



EAST AFRICAN COMMUNITY

INCEPTION MEETING OF THE PROJECT ON RE-ADDRESSING EQUITY THROUGH EVIDENCE-DRIVEN RESPONSE TO COVID 19 IN EAST AFRICA

SAFARI PARK HOTEL, NAIROBI, REPUBLIC OF KENYA

18TH – 19TH MAY 2022.

MEETING REPORT.

**EAC SECRETARIAT
P.O. BOX 1096
ARUSHA, TANZANIA**

MAY, 2022

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1. INTRODUCTION

1.1 Background

The Africa Research & Impact Network (ARIN) is a research think tank based in Nairobi, Kenya that aims at innovatively contributing to Africa's research transformation, policy analysis and capacity building. In collaboration with the International Development Research Centre (IDRC), ARIN has embarked on a project based on the East African context to provide accurate and evidence-based knowledge transfer for effective Covid 19 Recovery Plan in Africa.

The overall purpose of this project is to enhance knowledge translation in the East African context on evidence based Covid 19 recovery. Elaborately, it aims to strengthen opportunities for uptake of research evidence (including IDRC-supported research) on COVID-19 by engaging and sensitising knowledge users (especially policy makers) to the existence of and usefulness of this evidence while documenting experiences, and learnings towards strengthened foundation for knowledge and practice in East Africa with possible replication in the entire African continent.

1.2 Convening of the Meeting

The inception meeting was convened at Safari Park Hotel, Nairobi, Republic of Kenya, from 18th to 19th May, 2022.

1.3. The Agenda and Programme of the Meeting

The Agenda and Program of the meeting is hereto attached as **Annex I**.

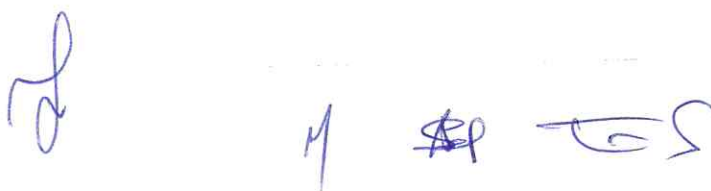
1.4. Constitution of the Bureau

In accordance with the EAC rules of procedure, the meeting was chaired by **Mr. George Otieno, Assistant Director, Ministry of EAC and Regional Development**, while **Dr. Freddy Nyabenda from Burundi** was the Rapporteur. The Republic of Rwanda was not represented at the meeting/online presence.

1.5. Participation

The meeting was attended by the COVID-19 response focal persons from the Ministries responsible for Health and the Ministries responsible for EAC Affairs. Also present were representatives of Africa Research and Impact Network (ARIN), International Development and Research Cooperation (IDRC) and staff of the EAC

The list of participants is hereto attached as **Annex II**.



2. OPENING REMARKS

2.1. Remarks by the Chairperson.

The Chairperson began his remarks by noting that the forum came against the backdrop of Covid 19 and its subsequent effect on humanity. For most people across the Partner States, he noted, it has completely destroyed livelihoods and disrupted their lives and shrunk economies to levels that have never been witnessed. He further pointed out that measures to curb the pandemic such as lockdowns, wearing of masks and social distancing were put in place in various EAC countries to minimise the spread of the virus, as part of the response. He observed that there was limited research on COVID-19 which necessitates important deliberations such the inception meeting.

He concluded his remarks by noting that it is important that research findings and evidence be made known to the public in order to influence policy and thereafter wished the experts a successful meeting.

2.2. Remarks by the Convener, ARIN

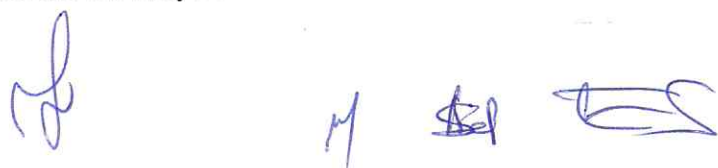
Dr. Joanes Atela began by thanking the Partner States experts for honouring the invitation to the inception meeting. He informed the experts that in line the Africa Agenda 2063, African countries need to transition to knowledge based economies. He called for a strong focus on value and effective policies in the context of the EAC. For this to happen, he pointed out, Partner States have to fully appreciate the value of investing in research, adding that ARIN is passionate about creating the value of research in collaboration with the EAC.

He added that the meeting created an opportunity to think about the damage that COVID-19 has created and the countries can learn from each other's experiences. He further informed the experts that the pandemic has also raised the profile of research/knowledge management not just for development, but also as a safety net to the society.

Dr. Atela said that the project aims on drawing lessons from COVID-19 responses and developing appropriate sustainable responses. Further, he noted, the IDRC is using the knowledge translation project in EAC as a case study to leverage lessons and build a framework for effective plans to strengthen evidence and research uptake within the EAC and the broader African countries.

