



EAST AFRICAN COMMUNITY

**ORDINARY MEETING OF THE EAC TECHNICAL WORKING GROUP
ON COMMUNICABLE & NON-COMMUNICABLE DISEASES
(TWG CD & NCD)**

20th to 22nd April, 2023

**HOTEL SAL SALINERO, MOSHI,
UNITED REPUBLIC OF TANZANIA**

REPORT OF THE MEETING

**EAC SECRETARIAT
P.O. BOX 1096
ARUSHA, TANZANIA
APRIL, 2023.**

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1.0 INTRODUCTION


1.1 Background

Following COVID-19 outbreak in March 2020, the EAC Secretariat in collaboration with the Partner States elaborated a regional response plan to the pandemic and established a regional Covid 19 Taskforce and a number of development partners offered technical and financial support to the EAC Secretariat and Partner States to collectively and timely implement the response plan and ensure quick containment of the pandemic across the region. In the EAC region the bulk of the response was spearheaded at the Partner State level complemented by a number of interventions that require regional approach being coordinated by the EAC Adhoc Regional Coordination Committee (EARCC) for COVID-19 response.

One of the notable regional projects aimed at addressing COVID -19 the ***"Multinational COVID-19 Response in East Africa, The Horn of Africa and Union of The Comoros"***. The project is funded by the African Development Bank (AfDB). The goal of the project is to contribute to the reduction of infections and mortality in the East and Horn of Africa region arising from the COVID-19 pandemic. The project specifically aims to:

- i. ensure a joint and well-coordinated regional response to the COVID-19 pandemic
- ii. Strengthen cross border screening and improve information sharing
- iii. Minimize number of people with new COVID -19 infections and associated sicknesses
- iv. Minimize COVID -19 related burden on the region's health system
- v. Strengthen surveillance, laboratory testing and case management capacity in the region

In addition, the EAC Secretariat has collaborated with the Africa Research and Impact Network (ARIN), a research think tank that aims at contributing to research transformation, policy analysis and capacity building in Africa. ARIN is undertaking a research project entitled '***Re-addressing equity through evidence-driven response to COVID-19***' whose aim is to enhance knowledge translation and evidence that could enable the EAC Partner States to learn from the COVID experience and use lessons to put in place evidence based pandemic response measures that take into account existing challenges of climate change and equity. The project is funded by the Canadian International Development Research Centre (IDRC). In May 2022, ARIN engaged Partner States experts on to assess country experiences and identify priority evidence needs for effective response to COVID and other future potential pandemics. Subsequently, evidence priority questions were identified which formed the premise of the scoping summary and rapid evidence synthesis from existing research and policies.

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1.2 Convening of the Meeting

The EAC Secretariat convened the Ordinary meeting of the Technical Working Group on Communicable and non-communicable diseases from 20th to 22nd April, 2023 at Hotel Sal Salinero, Moshi United Republic of Tanzania.

1.3 The Agenda and Programme of the Meeting

The Agenda and Programme of the meeting was adopted with amendments and are hereto attached as **Annex I** and **Annex II** respectively.

1.4 Constitution of the Bureau

In accordance with the EAC rules of procedure, the meeting was chaired by **Mr. Jean Berchmans NDIKUMASABO**, Advisor and EAC Health Sector Coordinator, Ministry of Health and fight Against AIDS, Republic of Burundi while **Eng. John Ring Dut**, Senior Inspector for the EAC Health, Social Affairs Department, Republic of South Sudan, served as the official rapporteur.

1.5 Participation

The meeting was attended by experts from the EAC Partner States Ministries responsible for Health and Ministries responsible for EAC Affairs, African Research and Impact Network (ARIN) staff and members of the advisory Board based in Nairobi, Republic of Kenya and a representative of the African Development Bank (AfDB). Also present were staff from the EAC Secretariat and the East African Health Research Commission (EAHRC). The list of participants is attached as **Annex III**.

2.0 Opening Session of the Meeting

Remarks by Host Country

Jacob Lusekelo Mwambeta, Ag. Director of Diagnostic Services, Ministry of Health United Republic of Tanzania welcomed delegates to Moshi and encouraged them to take time and visit Mt. Kilimanjaro. He commended the EAC Partner States for the efforts and cooperation exhibited during the COVID-19 pandemic, applauding the EAC Secretariat for coordinating the EAC regional efforts. He applauded ARIN for conducting COVID-19 related studies noting that United Republic of Tanzania was keen to learn about the outcomes of these studies and hoped they would inform programme implementation for more sustainable pandemic preparedness and response in the EAC. Mr. Lusekelo concluded his remarks by wishing delegates fruitful deliberations.

Remarks by the EAC Secretariat

Dr. Irene Isaka, Director Social Sectors, East African Community Secretariat welcomed delegates and urged them to reflect on the EAC regional response to the COVID-19 pandemic. She observed that the existing threats of COVID-19 pandemic and other epidemics required continued collaboration among the EAC Partner States so as to further strengthen pandemic preparedness in anticipation of future outbreaks.

The Director noted that the COVID-19 pandemic highlighted several structural and health systems challenges which required strengthening key pillars of our health systems. She urged the delegates to draw lessons from the response to build resilient health systems, reiterating the EAC Secretariat's commitment of collaborating with Partner States and development partners to build better, stronger and healthy communities.

