

**RE-ADDRESSING EQUITY THROUGH EVIDENCE-DRIVEN RESPONSE TO  
COVID-19 IN AFRICA.**

**EAC VALIDATION REPORT.**



**APRIL 2023.**

## **Background.**

This validation report pertains to the "Re-addressing equity through evidence-driven response to COVID-19 in Africa" project, funded by the International Development Research Centre (IDRC) and currently being implemented by the Africa Research and Impact Network (ARIN) in collaboration with the East Africa Community (EAC) partner states. The project acknowledges the coexistence and interaction of the COVID-19 pandemic with climate change, as both share underlying vulnerabilities and adaptation challenges. The project focuses on a co-production process with the East African Partner States and other stakeholders to generate evidence for COVID-19 recovery plans and establish a framework for knowledge uptake in pandemic response within the region.

Previously, ARIN organized an Introductory Policy Lab Workshop with EAC policymakers from May 18th to May 19th, 2022. The workshop addressed the state of COVID-19 recovery in different countries, outlined the knowledge translation project plan, discussed its objectives in detail, and engaged stakeholders in assessing priority evidence needs during the COVID-19 recovery period. Subsequently, five evidence priority questions were identified:

- I. Evidence on the efficacy of target policies implemented during the pandemic response.
- II. Evidence on the degree of research uptake within the EAC region during the pandemic.
- III. Evidence on the efficacy of institutional arrangements for the COVID-19 response in the EAC region.
- IV. Evidence on the implications of COVID-19 in exacerbating supervening factors such as social inequalities and climate change, recognizing that COVID-19 extends beyond the health sector.
- V. Evidence on the efficacy of social strategies, particularly gender equity, in responding to the pandemic.

Later, these questions were analyzed and consolidated into three categories:

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

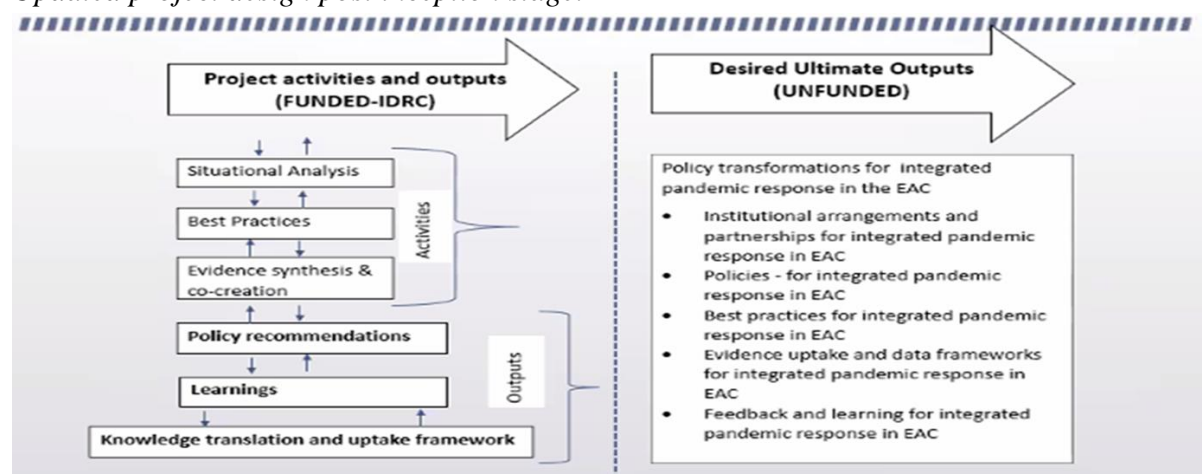
Based on these categories, ARIN developed evidence papers, which were the focus of the validation workshop. The two-day workshop aimed to co-create a knowledge uptake framework for research and evidence based on the experience gained during the COVID-19 pandemic.