2.3. Remarks by Dr. Eric Nzeyimana, EAC Principal Health Officer

Dr. Nzeyimana thanked the experts for accepting to participate in the meeting and noted that since March 2020 the had convened several meetings including Sectoral Councils comprising Ministers for health, transport, trade and infrastructure to deliberate on ways to combat the COVID-19 pandemic. These meetings informed the



EAC regional COVID-19 response plan which is guiding document for the EAC's response to COVID-19

He concluded his remarks by noting that there is need to invest more in adaptive research/knowledge systems and wished the experts a successful meeting.

3. CONSIDERATION OF THE MAIN AGENDA ITEMS.

3.1. COVID-19 situational analysis and response strategy in Kenya- Gaps and challenges in research and evidence uptake.

Dr Emmanuel Okunga, Ag. Head Division of Disease surveillance and response, Ministry of Health, Republic of Kenya made the presentation. He informed the meeting that the 1st COVID – 19 case in Kenya was reported on March 12, 2020. To date, he noted, the country has recorded 5,649 deaths, more than 3.6 million people have been tested, 8.3 million fully vaccinated and 2.5 million partially vaccinated. He informed the meeting that according to the Ministry of Health, only 10% of the cases are symptomatic while 78% of deaths are over 50 years mainly attributed to other underlying health conditions and weak immune system among the elderly. From 1 testing lab in 2020, the country now has 108 labs across the country. This has increased the testing capacity however, it has brought along the challenge of regulation and ensuring quality testing and results.

Dr. Okunga further updated the experts that Kenya is currently conducting three different tests namely, PCR, RDT and Genomic sequencing which is done on sampled cases to identify new variants. Over the years, there has been an increase in the number of testing sites including health facilities and points of entry like airports and border points. Owing to an effective case management, Kenya has recorded a cumulative discharge of 318, 192 COVID – 19 patients and a 97.2% recovery rate.

Challenges

- i. Fatigue – There is lack of motivation to follow health protocols which leads to careless behaviours and a sharp rise in cases. For example, people becoming less concerned about wearing a mask in public and maintaining proper handwashing or are less careful about social distancing practices.
- ii. Resource Constraints limiting research and access to vaccines.
- iii. Irregular reporting at the sub national levels
- iv. High staff turnover of trained personnel.
- v. Sub-optimal use of data at sub national levels for follow up and decision making for instance inaccurate data on mortality may lead to an uninformed response strategy.
- vi. Inadequate collaboration among researchers, policy makers and other partners in decision making.
- vii. Mind-set – Hesitancy to vaccination has been a major challenge to tackling COVID-19 owing to different negative perception of the effects COVID-19 vaccines.



Gaps

- i. Lack of resources for research and studies.
- ii. COVID-19 case management under home based care needed to fend for family.
- iii. A very low testing capacity and lack of genome sequencing machine at the country level.
- iv. Lack of funding for COVID-19 response.

The detailed report is hereto attached as **Annex III**.

3.2. COVID-19 situational analysis and response strategy in Uganda- Gaps and challenges in research and evidence uptake

Dr Isaac Kadowa, Assistant Commissioner Global and Regional Health Partners, Ministry of Health, Republic of Uganda made the presentation. He informed the meeting that Uganda reported the first COVID – 19 case on 21st March 2020 as an imported case from Dubai. By April 2020, he said, there were sporadic community cases and by August, the country reported more widespread community infections.

Dr. Kadowa informed the meeting that the country launched its vaccination campaign on 10th March 2021 initially targeting the most vulnerable. However, he noted, the access has since been expanded to cover wider population above 18 years. To date, more than 15 million people have received at least one dose of any vaccine, more than 5 million people have been vaccinated with a single dose, 5.2 million people fully vaccinated with a two-dose vaccine and over 10 million people fully vaccinated. As of 10th May 2022, the number of fully vaccinated people above 18 years account for 49%. The country has recorded 164,153 confirmed case, 100, 021 cumulative recoveries and 3,598 deaths.

Challenges

- i. Importation of most critical commodities led to delays of access to vaccines and testing kits to the citizens.
- ii. Fatigue in compliance with preventive measures
- iii. Vaccination hesitancy amongst some groups.
- iv. Lack of funding for COVID - 19 response.
- v. Negative ramifications of the control measures on the economy population at large
- vi. Weak operational inter-action reviews

Gaps

- i. Seasonality or not of COVID -19 leading to laxity in implementation of response strategies.
- ii. Vaccine hesitancy is mainly attributed to mind-set and religious beliefs.
- iii. Weak interaction reviews hinder reflection and identification of gaps and best practices.



The detailed report is hereto attached as **Annex IV**.