Dr. Isaka commended the African Development Bank for the financial support that facilitated EAC's regional COVID-19 response efforts including setting up of coordination systems for testing, test results verification, training of health workers and procurement of PPEs, test kits and laboratory consumables. She also acknowledged the contribution of the Africa Research and Impact Network (ARIN) in the supporting research to inform the EAC regional recovery from the ravages of COVID-19. She concluded her remarks by wishing delegates successful deliberations.

Remarks by African Research and Impact Network Representative

Dr. Joanes Atela, Director, African Research and Impact Network noted that the meeting will validate findings of the evidence synthesis on the best practices for pandemic response building of the COVID-19 as a case study. He informed delegates that in 2021, the EAC Partner States set priorities and identified key areas where they needed technical evidence to support integrated and equitable pandemic response framework. These areas included; the efficacy of policy, institutional and social strategies in the pandemic response and recovery, COVID-19 implications on aggravating supervening factors such as social inequalities and climate change and the degree and mechanisms of research uptake in pandemic response and recovery.

Dr Atela noted that existing evidence had been reviewed to identify gaps, opportunities and needs for pandemic response in the EAC region in an inclusive and integrated way. ARIN had identified best practices and developed recommendations that would be useful for the EAC Partner States in an integrated and evidence-based pandemic response framework. He further observed that COVID-19 pandemic and other communicable diseases had reshaped various aspects of the society with increased uncertainty, urging EAC Partner States to transition to sustainable and industrialized economies through visionary plans as pandemics threatened to further drain the hard-won socio-economic developments in the region.

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The Director observed that IPCC reports had highlighted vulnerability of the EAC Member States to the impacts of climate change due to low adaptative capacity, socio-economic inequalities and higher levels of poverty. The emergence of COVID-19 and associated management measures in the context of vulnerable communities posed double vulnerability requiring equitable solutions for future pandemics. He was optimistic that uptake of safe COVID-19 vaccines would enable Partner States revert to normalcy and economic recovery, reiterating the need to learn lessons for building resilience to future pandemics.

Dr Atela emphasised that re-addressing equity through evidence driven COVID-19 recovery plans had focused on identifying best that could develop knowledge uptake framework towards pandemic response and best practices to help build a pandemic response framework for the region. He urged delegates to provide insightful thoughts and deliberate on study findings to build a joint front towards tackling future pandemics. The Director concluded his remarks by reaffirming ARIN's commitment to providing technical support to the EAC Partner States in building Integrated and evidence-based pandemic response strategy/framework.

Remarks by IDRC

Prof. Paul Okwi stated that they are IDRC through the work that they support especially when the rapid response work on the COVID recovery is expected to give us a very accurate and evidence-based knowledge transfer system to support our countries in terms of responding to the impacts of COVID-19 and how it interacts with the risks, especially with climate change and also the impacts through the overlapping social processes and conditions that affect our opponent.

There's been increasing attention on trying to understand the impact of COVID-19 through the green recovery. However, there's been lack of information on market interface index, which is actually impedes responses to how countries can manage this. IDRC aims to bring some of the most up to date, Research findings to light which has helped them succeed in improving responses to employment access and technology and among others. So we have been actively engaged in supporting research institution and climate change for more than 15 years.

And then we launched right to tech programming to see how countries manage COVID-19 and its impacts on social and economic indicators.

The most interesting bit about perceptions. We are here today to learn from you and the region of various policy actions. What solutions can we devise and how we can replicate this spherical map and share with other countries. We expect that the findings from what will be presented today will give us some high-level documents that will help us reduce negative perceptions in terms of the COVID-19 recovery strategies across Africa, but this is also to illuminate time in terms of being futuristic and trying to be



more foresight focused in the event that we have pandemics that come again, like COVID-19 on the climate challenge.

Our mandate is to initiate, encourage, support, conduct research into problems affecting the developing countries of the world. Our biggest portfolios is not because most of our funding comes to the developing countries. Africa takes about 80% in terms of supporting capacity development in terms of adapting scientific, technological and other knowledge products for the advancement of Africa. We do this with local researchers. We are present in two regions in Africa. That's West Africa and Eastern Africa, in Senegal in Nairobi, and we work with the local communities the policy access or funding is modest, but impactful.

Remarks by the African Development Bank (AfDB)

The AfDB representative **Dr. Elizabeth Owiti**, Principal Health Economist Human Capital, Youth and Skills Development Department (AHHD) began her remarks by thanking the EAC Secretariat for inviting her to the meeting. She went on to inform the meeting that the Bank has a newly approved Strategy for Quality Health Infrastructure in Africa 2022-2030 (SQHIA) whose aim is to support the continent to improve the health system strengthening. She further elaborated that the Bank recognises the centrality of health to improving quality of life for Africans and enabling them to achieve their potential. The strategy also responds the need by African countries to overcome gaps in national health infrastructure, which have been exposed by COVID-19 and other health crises. She concluded her remarks by urging the EAC Secretariat and Partner States to take advantage of the approved strategy to support the response to health challenges in the region.

Remarks by the Chair

Jean Berchmans Ndikumasabo, Advisor and EAC Affairs Health Sector Coordinator, Ministry of Health and Fight Against AIDS commended the EAC secretariat for convening the meeting and the United Republic of Tanzania for hosting the meeting. He observed that COVID-19 pandemic highlighted underlying weaknesses in health systems, impacted on economies and restricted travels in the EAC region and globally, urging the EAC Partner states to strengthen health systems to handle future pandemics.