## 1. Introduction.

The project titled "Re-addressing Equity through Evidence-Driven Response to COVID-19 in Africa" was developed in response to the impact of COVID-19, which exacerbated pre-existing issues such as gender inequality and climate change in the region. The project aims to enhance the utilization of research evidence on COVID-19 by engaging and educating knowledge users, particularly policy makers, about the existence and value of such evidence. Additionally, it seeks to document experiences and lessons learned to establish a stronger foundation for knowledge and practice in Africa.

In pursuit of these objectives, in 2022, ARIN and the EAC Partner States organized a project inception workshop to identify key areas where technical evidence is needed to support an integrated and equitable pandemic response framework. These areas encompassed the effectiveness of policies, institutional and social strategies in responding to and recovering from the pandemic, the impact of COVID-19 on exacerbating underlying issues such as social inequalities and climate change, and the extent and mechanisms of research uptake in pandemic response and recovery. Therefore, "Re-addressing Equity through Evidence-Driven COVID-19 Recovery" focuses on identifying best practices to develop a framework for knowledge utilization in pandemic response and to establish a comprehensive pandemic response framework for the region. To achieve these goals, the project adopted the following design:

*Updated project design post inception stage.*



ARIN conducted a situational analysis and engaged with stakeholders from the EAC to identify priority evidence needs regarding COVID-19 response, equity, and climate action. Additionally, ARIN conducted a scoping summary and rapid synthesis before developing priority research papers on the following topics:

- I. Evidence on the effectiveness of policy, institutional, and social strategies in pandemic response and recovery.

- II. Evidence on the impact of COVID-19 in exacerbating underlying factors such as social inequalities and climate change.
- III. Evidence on the degree and mechanisms of research uptake in pandemic response and recovery.

Existing evidence and research were subsequently reviewed and synthesized, leading to the identification of gaps, opportunities, and needs for pandemic response in the EAC region in an inclusive and integrated manner. The evidence synthesis also uncovered best practices and developed recommendations that would be valuable for the EAC Partner States in establishing an integrated and evidence-based pandemic response framework.

Furthermore, various international reports, such as the [IPCC report](#), have emphasized the vulnerability of the EAC Partner States to the impacts of climate change. This vulnerability is attributed to factors such as low adaptive capacity, socio-economic inequalities, and higher levels of poverty. To validate the findings of the evidence synthesis, ARIN and the EAC jointly organized a workshop on April 21-22, 2023. During this workshop, it became evident that COVID-19 and the associated management measures, particularly within vulnerable communities, resulted in double vulnerability. Consequently, equitable solutions are required for future pandemics.

## **2. Project Objectives:**

The implementation of the project is guided by the following objectives:

### **I. Situational analysis to identify current approaches to equitable COVID-19 management and recovery in the context of climate change within the EAC:**

- To examine the policy response and the utilization of evidence in addressing COVID-19, including the types of evidence used and how they were incorporated into the COVID-19 planning process.
- To identify the critical evidence needs and potential gaps for African governments, with a focus on the East African region/countries, concerning the impacts and response to COVID-19, and how these intersect with equity in climate change and broader social justice principles.
- To synthesize evidence and develop a research agenda addressing the priority evidence needs for African policymakers.

### **II. Policy lessons, recommendations, and knowledge uptake framework:**

- To identify best practices and lessons learned regarding equitable COVID-19 management.
- To generate frameworks for lessons and learning on best practices for Knowledge Translation and practice by documenting key challenges, opportunities, and processes.

- To characterize knowledge translation and propose a framework that can be widely tested and adopted by both International Development Research Centre (IDRC) and other research-for-development stakeholders.

### **3. Aim.**

To accomplish the aforementioned objectives, the validation meeting examined the findings of the evidence synthesis, focusing on best practices for pandemic response using COVID-19 as a case study. Specifically, the aim was to:

- i. Validate the evidence question papers, specifically:
  - Evidence on the implications of COVID-19 in exacerbating underlying factors such as social inequalities and climate change.
  - Evidence on the degree and mechanisms of research uptake in pandemic response and recovery.
- ii. Collaboratively develop a knowledge uptake framework with EAC policymakers for evidence and research.