3.3. COVID-19 situational analysis and response strategy in South Sudan- Gaps and challenges in research and evidence uptake

Dr. Angelo Goup Thon Kouch, Assistant Incident Manager, Ministry of Health, Republic of South Sudan informed the meeting that RSS reported its first COVID-19 case on 5th April 2020. To date, the country has recorded 17, 064 cumulative cases in 35 Counties, with each County reporting at least 5 cases. South Sudan focuses on Preventive, Detection and Response mechanisms owing to the country having the best Emergency Operations Centre in Africa. South Sudan boasts of a unidirectional flow of public health information from the National Ministry of Health to the Hospitals. The country has a number of response pillars including case management, lab, RCCE, contact tracing, RRT, IPC and WASH among others. To date, the country has reported 17, 550 confirmed cases and 138 deaths. Over 2.1 million vaccine doses have been received, 717,964 vaccines have been administered, 625 723 full vaccinated. In close partnership with WHO and CDC, South Sudan PHEOC is closely monitoring the COVID -19 situation.

Challenges

- i. Political instability and insecurity in some parts of the country.
- ii. Weak health system and health facilities infrastructure.
- iii. Inaccessibility of most parts of the country due to flooding.
- iv. Economic hardship and local currency depreciation.
- v. Long procurement due to COVID – 19 leading to shortage of essential medicine and supplies.
- vi. Frequent Human Resources attrition due to short term funding.
- vii. Inadequate funding for COVID – 19 response and research.
- viii. Lack of resources for research on COVID – 19 pandemic.

The detailed report is hereto attached as **Annex V**.

3.4. COVID-19 situational analysis and response strategy in Tanzania - Gaps and challenges in research and evidence uptake

Dr. Angela J. Samwel, Focal Person – COVID-19 Matters Ministry of Health, United Republic of Tanzania, informed the meeting that the first case of COVID – 19 was detected on 16th March 2020. The country then launched its vaccination campaign on 28th July 2021. As of 16th May 2022, Tanzania has received 11,233,374 doses which is characterized by the full vaccination of over 4.3 million people accounting for 14.04% of the total population of approximately 30 million people. The country has a number of approaches to RCCE which include; campaigns, advertisements on various platforms and stakeholders and through press releases. Owing to an effective sensitization program, the country has a high COVID – 19 awareness of 93% and 73% of the citizens feel they have enough information regarding COVID – 19. As part of the



intervention, the country has adopted a Post COVID – 19 Sequelae study (PCOSET Study) to inform case management during and after COVID – 19 Pandemic.

Challenges

- i. Novelty of COVID – 19
- ii. Prolonged duration of the pandemic
- iii. Inadequate adherence to PH and social measures.
- iv. Quick changes of the pandemic characteristics.
- v. Inadequate research at local context.
- vi. Inadequate partner interest in research.
- vii. Time limits for vaccine developments.

The detailed report is hereto attached as **Annex VI**.

3.5. COVID-19 situational analysis and response strategy in Burundi - Gaps and challenges in research and evidence uptake

Dr. Nyabenda Freddy, Head of Surveillance and Risk Management, Public Health Emergency Operations Centre, Ministry of Public Health and Fight against AIDS, Republic of Burundi began the presentation by informing the meeting that like other countries, Burundi was equally affected by COVID-19. It was first detected in March 2020 and containment measures were immediately out in place. These measures included social distancing, hand washing and wearing of masks. As at May 2022, 1553040 persons had been tested. Out of this number, 41606 persons had tested positive.

The country also put in place a multi-sectoral coordination committee against COVID-19 to implement the mitigation measures against the disease. It also employed contact tracing for persons coming through their borders. Burundi also embarked on the vaccination of their citizens against COVID-19. Until May 2022, 13175 persons had been vaccinated. This is a very dismal number compared to the entire population. This is attributable to misinformation on COVID-19 that was also witnessed in other EAC countries. The challenges in tackling COVID-19 included: the lack of adequate research and evidence on the measures, insufficient resources and capacity to tackle COVID-19 pandemic, the porous borders within the country that made contact tracing difficult, lack of resources to implement the mitigation measures, misconception on COVID-19 measures and reluctance in participating in the COVID-19 vaccination. Currently, the population is fatigued in implementing the COVID-19 measures and thus do not pay attention to the prevention measures such as wearing of masks.

Burundi recommended a multispectral stakeholder engagement in addressing COVID-19. It also recommended further community engagement in tackling COVID-19. It was also noted that Burundi still required COVID-19 testing even after one had undergone



vaccination. against this background, there was a call for a harmonized approach in the EAC towards PCR requirements.

The detailed report is hereto attached as **Annex VII**.

3.6. Covid 19 Recovery measures from an EAC perspective: Challenges, opportunities for Inclusive Covid 19 recovery.

Ms. Alison Gichohi, Capacity Building Officer, EAC Health Department, informed the meeting that the EAC COVID – 19 Response plan was developed under the guidance and leadership of the EAC Adhoc Regional Coordination Committee (EARCC) with the aim of ensuring a joint and well-coordinated mechanism to respond to the COVID-19 pandemic in the Region, to minimize the number of people who become infected with COVID-19 virus, minimize morbidity and mortality in the region and lastly to help East Africans especially staff in the EAC organs and institutions to reduce their own risk and the risk to their families and communities to COVID-19.