The Chair applauded the EAC Partner States and EAC Secretariat for containing COVID-19 pandemic using regional mechanisms for disease surveillance and harmonized protocols that were agreed upon. He noted that EAC COVID-19 response plan informed the regional response, facilitated sharing experiences and provided technical support during the response. He highlighted the meeting objectives and concluded his remarks by urging delegates to contribute proactively to discussions and wished delegates fruitful deliberations.

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3.0 Presentation of the background paper and meeting objectives, sharing of meeting documents

Ms. Alison K. Gichohi, Capacity Building Officer, EAC Health provided a summary of the background paper, highlighting the objectives of the capacity building meeting and key expected outputs. She informed the delegates that the meeting was convened to facilitate a monitoring visit by the AfDB to assess the progress in the implementation of the COVID-19 project funded by the Bank. The meeting was also convened to validate the scoping summary and rapid evidence synthesis undertaken by ARIN as well as co-create a knowledge update framework for research and evidence based on the COVID 19 experience. The TWG also considered updates on the response to COVID-19 and other outbreaks in the EAC Partner States.

4.0 CONSIDERATION OF THE MAIN AGENDA ITEMS

4.1 Overview of the EAC Regional COVID-19 Response.

Dr. Eric Nzeyimana, Principal Health Officer, EAC Secretariat gave an overview of the Regional COVID 19 response. He explained that the COVID-19 pandemic hit the region hard, with an estimated output loss of between US\$37 billion and US\$79 billion. This led to reductions in household income and business disruption of supply chains for tradable goods and services especially in the aviation, tourism and hospitality industries, where entire sector value-chains have been rendered dysfunctional. He further informed the meeting that the impacts of COVID-19 on the health sector in terms of health financing are outlined in a report: *Impact of Covid-19 on Domestic Health Financing in EAC: Rapid Assessment and Recommendations Report*.

He noted that as part of the policy response, the region put in place a COVID -19 Response Plan Developed under the guidance and leadership of the EAC Adhoc Regional Coordination Committee (EARCC). The multisectoral plan encompasses all key sectors (health, productive, customs and trade, migration, security sectors). The plan aims to:

- i. Ensure a joint and well-coordinated mechanism to respond to the COVID- 19 pandemic in the Region;
- ii. Minimize the number of people who become infected with COVID-19 virus, minimize morbidity and mortality in the region;
- iii. 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;

In terms of research, the Secretariat highlighted some of the research related activities that were undertaken across the region. These included;

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1. Regional Data Collection Survey and Piloting of Proposed Activities aimed for the Prevention of infectious Disease at Border Posts (BPs) in the EAC
2. East Africa Community Rapid Assessment Of Point Of Entry Capacity (RAPC)
3. Assessment of Designated Covid-19 Testing In The East Africa Community Partner States

Dr. Nzeyimana further informed the meeting that the EAC Secretariat is fully committed to work with the Partner States and relevant stakeholders to ensure that the region is better prepared to address disease outbreaks and that the lessons learnt from the COVID-19 response.

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

4.2 Considerations on Partner States updates on COVID-19 response and recovery

Republic of Burundi

Olivier Kamatari, Data manager & Focal Point CMC, Public Health Emergency Operation Center (PHEOC), Ministry of Public Health and the Fight Against AIDS, made the presentation and informed the meeting that the first 2 cases of COVID-19 were confirmed on 31st March, 2020. Thereafter, a national committee was established to help fight the spread of COVID-19. Some of the key responses that were put in place to curb the spread of the disease included preventive measures through the adoption of a National COVID-19 Contingency and Response Plan and the establishment of a Public Health Emergency Operation Center (PHEOC) and a call centre using toll free numbers.

Besides, mass campaigns in different areas contributed to the fight against the COVID-19 situation. After several interventions, the different waves of the pandemic were controlled. Since February 2022, the spread of the virus has been low and the positivity rate has been below the 5% threshold recommended by WHO.

Republic of Kenya

Dr. Elizabeth Mulee Nzioka, Medical epidemiologist, Disease Surveillance and Epidemic Response, Ministry of Health made the presentation. She informed the experts that the first case of COVID-19 was confirmed on 13th March 2020. Two peaks were witnessed in the year 2022. Nairobi had the highest number of cases followed by Mombasa. She further informed the meeting, the country had reported 343,015 cases with a case fatality rate of 1.7% and that a total of 2,132,750 people have been vaccinated with the first dose while 10,253,382 have been fully vaccinated. The targeted population to be vaccinated is 27,246,033 (40%) of the population.

She also noted that 2023 recorded quite a decline in infection rates. The government partnered with different research institutions to generate evidence through policy briefs

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and enhanced the capacity of county governments. The country also put in place various interventions to cushion the vulnerable from various shocks. Some of the best practices adopted in the country included the whole-of-government approach, the use of digital surveillance systems, and coordinated response among others.

Though the pandemic caught many countries unawares and unprepared, some new systems emerged with its appearance. For example, Kenya had new systems being used to help in surveillance. Surveillance systems were developed at the point of entry to track people coming into the country and screen them for COVID-19. Hope that the system will continue to be used even in tackling other communicable diseases. Furthermore, the diagnostic capacity of the country has been increased and has been useful in monitoring the progress of the virus. Public health emergency management training was also rolled out for capacity building purposes.