### **4. Participation**

The meeting was attended by the following:

- i. Experts from the EAC Partner States Ministries responsible for Health and Ministries responsible for EAC Affairs.
- ii. ARIN staff and members of the advisory Board. Staff from the EAC Secretariat and the East African Health Research Commission (EAHRC).

### **5. Deliberations.**

#### **5.1. Overview of the EAC Regional COVID-19 Response.**

The COVID-19 pandemic has exposed the underlying weaknesses in health systems, affected economies, and imposed travel restrictions both within the EAC region and globally. As a result, the EAC Partner States have recognized the need to strengthen their health systems to effectively handle future pandemics. To address the existing and potential threats posed by COVID-19 and other epidemics, continuous collaboration among the EAC Partner States is essential to enhance pandemic preparedness for future outbreaks.

The impact of the COVID-19 pandemic on the region has been severe, resulting in an estimated output loss of between US\$37 billion and US\$79 billion. This has led to a decline in household incomes and disruptions in supply chains for tradable goods and services, particularly in the

aviation, tourism, and hospitality sectors, where the entire value chains have been severely affected.

As part of the policy response, the region implemented a COVID-19 Response Plan, developed under the guidance and leadership of the EAC ad hoc Regional Coordination Committee (EARCC). This multisector plan encompassed key sectors such as health, productivity, customs and trade, migration, and security.

The plan aimed to achieve the following objectives:

- 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 the COVID-19 virus and reduce morbidity and mortality in the region.
- III. Assist East Africans, especially staff in the EAC organs and institutions, in reducing their own risk and the risk to their families and communities from COVID-19.

Some of the research-related activities that were undertaken across the region included:

- i. Regional Data Collection Survey and Piloting of Proposed Activities aimed at the Prevention of Infectious Diseases at Border Posts (BPs) in the EAC.
- ii. East Africa Community Rapid Assessment of Point of Entry Capacity (RAPC).
- iii. Assessment of Designated COVID-19 Testing in the East Africa Community Partner States.

According to the EAC Secretariat, there is still a need for collaboration with the Partner States and relevant stakeholders to ensure that the region is better prepared to address disease outbreaks and to apply the lessons learned from the COVID-19 response.

## **5.2. The Status of COVID-19 Response and Recovery in the EAC:**

Different countries within the EAC experienced unique impacts during the COVID-19 period, as summarized below:

### **Burundi**

The first two cases of COVID-19 were confirmed in Burundi on March 31, 2020. In response, a national committee was established to combat the spread of the virus. Key measures implemented to curb the spread included the adoption of a National COVID-19 Contingency and Response Plan and the establishment of toll-free call centers. Additionally, mass campaigns were conducted in various areas to contribute to the fight against COVID-19.

Through these interventions, the different waves of the pandemic were brought under control. Since February 2022, the virus has been spreading at a low rate, and the positivity rate has consistently remained below the 5% threshold recommended by the WHO. For more than six consecutive months, the positivity rate has been below 3%.

## **Kenya**

In Kenya, the first case of COVID-19 was confirmed on March 12th, 2020. The country experienced two peaks in the year 2022, with Nairobi having the highest attack rate, followed by Mombasa. As of now, over 10 million people have been vaccinated, with 10,253,388 individuals receiving the first dose and 2,132,750 individuals being fully vaccinated. The fatality rate stands at 1.7%. The target population for vaccination is 27,246,033, which represents 40% of the total population. In 2023, there has been a significant decline in infection rates.

The Kenyan government collaborated with various research institutions to generate evidence through policy briefs and enhanced the capacity of county governments. The country implemented several interventions to support vulnerable populations in response to various shocks. Some of the best practices adopted include a whole-of-government approach, the use of digital surveillance systems, and a coordinated response, among others. Despite the pandemic catching many countries off guard and unprepared, new systems emerged in Kenya. For instance, the country implemented surveillance systems at points of entry to track individuals entering the country and screen them for COVID-19. The diagnostic capacity of the country was enhanced, enabling effective monitoring of the progress of the virus. Additionally, public health emergency management training was conducted to strengthen capacity-building efforts.