She further informed the experts, the EAC is developing a comprehensive COVID-19 Recovery Plan to direct efforts towards medium-term interventions (2-3 years) that is aimed at mitigating the fundamental impacts of the pandemic on the various sectors. The key drivers of the COVID-19 economic recovery plan include: Improving the investment climate; enhancing and strengthening trade (intra- and inter-trade); trade facilitation and transport; support to key services sectors for trade development and investment; agriculture; manufacturing; health, among others.

Challenges

- i. Disparity in the screening and testing approaches for COVID – 19 among the EAC Partner States.
- ii. Multiple testing for COVID-19 for travellers both on departure and on arrival into the countries due to lack of trust on the COVID -19 test results from the country of origin (where travel started).
- iii. Varied capacities for COVID -19 testing among the EAC Partner states.
- iv. Inability difficulties to trust COVID -19 test results from neighbouring countries, thus leading to multiple testing of travellers, mainly truck drivers and crew.
- v. COVID-19 testing facilities are centralized, mainly available at the National Reference Laboratories resulting in prolonged turn-around time for the results.

Gaps

- i. Inadequate dissemination of evidence in the Partner States.
- ii. Poor linkage with the in-country research institutions (research networks with academic and research institutions).
- iii. Differing country priorities sometimes delay the harmonized uptake of research results.
- iv. Inadequate resources to implement research outcomes.
- v. Lack of a harmonized regional response to COVID-19



Key Interventions by the EAC in COVID-19 response.

Guided by the regions Response Plan, EAC has adopted the following interventions to COVID - 19 response.

- i. Risk Communication and Community Engagement to create awareness.
- ii. Ensure access to Infection Prevention and Control (IPC) materials, Laboratory supplies and Equipment.
- iii. Strengthen capacity for COVID - 19 surveillance and reporting at all key border points.
- iv. Regional Coordination of the response to the COVID – 19 Pandemic to facilitate the movement of goods and services
- v. Mitigation of impacts on the various vital economic and social sectors of the EAC region, including MSMEs.
- vi. Building Regional capacity to support Partner States on surveillance, monitoring and coordination of preparedness and response to pandemic.

3.1. The Knowledge Translation Project and its relevance to EAC Partner states.

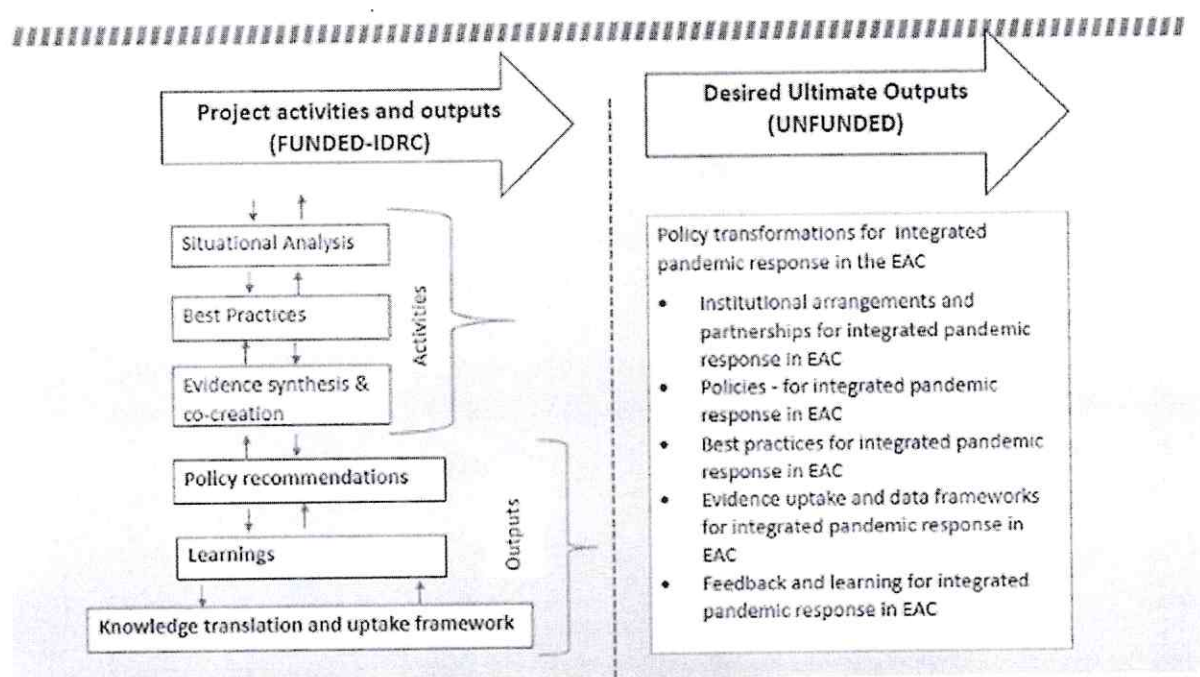
The Knowledge Translation project is a flagship project funded by International Development Research Centre (IDRC) and implemented by the East Africa Community (EAC) secretariat and ARIN. The project is to be used as a case through which research evidence can support policy directives. Leveraging on COVID-19 experiences from EAC partnering states, the project will explore how research can and was used to support policy. This project is necessitated by the consciousness that the COVID-19 pandemic coexists and interacts with other risks, especially climate change through overlapping social processes and conditions that underpin vulnerabilities. The major focus will be on developing a research policy framework to respond to different societal shocks; and how partnerships can be utilised to respond to various shocks through the COVID-19 pandemic experiences.