Republic of Uganda

Mr. Atek Kagirita, Deputy Incident Commander – COVID-19 (EVD), Ministry of Health, began his presentation by noting that COVID-19 highlighted the need for improved and resilient health systems to deal with future pandemics effectively. Following the outbreak, private laboratories formed the most active testing sites. Even though regional referral hospitals were contacted, routine testing was hardly implemented. So far, the country has done well regarding vaccinations, with more women being vaccinated than men, 56% vis-a-vis 44%.

While the outbreak has not yet ended, the country has maintained a low positivity rate of below 5%. However, he noted that due to the Covid-19 Pandemic, the country has set up specialized treatment units in all their regional referral hospitals, extended testing for respiratory diseases, and established task forces at the district, sub-county, and local levels. He noted that most African countries, including Uganda, did not have tools, which slowed the response process as they relied on international tools. As such, there is a need to have localized tools tailored to address the region's specific needs. Similarly, there is a need to integrate some of the surveillance systems to screen different infectious diseases apart from COVID-19 and use evidence-based knowledge to shape how things are being done.

The United Republic of Tanzania (Mainland)

Mr. Jacob Lusekelo Mwambeta, Ag. Director of Diagnostic Services, Ministry of Health began his presentation by informing the meeting that the COVID-19 outbreak is still ongoing with few cases. The country received 5 new cases last week though no new cases were admitted or deaths reported. Several interventions were implemented to curb the spread of the virus. For example, the country has screening mechanisms at the point of entry, public sensitization, and coordinated meetings with pertinent actors. Moreover, reports on the commodities that are supporting COVID-19 interventions have been analysed and PCR testing expanded to twelve facilities. He

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added that the country continues with COVID-19 vaccination, with cumulative number of people fully vaccinated being 32,598,777.

He noted that in URT the pandemic has brought other benefits. The country did not experience Cholera outbreak during COVID-19 pandemic. This could be attributed to the fact that when COVID-19 practices were being implemented, the occurrences of other diseases were being prevented as well.

The United Republic of Tanzania (Zanzibar)

Dr. Asha Ussi Khamis, Public Health Emergency Operation Centre, Ministry of Health Zanzibar, informed the meeting that the first case of COVID-19 was reported on 18th March 2020. The country did not have the capacity for testing patients when the pandemic struck. Collected samples had to be sent to Tanzania for processing something that interfered with effective response. In terms of vaccination, the country has reached almost 80% of its vaccination target. Different plans were revised to support in the development of structures for data collection.

The detailed Partner State presentations are hereto attached as **Annexes Va to Ve**.

The meeting made the following observations:

- i. Vaccination is a significant factor in decline deaths and positivity rates. There is still a need to continue promoting vaccination against Covid-19 more people as much as the positivity rate has gone down and decline in deaths are being recorded. There is a need to ensure they have very good vaccine coverage.
- ii. Initially, there was much mistrust about COVID-19 vaccinations which negatively impacted the number of people willing to be vaccinated. There is still a need for accurate information on the importance and effectiveness of vaccines.
- iii. COVID-19 presented an opportunity for cross-learning among the different sectors. Before the pandemic, health was thought to be consumptive and thus wasteful. With the emergence of COVID-19, it was realized that health was an investment that should be leveraged.
- iv. The COVID-19 pandemic enhanced collaborations at different levels and coordination through the whole of government and multi-agency approach;
- v. The response strengthened IMS and command system for disease response and enhanced surveillance at points of entry (PoE) and well as across Partner States;
- vi. Innovations such as the deployment of mobile laboratories were pivotal in the COVID-19 response. Some governments are in the process of procuring additional mobile lab units to enhance capacities for response to disease outbreaks;
- vii. Enhanced diagnostic capacity in the Partner States has been scaled up, including genomic sequencing; capacity for local production of health commodities such sanitizers and face masks, including ongoing vaccine development;
- viii. Use of evidence-based knowledge shaped responses and interventions at different stages of the response

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4.3 Recap of the Knowledge Translation Project

Ms. Leah Aoko updated the meeting about the ARIN knowledge translation project which she pointed out was formulated against the background of the effects of COVID 19 which exacerbated pre-existing shocks such as gender inequality and climate change, among others.

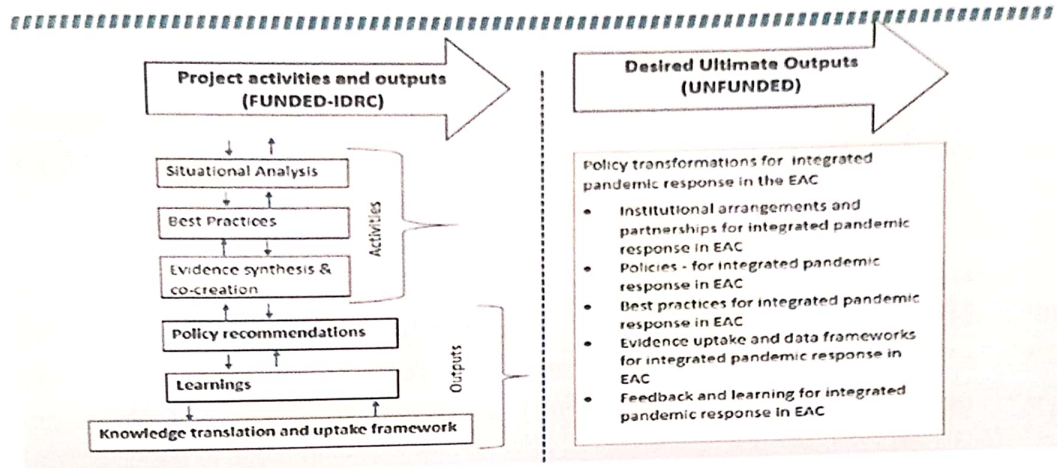
She informed the experts that the aim of the project is to strengthen opportunities for uptake of research evidence on COVID-19 by engaging and sensitizing knowledge users (especially policy makers) to the existence of and usefulness of evidence, while documenting experiences and learnings towards strengthened foundation for knowledge and practice in Africa.

