the heads of state. These asks were documented in a joint civil society communiqué. The Uganda National Health Research Organisation (UNHRO) also participated in the civil society forum, providing government insights into the process of engaging at the summit and its related convenings to drive an advocacy agenda. Additionally, the advocacy partners reached out to both the public and the private sector at national and regional levels to ensure all stakeholders’ goals were aligned and efforts were not duplicated. PATH briefed the private sector partners on the key asks from civil society, which these partners then incorporated into their formal presentation at the summit.

Prior to the summit, there was also a meeting of regional health ministers. PATH, EAHP and IAVI took this convening as an opportunity—leveraging a health R&D champion in Uganda, Honorable Minister of Health Dr. Jane Aceng—to brief the ministers on civil society’s recommendations. Thanks to this advocacy and Dr. Aceng’s leadership, the civil society recommendations were included in the outcome document of the meeting, which in turn helped shape the communiqué coming out of the heads of state summit. The civil society communiqué was also shared directly with EAC health sector staff who were responsible for drafting the summit outcome document.

Leveraging more than 40 years in product development for health, PATH served as a key convener and technical advisor throughout this process. Partners played other important roles: IAVI, EAHP, and AVAC were instrumental in introducing specific content and language for the communiqué; CHReaD and AfNHi formed networks around which advocates could be mobilized to broaden support for the R&D agenda; and the AIDS Vaccine Advocacy Coalition (AVAC), an organization involved in HIV prevention research, also joined civil society advocates to strengthen the call for prioritization of R&D by heads of state. Other key supporters were leaders in the EAC Department of Health and the EAC Health Research Commission, UNHRO, and the East Africa Healthcare Federation, a membership-based private sector organization.

Achieving the goal

At the end of the summit, EAC heads of state issued the Health Sector Investment Priority Framework (2018–2028) and the Joint Communiqué of the 19th Ordinary Summit of Heads of State of the East African Community. The framework addresses more than health R&D—it lays out key health priorities for
the EAC over the following decade. The accompanying communiqué is a summary of these commitments, clearly articulating for the first time the importance of health R&D to the EAC. It also includes language prioritizing funding for health R&D and provides critical details to guide the funding process.

Factors for success

- **Engaging policymakers at the national level.** In order to reach policymakers at the EAC level, it was important to first gain buy-in from national-level policymakers in key EAC countries. Gaining the support of these policymakers and setting them up to advocate for the importance of health R&D led to the amplification of civil society priorities.

- **Creating a collaborative environment.** The complementary skills of each organization and sector involved made the partnership effective at catalyzing policy change for public health impact. This approach allowed partners to capitalize on a time-sensitive opportunity to raise priorities before the upcoming convening of the EAC heads of state.

- **Working closely with government officials.** Policy decisions are often postponed due to competing priorities. Building and maintaining rapport with government officials was useful in identifying the policy opportunity and bringing the importance of health R&D to the forefront for policymakers. It also helped guarantee that civil society priorities would be raised and incorporated in the communiqué text.

- **Speaking with one unified, regional voice.** Through the communiqué, civil society from five countries across the EAC region spoke with one voice—all championing the same messages and the same asks. This was a powerful advocacy tool.

- **Ensuring scientific evidence is incorporated into advocacy efforts.** Strong and varied partners were involved in the drafting of the communiqué, spanning beyond civil society to include voices of more technical product development organizations. Their scientific evidence and expertise added a layer of credibility to inform advocacy efforts.

Looking forward

The joint communiqué provides a useful accountability mechanism to ensure governments uphold health financing commitments. In order to do this, PATH and partners must keep health R&D at the forefront of each EAC country’s political agenda.

Following on earlier actions taken by Rwanda, in Kenya the joint communiqué sparked passage of the Research for Health Policy Framework and accompanying priorities. Given the non-binding nature of the joint communiqué, the hope is that other EAC countries will follow Kenya’s lead and pass similar policies at the national level to ensure prioritization of health R&D.

Further, this advocacy approach has served as a useful example to guide PATH’s other regional advocacy efforts, including on regulatory harmonization. We will continue to explore how we can bring coalitions of organizations together from all countries within regional communities like the EAC to spur lasting change.

PATH’s 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH’s ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue
- State the policy goal
- Identify decision-makers and influencers
- Identify the interests of the decision-makers and influencers
- Clarify opposition and potential obstacles facing your issue
- Define your advocacy assets and gaps
- Identify key partners
- State the tactics you need to reach your goal
- Define your most powerful messages
- Determine how you will measure success

For more information and resources, and to find out how we can help, visit http://sites.path.org/advocacyandpolicy.