One of the strengths that ARIN brings to the table is its experience in research and forecasting and policy analysis which is among its ARIN's thematic areas. The knowledge translation project initiative builds on other initiatives done by ARIN: Innovation Outlook study Kenya in collaboration with Kenya National Innovation Agency (KeNIA); Developing EAC regional STI indicators and web based electronic database in collaboration with EASTECO; Delivering science engagement to support evidence informed policy response to COVID-19 in Africa; Supported the development of Africa STI metrics and scoreboard; and working with UNDRR through MCR2030 on DRR capacity building

3.1.1. About the Knowledge Translation project.

The Knowledge Translation project recognises the need to use evidence in planning and implementation processes. It highlights that there has been a lack of synthesis and consumption of insights and engagement to integrate and co-produce useful evidence in decision-making and planning purposes. The project therefore aims to;

- i. Identify priority evidence needs and potential gaps for African Governments (Focusing on the East Africa region);
- ii. Catalyse evidence uptake into decisions and practice evidence as part of the co-creation process;
- iii. Generate lessons and learning frameworks on the best practices for knowledge translation and practice.



The implementation framework of the knowledge translation project; Credit- Dr. Joanes Atela presentation slide

3.1.2. Relevance to the EAC

COVID did not just come as a pandemic, it also came as an opportunity to plan better, get the best practices drawn from the situation analysis, evidence and management practices that can support such practices.

EAC partner states through the knowledge translation project will come together to reflect and build a regional integrated health management framework. With Co-creation being at the core of building back better after the COVID-19 pandemic.

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COVID-19 did not just come as a pandemic. The Situation analysis done by different partnering states shows that COVID-19 has been a unique pandemic. In as much as there have been speculations that COVID-19 was handled in a more reactive way by different states authority, it is important to note that pandemics are more of an emergency situation, especially if its biological facets are unknown. Some EAC states have frameworks and systems to deal with pandemics. The science of COVID-19 upto now is not clearly known.

3.2. Role of various Stakeholders on the Knowledge Translation Project.

It is important to note that there are various ongoing initiatives with the EAC region by some organisations in response to the pandemic. Hence there is a need to harness these efforts and build synergies among various stakeholders within the region.

Rather than focusing on the national level, ARIN will need to move to a more regional focus to have a well-coordinated regional response to different partner states.

Even before COVID-19 pandemic, EAC and other African states had experienced some sought of pandemics, for example Ebola. This shows that some work has been ongoing around partner states on pandemic response and surveillance. It will be important to have scope within the Knowledge translation project, on what has been done and a clear focus on what needs to be done moving forward.

Data and information sharing has been a problem within partnering states. A lot of work has been done by various stakeholders yet, the information is not known mostly to the public. Partner states also have a lot of information that needs to be explored.

In terms of the human resource response, there is a need to invest in building capacity in pandemic response mechanisms. What came out during the COVID-19 pandemic was that some countries with a lot of HR did not do quite as well as compared to those that do not have adequate human resources. This shows that there may be a need to review the monitoring framework of assessing what needs to be done.

It is also important to note that EAC does not exist in isolation. All EAC partner states need to have equal opportunities for response, hence the need to consider data/information from each partner state to build on the regional COVID-19 response/recovery plan.

There is a lot of work/research already going on. The problem we are all pointing out. There is no specific framework to inform what has been done and what is ongoing; who is doing what; and how the data can be accessed. There is a need therefore to create a platform to bring all this thing together and share experiences across partner states.

3.3. Key Observations: “Building Back Better”: Tackling exacerbating factors around COVID-19 recovery in EAC- climate change, social equity, best practices in inclusive COVID-19 recovery, globally and regionally.

The following were the deliberations during the Plenary session that was focused on Building back better in COVID-19 responses. The panellists began by recognizing that in any disaster situation, there is a need for coordination strategy. When intending to build back better there are several questions that need to be addressed; What was the coordination agency? How well was it carried out?