Project Objectives.

- i. **Situational analysis to identify the current approaches to equitable COVID-19 management and recovery in the context of climate change within the EAC.**
 - To identify the policy response and how evidence has been used to address the COVID-19, i.e., what kinds of evidence were/are used and how were/are they ushered into the COVID-19 planning process.
 - To identify priority evidence needs and potential gaps for African Governments (focusing on the East African region/countries) about impacts and response to COVID-19, and how that intersects equity in climate change and wider social justice principles.
 - To synthesize evidence and develop a research agenda on priority evidence needs for African policy makers.
- ii. **Policy lessons, recommendations and knowledge uptake framework.**
 - To identify best practices and lessons on equitable COVID-19 management.
 - To generate lessons and learning frameworks on best practices for Knowledge Translation and practice through documenting the key challenges, opportunities and processes.
 - Characterizing knowledge translation and using this to suggest a framework that can be tested and adopted widely both by IDRC and other research for development stakeholders.

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Updated project design post inception stage



She said that ARIN undertook a situational analysis and also engaged with the stakeholders from the EAC to identify priority evidence needs with regards to COVID-19 response, equity and climate action. ARIN further undertook a scoping summary and rapid synthesis before developing priority evidence research papers on:

- Evidence on the efficacy of policy, institutional and social strategies in the pandemic response and recovery;
- Evidence on COVID -19 implications on aggravating supervening factors such as social inequalities and climate change;
- Evidence on the degree and mechanisms of research uptake in pandemic response and recovery.

Following the above presentations, the experts made the following observations:

- There has been inadequate dissemination of evidence from COVID 19 related research in the EAC Partner States
- There is weak linkage and coordination of COVID-19 related research activities with the in-country research institutions (research networks with academic and research institutions),
- Differing country priorities and inadequate resources sometimes delay the harmonized uptake of research results as well as implement research outcomes
- Policy makers need evidence to make decisions but even where evidence exists, there are challenges in effectively to incorporating the needs of vulnerable groups of people due to timeliness of context specific evidence.

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- v. The research options during a pandemic were relatively few with most countries opting to be guided by international organizations such as the WHO. Notably, the extent to which countries adopt and implement research/evidence uptake frameworks is also hinged on issues of sovereignty and depends on political goodwill and available expertise
- vi. There is need to ensure that researchers and policymakers work together to prepare in advance for future pandemics.

4.4 Presentation on the EAC efficacy on policy, institutional and social strategies in the pandemic response and recovery.

The presentation discussed the intersection of COVID-19 with climate change and other global challenges. It was noted that COVID-19 coincided with one of the hottest years on record globally in 2020 and was marked by notable climate extremes. These crises have had multiple consequences in areas other than health and have weakened the resilience of communities.

The presentation also highlighted how the COVID-19 pandemic has exposed the fragility of the Partner States in addressing multiple crises, highlighting the need for integrated solutions. Overall, the presentation emphasized the urgent need for multi-sectoral approaches to address these complex challenges.

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

4.5 Presentation on the Research paper: The nexus between COVID 19, gender and climate justice: what synergies can be exploited?

The presentation emphasized the importance of addressing the complex interactions of climate change, gender and COVID-19 with a focus on vulnerable populations and the need for multi-disciplinary teams to build evidence-based solutions. The lack of evidence on this nexus was emphasized as an urgent area of action. Climate change and COVID-19 were noted to co-exist within the same social systems and vulnerabilities, and adaptive capacity and resilience were found to be weaker in affected populations.

The presentation also discussed how different types of inequalities interacted to exacerbate vulnerability among marginalized communities, including household, education, employment, healthcare, and housing inequalities. The majority of women and youth were found to be working in the informal sector or in insecure jobs, facing redundancy without access to health insurance. Furthermore, the presentation discussed the intersection of access and control of natural resources with COVID-19 vaccines, highlighting that woman already struggle with land rights, access to energy, and water, which are very sensitive sectors to climate change. The long-term effects of climate change on food and water security, weakened community resilience.

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Furthermore, low practice and participation in governance, management and climate adaptation/mitigation actions were identified as challenges. Structural barriers, social norms, and gender inequalities that exist in society were also found to be exacerbated by the Covid pandemic and climate change, with an increase in gender-based violence.

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

4.6 Presentation on the research paper: COVID 19 Evidence/ Research Uptake and knowledge translation within the EAC Paper.