## **Uganda**

COVID-19 highlighted the need to have improved and resilient health systems to effectively deal with future pandemics in Uganda. Following the outbreak, private laboratories comprised the majority of active testing sites. Although regional referral hospitals were contacted, routine testing was hardly implemented. So far, the country has performed well in terms of vaccinations, with more women being vaccinated compared to men (56% versus 44%). While the outbreak has not yet ended, the country has maintained a low positivity rate of below 5%. Thanks to the pandemic, specialized treatment units have been established in all regional referral hospitals, testing of respiratory diseases has been extended, and task forces have been activated at the district, sub-county, and local levels.

Like most African countries, Uganda did not have its own equipment, which hindered the response process as they relied on international tools. Therefore, there is a need to have localized tools tailored to address the specific needs of the region. Similarly, it is necessary to integrate some of the surveillance systems to screen different infectious diseases besides COVID-19 and to use evidence-based knowledge to shape the approach to addressing these challenges.

## **Tanzania**

At the time of the workshop, the COVID-19 outbreak in Tanzania was still ongoing. The country had recorded five new cases in the previous week, but no new admissions or deaths were reported. Several interventions were implemented to control the spread of the virus, including screening mechanisms at entry points, public awareness campaigns, and coordinated meetings with relevant stakeholders. Furthermore, reports on the commodities supporting COVID-19 interventions have been analyzed, and PCR testing has been expanded to all hotspots.

In Tanzania, the pandemic has brought some unexpected benefits. Previously, people were unaware of where to access traditional medicines or how to purchase them. However, due to COVID-19, people have become aware of where these medicines can be obtained. Additionally, the country used to experience cholera outbreaks almost every year, but during the COVID-19 period, this was not the case. This could be attributed to the fact that while implementing COVID-19 preventive measures, the occurrence of other diseases was also reduced.

## **Zanzibar**

The first case of COVID-19 in Zanzibar was reported on March 18, 2020. Initially, the country lacked the capacity for testing patients, and samples had to be sent to Tanzania for processing, which hindered an effective response. In terms of vaccination, the country has achieved nearly 80% of its vaccination target. Various plans were revised to support the development of data collection structures.

Following the country presentations, policymakers made the following observations:

- I. There has been inadequate dissemination of evidence from COVID-19-related research in the EAC Partner States.
- II. Poor linkage and coordination of COVID-19-related research activities with in-country research institutions and research networks.
- III. Differing country priorities and inadequate resources sometimes lead to delays in the harmonized uptake of research results and implementation of research outcomes.
- IV. Policymakers require evidence to make decisions, but challenges exist in effectively incorporating the needs of vulnerable groups due to the timeliness of context-specific evidence.
- V. During the pandemic, research options were relatively limited, with many countries relying on guidance from international organizations such as the WHO. Adoption and implementation of research/evidence uptake frameworks also depend on issues of sovereignty, political goodwill, and available expertise.
- VI. Collaboration between researchers and policymakers is necessary to prepare in advance for future pandemics.



- VII. Initially, there was significant mistrust regarding COVID-19 vaccinations, which negatively impacted the willingness of people to be vaccinated. Education initiatives are needed to communicate the importance of vaccines and address negative perceptions. Additionally, generating more research data to support evidence is crucial.
- VIII. COVID-19 provided an opportunity for cross-sector learning. Prior to the pandemic, healthcare was considered consumptive and wasteful. However, with the emergence of COVID-19, it was recognized as an investment that should be leveraged. The all-government approach was strengthened, and testing capacity improved to encompass multiple diseases simultaneously.