Building back better calls for the need to gather evidence on what happened after the disaster. How was the disaster managed within the existing socio economic structures? Who was involved? What were the challenges or social determinants within the disaster period?

It is obvious that disaster shakes lives, based on a reflection of the measures taken during the COVID-19 pandemic and how it affected different people differently. It will be important to show how COVID-19 stuck different lifestyles. How did it affect them? What do they think could have been done better then, now and in future? There is also need to reflect on the leadership systems and review how they respond to the pandemic and how well they were equipped to respond to the pandemic

To work on building back better, there is need to have clarity on the thematic areas where evidence is to be gathered. The health sector can explore; governance, capacity, among other facets and how well they fit in the future as well as the sustainability aspect of the health system especially in terms of human resource.

The panellists also noted that that health does not exist in isolation, there is need to look beyond just health and integrate other areas in order to have a comprehensive framework. One question that needs to be asked is; do we want to go beyond health and look at other areas in order to have a comprehensive framework? Experiences from the COVID-19 pandemic evidently shows that pandemic are not only health issues but also intertwined with other aspects such as people, climate change, domestic violence, psychosocial challenges, food security among others.

3.3.1. Challenges and opportunities for accessing research evidence.

The East African Health Research Commission Comprehensive plan is an important document that needs to be shared to also inform research evidence and policy planning processes. There is need to identify the stakeholders in the broader area of COVID-19 response and pull all results and efforts to work towards a common purpose as EAC partner states. Collecting country specific information is important. Countries have their specific peculiarities and highlighting them gives room for local adaptation. Country specific data will also help identify the commonalities and what is differences to enable address various concerns.



Since the COVID-19 pandemic hit, there were a range of measures put in place to salvage the situation including financial responses to the vulnerable. However, up to date, there has been difficulty in highlighting who was most vulnerable. For instance, the Informal settlements are more vulnerable, yet most of the time they are forgotten during pandemics despite being the majority.

Any pandemic response must be multisector, multi-disciplinary and community involvement. There is a need for a broader stakeholder engagement to inform the governance and implementation system to ensure that the needs for all are taken care of. The COVID-19 pandemic experience showed us how proactively the community could be part of the surveillance system to curb the spread of pandemics.

The period saw many informal mechanisms (civil societies, local people/organisations, informal care groups) becoming important in response measures especially in the informal settlements, hence the need to tap into the opportunity and capacities of the informal mechanisms and make them sustainable.

3.3.2. Policy transformation for better pandemic response

Policy transformations start by looking at policy that existed before the COVID-19 pandemic and policies that were put in place during the pandemic. Further, there will be a need to review the policies that work, why they worked, and the gaps identified in the policies. This helps in getting the picture of how policies have been used and harness best practices for future use. Reviewing the existing policies and response attitude is also important. The process of putting the policies in place (Kenya for example saw conflict within certain agencies' roles during the COVID-19 pandemic period. It is important to note that COVID-19 was not just a tragedy but also an opportunity to learn from each other.

3.3.3. Situational understanding of the best practice in the pandemic.

According to the panellists, the starting point of identifying best practices is to understand the term 'best practice' from whose stand point, is it the government, the people, or both? During the COVID-19 pandemic most African states used some sought of militarised measures to curb the spread of the virus, more often than not, without consulting the people.

People need to understand what the pandemic is, for them to be able to understand the measures. Lack of understanding the disaster might be the reason for the low vaccine uptake. Hence breaking down a disaster to the common person's understanding is very important to facilitate response measures.

Many populations are invisible, hence already exploited by circumstances such as the COVID-19 pandemic. Countries need to come to terms with marginal populations. They also need to find ways to build trust among the community and government to

build partnerships with private sector to reduce the impact of disasters and in the case of COVID, increase the willingness to respond to measures put in place.

3.3.4. Research and evidence around these best practices.

The role of research is important as it will be able to inform the people and government systems on the best practices. It is important to have the basic biology to understand the different aspects around COVID-19; health system carrying capacity, health governance, human resource and supply information. There is a need to look at the resilience of the health system and how far/much can it stand a pandemic. Even in the midst of a pandemic, there are always the common diseases which also need attention. this call for the need to have a projection of how our health system would cope in case of pandemic.

Understanding EAC Partner States' health systems and how they are designed is also important, especially moving from a national level to inform the regional level then harness the various synergies. There is a need to identify the key determinants and explore structural and cultural systems of the society. In the informal settlement for example; some measures taken to curb COVID-19 pandemic were literally impossible to implement hence increasing risks of the spread. There is need therefore to have a good understanding of people's way of life and how it relate to pandemic response and spread/controlled

There is need to interrogate the various control measures that were put in place tand their efficacy in addressing the Covid 19 challenge within the EAC context. Most measures did not consider social, human rights, legal perspectives of the community. There is need to look at how to improve the implementation framework within health systems and other areas without infringing people's rights

In terms of handling information, there was a lot of misinformation during the pandemic thus necessitating a need to understand better how to package information to enhance its understanding. Partner states need to have a clear framework on how to collect information, how to archive it (easy to put together in a single platform), how to put it together for easy use, and how to package the evidence to fit different audiences.