Mr. Brian Otieno, ARIN Research Associate, outlined the importance of consolidating and effectively utilizing the existing research on COVID-19. The presentation highlighted the critical need to link research findings to policy to support effective pandemic response plans. He noted that ARIN is committed to bridging the gap between research and policy to support effective pandemic response plans and build resilience against future pandemics by consolidating evidence and making it available to policy makers for decision making. The paper is anchored on three components which include;

- i. Knowledge generation.
- ii. Knowledge synthesis
- iii. Knowledge uptake

The paper also focused on how research evidence was used to inform the response and recovery process.

The specific the objectives are to:

- i. To identify the types of evidence (e.g., scientific, public opinion, global narratives etc.) used to inform response and recovery.
- ii. To document case studies or best practices on effective evidence uptake.
- iii. To identify how the COVID experience interplay existing KT frameworks and what can be improved for a more inclusive and effective KT in decision-making spaces.

The presentation outlined the existing knowledge translation frameworks used in the paper including and highlighted some of the key recommendations to support a more consolidated knowledge translation pathway including;

- i. The need for government needs to be harmonized with those of communities including women children etc. to inform a more targeted scientific intervention.
- ii. New knowledge translation frameworks should consider evidence prioritization and differentiated consultations to ensure equitable outcomes.

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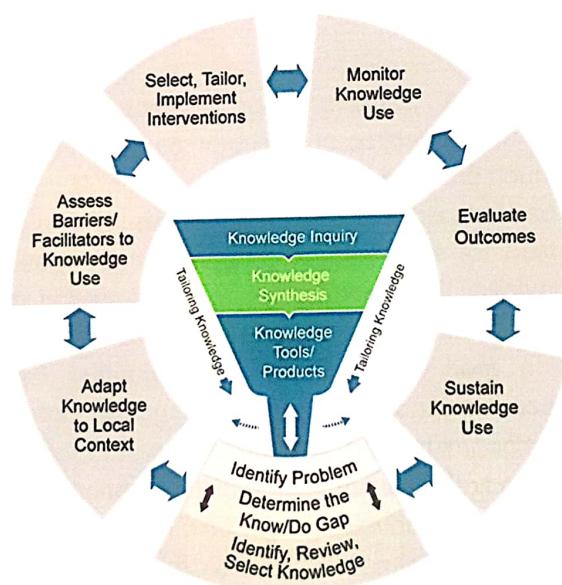
- iii. policymakers should be sensitized about the existence of various forms of evidence within the hubs/platforms
- iv. Translating the Evidence platforms/hubs should be linked to policy processes through sensitization of policy makers about the existence and usefulness of such platforms.
- v. The need to widen the evidence scope to identify situations or case studies where the research idea has worked practically including limitations and strengths, this is key in restoring confidence in policy makers.

During the meeting, a panel discussion on '*Best Practices on Knowledge Translation frameworks: The case of COVID 19 recovery and climate justice in the EAC*' was held. The discussion was based on the following key issues in uptake of research by the Partner States. The following was noted:

- i. There are some institutional innovations deployed to deal with the pandemic. However, some countries overtime, fall back to their original institutional settings.
- ii. The linkage between COVID 19 and other issues climate change have not been given attention in policy thus remains unclear and there is lack of clear data
- iii. Epidemiological and social evidence on COVID 19 impacts were commissioned but epidemiological evidence with numbers/metrics were prioritized – Need clear metrics to package evidence.
- iv. Numerous evidence platforms and knowledge hubs established but not linked to policy makers.

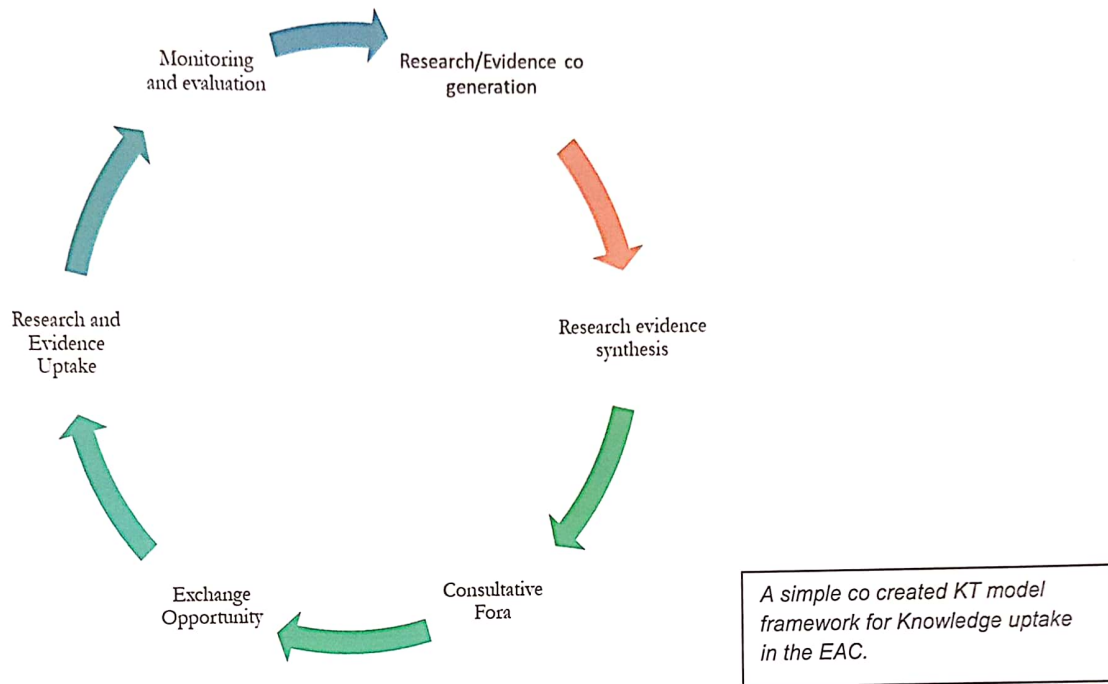
Pathways for Knowledge Translation (KT) Framework in EAC