### **5.3. Presentation on the Research Paper: The Nexus between COVID-19, Gender, and Climate Justice: What Synergies Can Be Exploited?**

This evidence synthesis highlighted the importance of addressing the intricate interactions among climate change, gender, and COVID-19, with a specific focus on vulnerable populations. It emphasized the necessity of multi-disciplinary teams in developing evidence-based solutions. The lack of evidence in this particular nexus was identified as an urgent area requiring action. The synthesis recognized that climate change and COVID-19 coexist within the same social systems and vulnerabilities, with affected populations displaying weaker adaptive capacity and resilience.

The synthesis also explored how different types of inequalities intersect, exacerbating vulnerability among marginalized communities. These include inequalities related to household, education, employment, healthcare, and housing. It was found that a majority of women and youth are employed in the informal sector or insecure jobs, which puts them at risk of job loss and lack of access to health insurance. The presentation also examined the intersection of access and control of natural resources with COVID-19 vaccines, highlighting the ongoing struggles women face in terms of land rights, energy access, and water availability—areas highly impacted by climate change. Additionally, the long-term effects of climate change on food and water security were discussed, leading to weakened community resilience.

Moreover, the presentation identified low engagement and participation in governance, management, and climate adaptation/mitigation actions as significant challenges. Structural barriers, social norms, and gender inequalities present in society were found to be exacerbated by the COVID-19 pandemic and climate change, resulting in an increase in gender-based violence.

### **5.4. Presentation on the Research Paper: COVID-19 Evidence/Research Uptake and Knowledge Translation within the EAC Paper**

The research paper highlighted the importance of consolidating and effectively utilizing existing research on COVID-19. The presentation underscored the critical need to bridge the gap between research and policy, supporting effective pandemic response plans and building resilience against future pandemics by consolidating evidence and making it accessible to policymakers for decision-making. The focus was on how research evidence informed the response and recovery process.

The specific objectives derived from the synthesis were as follows:

- I. Identify the types of evidence (e.g., scientific, public opinion, global narratives, etc.) utilized to inform response and recovery efforts.
- II. Document case studies or best practices that demonstrate effective evidence uptake.
- III. Explore the interplay between the COVID-19 experience and existing knowledge translation frameworks, and identify areas for improvement in creating a more inclusive and effective knowledge translation process in decision-making spaces.

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

- I. Harmonizing government needs with those of communities, including women and children, to inform targeted scientific interventions.
- II. Developing new knowledge translation frameworks that consider evidence prioritization and involve differentiated consultations to ensure equitable outcomes.
- III. Raising awareness among policymakers about the existence of various forms of evidence within hubs/platforms.
- IV. Linking evidence platforms/hubs to policy processes through the sensitization of policymakers about their existence and usefulness.
- V. Expanding the scope of evidence to include practical case studies that demonstrate the strengths and limitations of research ideas, which is crucial for restoring confidence in policymakers.

### **5.5. Best Practices on Knowledge Translation Frameworks: The Case of COVID-19 Recovery and Climate Justice in the EAC**

In assessing the best practices during the pandemic, EAC policymakers recognized the importance of acknowledging COVID-19 as a multidimensional issue. This necessitated conducting a situational analysis to understand existing measures, ongoing efforts, required actions, and data/best practices needs. This analysis highlighted the need to develop a comprehensive multi-pandemic response strategy within the region. The policymakers emphasized that the focus on COVID-19 should evolve beyond numbers and instead adopt a systems thinking approach to address the challenges it poses. A robust strategy aligned with

the EAC context, developed through a bottom-up approach, should be established and collectively owned.

Presently, COVID-19 reporting still primarily revolves around numbers, even after three years. There is a need to shift how reporting is conducted and recognize that investing in COVID-19 will yield positive ripple effects, including strengthening gender responsiveness and addressing climate change-related issues, among others. The pandemic should be viewed in a broader context beyond COVID-19 itself and extend to encompass other societal challenges. While some institutional innovations were implemented to deal with the pandemic, some countries gradually reverted to their original institutional settings. The linkages between COVID-19 and other issues, such as climate change, have not received adequate attention in policy, resulting in a lack of clear data. Although various evidence platforms and knowledge hubs have been established, they have not been effectively connected to policymakers.