There was a question of whether partner states would be willing to put in together resources to implement most of the good policies/plans in place for effective response strategies.

Recommendations of the meeting

As a result of the deliberations during the meeting, it was acknowledged that the Partner states have made tremendous milestones in tackling COVID -19. However, there is need to strengthen the framework in place in order the tackle future pandemics and this requires the cooperation and solidarity of the entire EAC community.

Partner states appreciated the collaboration and support from various partners in the fight against the pandemic and recognized the need to learn lessons from COVID – 19 experiences so as to be able to tackle future pandemic effectively. Further, partner states recognize the role of research and evidence in supporting more proactive response to COVID – 19 and other shocks such as climate change.

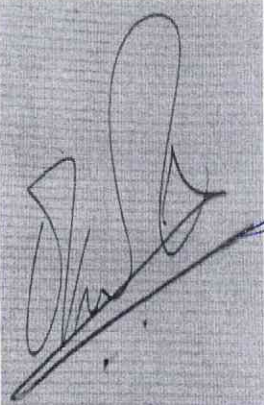

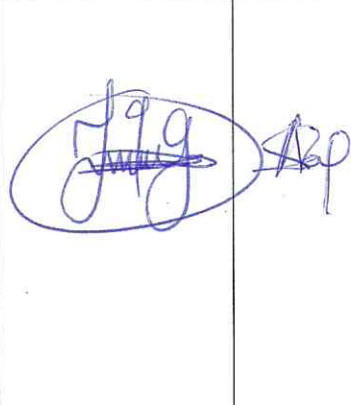
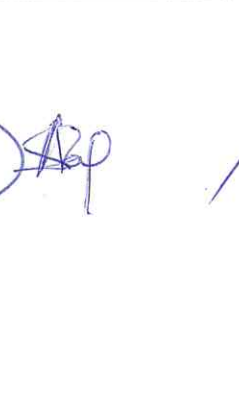
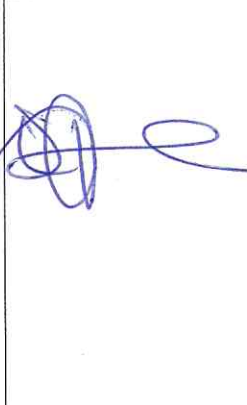
The meeting recommended that:

- a) **There is need for an in-depth situational analysis report on the existing pandemic response frameworks and plans including what has worked, the actors involved, challenges experienced and gaps in the fight against the pandemic focusing on the EAC regional and Partner State levels;**
- b) **ARIN should spearhead the documentation of best practices and associated evidence that can support policy strategies and programmes for future pandemic response;**
- c) **The EAC Secretariat and ARIN should endeavour to build public private partnerships and collaborative efforts towards strengthening evidence and data uptake**
- d) **ARIN in collaboration the EAC Secretariat should use of the project “Re-Addressing Equity Through Evidence-Driven Response to Covid 19 In East Africa - knowledge translation and uptake” outputs to develop a robust and integrated pandemic response framework that can enhance the regions preparedness to pandemic and existing such as climate change by August 2022;**
- e) **The EAC Secretariat should endeavour to engage the East Africa Health Commission on the Knowledge Translation Project as a strategic collaborative Partner;**
- f) **The EAC Secretariat should fast-track the review and signing of the Cooperation Agreement between EAC Secretariat and ARIN for enhanced efforts in supporting the Knowledge Translation Project;**

4 A.O.B

There being no other business the meeting adjourned at 1400 hrs.

Signed by Representatives of Partner States on this 19th Day of May 2022.

Dr. Emmanuel Okunga Ag. Head Division of Disease surveillance and response Ministry of Health Ministry of Health	Dr. Freddy Nyabenda Head of Surveillance and Risk Management, Public Health Emergency Operations Centre Ministry of Public Health and Fight Against AIDS		Dr. Angelo Goup Thon Kouch Ag. Manager Assistant Incident Manager Ministry of Health	Dr. Angel Samwel Focal Person COVID-19 Matters Ministry of Health	Mr. Edward Sebina Commissioner Social Affairs Ministry of EAC Affairs
REPUBLIC OF KENYA	REPUBLIC OF BURUNDI	REPUBLIC OF RWANDA	REPUBLIC OF SOUTH SUDAN	THE UNITED REPUBLIC OF TANZANIA	REPUBLIC OF UGANDA
					

ANNEXURE I.