The meeting was informed that the COVID era has invoked a diversity of pathways through which Knowledge Translation has been applied and that it is imperative to



Knowledge Translation Framework (Knowledge to Action):
Credits: Graham et. al 2006.

choose the right pathway to positively and sustainably influence policy decisions. It has been further established that most of the available information was utilized without being properly synthesized, something that saw relevant issues not being prioritized and research not being aligned policy needs. Below is an example of a knowledge to action framework that was used to co create an EAC KT framework.



The co-created framework presents the need to involve the affected communities from beginning to the end during the inclusive pandemic response strategy. the components presented were:

- i. **Research Evidence co-generation:** an ongoing process that enables researchers and communities to co identify, track, and address near-term and long-term evidence needs depending on the country context.
- ii. **Research/Evidence Synthesis:** This is useful in identifying gaps in knowledge, establish an evidence base for best-practice guidance, or help inform policymakers and practitioners. It involves evidence co identification (with communities, multi stakeholder engagements), appraisal to produce a succinct summarization that informs best practice. This aspect entails continuous engaging of local communities, baseline research outputs, rapid assessment of socio economic, cultural impacts of pandemic on communities including vulnerable groups per local context etc.
- iii. **Consultative fora and input:** relevant multi stakeholder engagement due to the cross sectoral nature of pandemics. Researchers are engaging the right

- interests at the table by using a multidisciplinary approach incorporating identified local community champions, social scientists, economists, policy makers relevant to the pandemic response.
- iv. **Exchange opportunity:** this is a two-way exchange pathway between researchers and research users, to share ideas, research evidence, experiences and skills. Here, evidence and research are shared, and external perspectives and experiences incorporated.
 - v. **Science and policy and local knowledge interface:** this tripartite component is used to assess best practices, inclusive pandemic response measures, community impacts, benefit from local indigenous knowledge and approach.
 - vi. **Research and evidence Uptake:** Knowledge use by relevant knowledge users per context for the implementation of inclusive pandemic measures.
 - vii. **Monitoring and Evaluation:** Pandemic response socio economic strategies and policy responses.

The detailed presentation is hereto attached as **Annex VIII**.

The delegates noted the need to incorporate a broader definition of knowledge users and inclusion of community perspectives throughout the implementation of the KT Framework. Community awareness and evidence generation labs will help address concerns on misinformation during pandemic response. Further there is need to create an interlinkage of relevant evidence needs at the local level and decision-making fora. this will endure that researchers and policy makers do not work in silos while neglecting the voices of the local communities.

The meeting also noted the realities of political good will and the need to ensure that political leaders understand the components of an effective and inclusive pandemic response measures. The experts noted that this framework can be utilised to quite uptake and utilisation of research findings to inform pandemic response.

4.7 Consideration on experience sharing on recent response to disease outbreaks in the EAC Region.

4.7.1 Uganda's experience in using a pillar-model incident management system approach in responding to disease outbreaks.

Mr. Atek KAGIRITA, Deputy Incident Commander, Ministry of Health Uganda, presented the pillar-model incident management system approach for preparedness and response to public health events. He gave a brief background of disease outbreaks in Uganda. He shared Uganda's experience containing the recent Ebola virus disease outbreak in the Mubende region and other previous outbreaks through implementing the pillar-model incident management system (IMS). He further noted that lessons learned from different after-action reviews and COVID-19 inter-action

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reviews had shown the importance of activating the IMS, noting that Uganda was ready to support the region scaling up this model.

According to the Deputy incident commander, this would increase the capacity of EAC Partner States in IMS using the IMS command approach to build resilient health systems and prepare and respond to emerging and re-emerging infections. The implementation plans involved conducting training, simulation exercises, and the development of a sustainable online support model. He further highlighted the expected outcomes and logistics needs for implementing the plan.

4.7.2 United Republic of Tanzania's experience in containing the ongoing Marburg Virus Disease outbreak

Mr. Jacob Lusekelo Mwambeta, Ag. Director of Diagnostic Services, Ministry of Health Ministry of Health, United Republic of Tanzania, informed delegates that the ongoing Marburg virus disease outbreak was first declared on March 21, 2023 in the Kagera region, North western Tanzania. As of 19th April 2023, a total of eight (9) cases with 6 deaths (CFR 66.7%) had been reported, a total of 212 contacts had been listed with 174 completing 21 days with no symptoms.

He observed that timely implementation of key interventions under different pillars including activation of the regional and national PHEOCs, deployment of rapid response teams and set up of the mobile laboratory at the Kagera region had facilitated the containing of the outbreak at the source. He added that proper partner coordination facilitates resource mobilization and effective response. He also highlighted major challenges in the response including limited medical supplies, IEC materials, funds to support the response intervention, community misconception on the disease and inadequate standard incineration facilities at the treatment units.