In noting the best practices, the following key aspects were identified in collaboration with EAC policymakers:

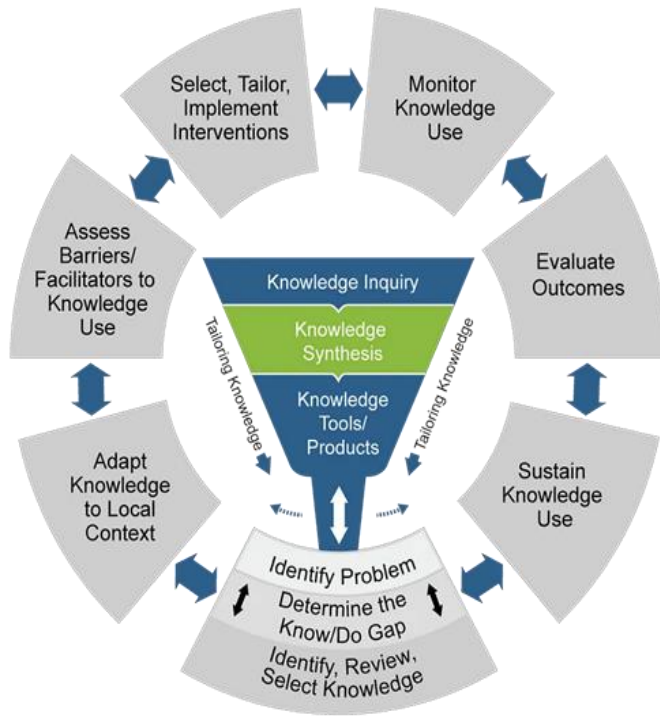
- i. Pandemics like COVID-19, which impact both health and the economy, should be viewed from multiple perspectives. Policies need to recognize the interconnectedness of health issues with other sectors. In addition to the health impact, livelihoods, transportation, and gender-related issues were also affected. Policymakers should be influenced by multi-sector research and evidence to promote long-term planning. Training can help policymakers appreciate the need to think ahead and proactively respond to challenges. Creative thinking is necessary to identify champions who can advocate for policy enactment.
- ii. Addressing pandemics requires sufficient implementation capacity for relevant, equitable, and effective policies. States should invest in infrastructure to capture relevant data and address emerging challenges during a pandemic.
- iii. Despite having a regional climate change policy, there should be a shift towards ensuring vulnerable communities have access to renewable energies. Innovative strategies are needed to prevent further disadvantages for communities already affected by climate change during a pandemic.
- iv. In a world characterized by disasters, pandemics, and emergencies, proactive systems should be developed to enhance resilience and preparedness. There should be closer integration between research and the needs of policymakers. Opportunities should be identified where social science-based research findings can be presented to researchers and policymakers together. Effective systems are crucial to prevent widening social inequality gaps, particularly for populations affected by climate change.
- v. It is essential to review the events of COVID-19, including its effects, existing legislation for swift response, available institutions, capacity/resources, strengths, and policy gaps. This information will help identify the specific evidence needed to

prepare systems for future crises effectively. Partner states should re-evaluate and harmonize policies to enhance their ability to address such occurrences.