ADOPTED AGENDA

1. Official Opening of the meeting;
2. Introduction of the project partners, the project background;
3. Consideration of Partner States updates and progress on Covid 19 recovery strategies;
4. Develop a roadmap for implementation of planned activities under the project work plan;
5. Co creation of the proposed project proposal;
6. Discussion of the proposed project outcomes;
7. AOB

CHAIR: REPUBLIC OF KENYA
RAPPORTEUR: REPUBLIC OF BURUNDI

DAY ONE.				
	Time	Activity	Lead	Responsible
Understanding COVID-19 response strategies in the EAC.	9:00-10:15am	Opening of the meeting	Chairperson	ARIN/EAC
		<ol style="list-style-type: none">i. Welcome remarks and introductionsii. Adoption of the agendaiii. Presentation of meeting documents, background paper, program and agendaiv. Introductory Remarks on ARINv. Introductory remarks by IDRC		

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		vi. Introductory remarks from EAC vii. Official opening remarks from the Chair		
	10:15-10:45am	Covid 19 situational analysis and response strategy in Kenya- Gaps and challenges in research and evidence uptake	Dr. Emmanuel Okunga	Kenya, MOH
	10:45-11:15am	TEA BREAK	ALL	ALL
	11:15-11:45am	Covid 19 situational analysis and response strategy in Uganda- Gaps and challenges in research and evidence uptake	Dr. Isaac Kadowa	Uganda, MOH
	11:45-12:15pm	Covid 19 situational analysis and response strategy in South Sudan- Gaps and challenges in research and evidence uptake	Dr. Angelo Guop	MOH
	12:15-12:45pm	Covid 19 situational analysis and response strategy in Tanzania - Gaps and challenges in research and evidence uptake	Dr. Angela J. Samwel	MOH
	12:45-1:00pm	Q & A	Ms. Aoko	ARIN/CHAIR
	1:00-2:00pm	LUNCH	ALL	ALL
	2:00-2:30pm	Covid 19 Recovery measures from in Burundi: Challenges, opportunities for Inclusive Covid 19 recovery.	Dr. Fredy Nyabenda	Burundi, MOH

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	2:30-3:00pm	Covid 19 Recovery measures from an EAC perspective: Challenges, opportunities for Inclusive Covid 19 recovery.	Ms. Alison Kaitesi	EAC
	3:00-3:30pm	Break out Groups: <i>Role of Research and Evidence uptake in inclusive Covid 19 recovery measures.</i>	ALL (each group with a special rapporteur)	ALL
	3:30-4:00pm	Reporting from groups and Q & A	Mr. Itete Karagire	EAC/Chair

DAY TWO

	9:00-9:30am	Welcoming and Recap	Ms. Aoko	ARIN
Knowledge Translation Project for inclusive Covid 19 recovery.	9:30-10:15am	Presentation on the Knowledge Translation Project and its relevance to EAC partner states	Dr. Joanes Atela	ARIN
	10:15-11:00am	Work outputs and Work plan from the Knowledge Translation Project/ Role of various Stakeholders on the Knowledge Translation Project. (Interactive session) Country by Country.	Ms. Aoko	ARIN
	10:45-11:15am	TEA BREAK	ALL	ALL
	11:15-12:00pm	Plenary: <i>"Building Back Better"</i> Tackling exacerbating factors around Covid	Dr. Scholastica Omondi, Dr. JP. Odero, Dr. Eric Nzeyimana,	EAC/ARIN/IDRC/Project Advisory Board.

		19 recovery in EAC- climate change, social equity, best practices in inclusive Covid 19 recovery, globally and regionally.	Prof. Samson Kinyanjui, Prof Lenore, Mr. Itete Karagire <i>Facilitator: Dr. Joanes Atela.</i>	
	12:00-1:00pm	Engagement from the Floor Q & A and comment	Country-by-Country views and contribution on the plenary questions. <i>Ms. Alison Kaitesi</i>	EAC
	1:00-2:00pm	LUNCH	ALL	ALL
	2:00-2:30pm	Way forward: i. Project Advisory Board Introduction ii. Cooperation agreement (shared for comments) iii. Subsequent engagement (virtually/hybrid) iv. Access to resources/documents relevant to the project at the country / EAC level.	Mr. Haron Atala	ARIN
	2:30-3:00pm	Remarks from the Floor Country by Country/ Institution on the way forward discussion points.	Mr. Haron Atala	ARIN
	3:00-3:15pm	Remarks from EAC	Dr. Eric Nzeyimana	EAC
	3:15-3:30pm	Remarks from IDRC	Mr. Paul Okwi	IDRC
	3:30-3:45pm	Remarks from ARIN	Dr. Joanes Atela	ARIN

	3:45-4:00pm	Signing of the Report and picture taking	Representatives from ARIN, IDRC and EAC.	ARIN, EAC & IDRC
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ANNEXURE II. LIST OF PARTICIPANTS.

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