The detailed presentations are hereto attached as **Annexes IX and X**.

Following the presentation, the experts made the following observed that there is need to support all EAC Partner states operationalise the pillar- model incident management system (IMS) to build resilient health systems, prepare and respond to emerging and re-emerging infections.

4.8 Consideration of status of operationalisation of the Command monitoring centres in the EAC Partner States

Eng. Daniel Murenzi, the EAC Principal Information Technology Officer, observed that sharing of health data in the EAC region was set out under chapter 21, article 118 (e) of treaty that established the EAC treaty and gave a brief overview of the EACPASS. He informed delegates the development of the EACPASS followed the

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May 2020 consultative meeting for Heads of States and 20th Sectoral council on health meetings that urged EAC Partner States to adopt and fast track implementation of a harmonised system for certification of and sharing of COVID-19 test results.

The Principal Information Technology Officer highlighted major achievements under the EAC Regional COVID-19 coordination committee which included strengthening testing capacity, coordination, development of guidelines and development of the then Regional electronic cargo and drivers tracking system, the EACPASS that facilitated the movement of truck drivers in the EAC region and the installation of the command monitoring centres (CMC).

Eng. Murenzi further stated that there was also need to support digitalisation of the vaccination data and updating administrative reporting levels at each Partner State.

The detailed presentations are hereto attached as **Annex XI**.

Following the presentation, the experts made the following observations:

- i. Partner States should fully operationalise the CMC infrastructure and utilise it beyond the COVID-19 pandemic for the surveillance of other disease outbreaks; challenges experienced under COVID-19 need to be addressed as we integrate other disease surveillance programs;
- ii. There is need to address the issue on sustainability of the CMC infrastructure with clear coordination structures and buy-in from the Partner States;
- iii. A number of digital health initiatives exist under the EAC health sector and these initiatives should be guided by the existing EAC Regional Expert working group on Digital Health, Data, Technologies and Innovation (DIDATI);
- iv. There is need for the EAC Secretariat to develop and disseminate guidelines on development of digital health systems to minimise duplication of efforts and wherever possible emphasise use of existing interoperable digital platforms;
- v. The EAC Secretariat should ensure sustainability of the COVID-19 Command Monitoring Centres with (CMC) and avail budgets for strengthening national digital health systems
- vi. There is a need to undertake an evaluation of the COVID-19 Command Monitoring Centres with a view to integrating them within the national systems to facilitate maximum utilisation and ensure sharing of data and information of other diseases
- vii. The Africa Research and Impact Network (ARIN) to finalize the research papers for the publications and generate concrete recommendations for adoption by the EAC Partner States.
- viii. The EAC should promote the use Incident Management system (IMS) to enhance preparedness and response to emerging and re-emerging public health threats

- i. There is need to need to convene a special evaluation meeting involving all partners involved in implementation of the project, including WHO, EAC and IGAD;
- ii. Communication, reporting, accountability and M&E were a challenge during implementation of the project and these should be considered in the design of future projects;
- iii. There is need to enhance procurement through the EAC Secretariat to avoid delays and ensure timely response to disease outbreaks;
- iv. Reporting during disease outbreaks and epidemics should be aligned under existing WHO & AfCDC frameworks to avoid duplication;
- v. Community engagement and advocacy were critical during the COVID-19 response, future project support include these components; and
- vi. There is need for a regional coordination framework for all initiatives geared towards responding to disease outbreaks

The meeting made the following recommendations:

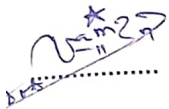
- a) The EAC Secretariat to finalize the research papers for the publications and generate concrete recommendations for adoption by the EAC Partner States;
- b) Commend AfDB for the support offered to EAC Secretariat on Covid response in EAC region;
- c) The EAC Secretariat and EAC Partner States to develop the concept notes to be submitted to AfDB in line with the AfDB priority areas;
- d) The EAC Secretariat to work with key health partners to evaluate the implementation of the contingency plan and develop a new EAC Regional all Hazards Strategy;
- e) The EAC Secretariat and EAHRC should table all digital health initiatives under the EAC health sector to the EAC Regional Expert Working Group on Digital Health, Data, Technologies and Innovation (DIDATI) for technical guidance and enhance transparency, participation, leadership, sustainability and ownership by EAC Partner States;
- f) The EAC Secretariat in collaboration with Partner states should undertake an evaluation of the EAC COVID-19 Command Monitoring Centres with a view to integrating them within the national systems to facilitate maximum utilisation and ensure sharing of data and information of other diseases; and
- g) EAC and the Africa Research and Impact Network (ARIN) should work on an MoU for future collaboration





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signed by Representatives of Partner States on this 22nd Day of April 2023

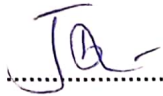


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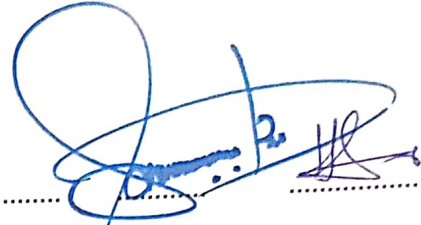
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