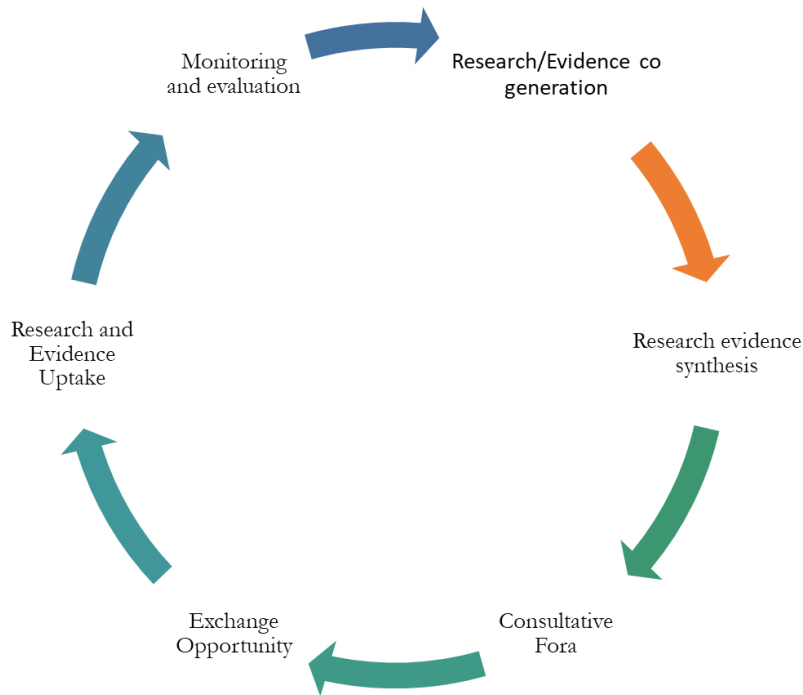
- vi. Communities should be actively involved in research and evidence generation and uptake initiatives. This leads to co-creation of solutions with the community, fostering a sense of ownership. Governments should provide resources and frameworks to engage citizens in research and evidence generation to enhance trust. Effective community engagement in preparedness leads to better response outcomes.
- vii. The definition of health should be broadened from a narrow focus on pathogens to include holistic well-being, emotions, nutrition, and social aspects. Social and environmental sciences should be included in decision-making committees for health pandemics.
- viii. The East Africa Health Research Commission is currently developing a regional disease surveillance and early warning system that can be interoperable with disease outbreaks. This will enable real-time pandemic response.

## **5.6. Pathways for Knowledge Translation Framework in EAC**

The COVID-19 era has witnessed the application of various pathways for Knowledge Translation. It is crucial to select the appropriate pathway to effectively and sustainably influence policy decisions. It has been recognized that much of the available information was not properly synthesized, resulting in relevant issues not being prioritized and research not being aligned with policy needs. Below is an example of a knowledge-to-action framework that was used to co-create an EAC Knowledge Translation framework.



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



*A simple co created KT model framework for Knowledge uptake in the EAC.*

The simplified co-created framework emphasizes the importance of involving affected communities throughout the inclusive pandemic response strategy. The components of the framework are as follows:

- I. **Research Evidence Co-generation:** An ongoing process that allows researchers and communities to collaboratively identify, track, and address evidence needs based on the country's context.
- II. **Research/Evidence Synthesis:** This involves identifying knowledge gaps, establishing an evidence base for best-practice guidance, and informing policymakers and practitioners. It includes community engagement, baseline research, rapid assessments of socioeconomic and cultural impacts on communities, particularly vulnerable groups, within the local context.
- III. **Consultative Fora and Input:** Multi-stakeholder engagement is essential due to the cross-sectoral nature of pandemics. Researchers engage with relevant stakeholders through a multidisciplinary approach, including community champions, social scientists, economists, and policymakers involved in pandemic response.
- IV. **Exchange Opportunity:** A two-way pathway for sharing ideas, research evidence, experiences, and skills between researchers and research users. It facilitates the sharing of evidence and research findings while incorporating external perspectives and experiences.
- V. **Science, Policy, and Local Knowledge Interface:** This component assesses best practices, inclusive pandemic response measures, community impacts, and incorporates local indigenous knowledge and approaches.
- VI. **Research and Evidence Uptake:** Knowledge utilization by relevant knowledge users in their specific contexts to implement inclusive pandemic measures.
- VII. **Monitoring and Evaluation:** Assessing the socio-economic strategies and policy responses related to pandemic response.

It is important to incorporate a broader definition of knowledge users and ensure the inclusion of community perspectives throughout the implementation of the Knowledge Translation Framework. Community awareness and evidence generation labs can help address concerns related to misinformation during the pandemic response. Additionally, establishing an interlinkage between relevant evidence needs at the local level and decision-making forums is crucial to avoid siloed approaches that neglect the voices of local communities. Political goodwill is also necessary to ensure that political leaders understand the components of an effective and inclusive pandemic response. According to EAC policymakers, this simple framework can be utilized to enhance the uptake and utilization of research findings in informing pandemic response.

## 6. Recommendations.

After thorough deliberations, the EAC policymakers and secretariat have put forth the following recommendations regarding the project:

- a) Africa Research and Impact Network (ARIN) should finalize the research papers for publication.
- b) ARIN, in collaboration with the EAC Secretariat, should develop a concept note on a multi-pandemic response strategy for the region.
- c) ARIN should provide technical support to the EAC Partner States in building an integrated and evidence-based pandemic response strategy/framework.

**ANNEX 1- Program.**



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

**20<sup>th</sup> to 22<sup>nd</sup> April, 2023**

**MOSHI, UNITED REPUBLIC OF TANZANIA**

**CHAIR: REPUBLIC OF BURUNDI**

## RAPPORTER: REPUBLIC OF SOUTH SUDAN

**DAY ONE: 20<sup>th</sup> April, 2023**

Time	Activity	Responsible/ Facilitator
08.00-08.30	Arrival and Registration of Delegates	EAC Secretariat
08.30-09.00	<p><b>Official Opening:</b></p> <p>(i) Constitution of the Bureau</p> <p>(ii) Introductions-</p> <p>(iii) Adoption of the Agenda</p> <p>(iv) Welcome remarks:</p> <ul style="list-style-type: none"> <li>• Remarks by the Host Country</li> <li>• Remarks by the EAC Secretariat</li> <li>• Remarks by AfDB Representative</li> <li>• Remarks by IDRC Representative</li> <li>• Remarks by ARIN Representative</li> <li>• Official opening remarks by the Chair</li> </ul>	Chairperson
09.00 - 09.15	Presentation of the background paper and meeting objectives, sharing of meeting documents	EAC Secretariat
09.15 – 09.50	Overview of the EAC Regional COVID-19 Response	EAC Secretariat
	<p>Redressing Equity through inclusive Covid 19 recovery</p> <ul style="list-style-type: none"> <li>• Project background</li> <li>• Inception Workshop</li> <li>• Priority Evidence Questions</li> <li>• Evidence Synthesis methodology</li> <li>• Guiding questions for discussion</li> </ul>	ARIN
09.50 – 10.30	Plenary	Chair
<b>10.30-11.00</b>	<b>Health Break</b>	<b>All delegates</b>
11.00– 12.30	<p>Considerations on Partner States updates on COVID-19 response and recovery</p> <ul style="list-style-type: none"> <li>• statistics/successes/challenges/ operationalisation of CMC</li> <li>• COVID 19 recovery, gender and climate change nexus</li> </ul>	Partner States
12.30 - 13.00	Plenary	Chair



<b>13.00 – 14.00</b>	<b>Lunch Break</b>	
14.00 – 16.30	<ul style="list-style-type: none"> <li>• Presentation on efficacy of policy, institutional and social strategies in the pandemic response and recovery.</li> <li>• Presentation on the Research Paper: The nexus between COVID 19, gender and Climate justice: what synergies can be exploited?</li> <li>• Presentation on the Research paper: COVID 19 Evidence/Research Uptake and Knowledge Translation within the EAC paper</li> </ul>	ARIN - Dr. Elvin Nyukuri Dr. Joanes Atela
16.30 – 17.30	Plenary: Best Practices on Knowledge Translation frameworks: The case of COVID 19 recovery and climate justice in the EAC.	ARIN and EAC
17.30	Health Break and End of Day	All delegates

### DAY TWO: 21<sup>st</sup> April, 2023

Time	Activity	Responsible/ Facilitator
08.45 – 09.30	Pathways for Knowledge Translation Framework in EAC	ARIN
09.30 – 10.30	Plenary	
<b>10.30 – 11.00</b>	<b>Health Break</b>	<b>All Delegates</b>
11.00-11.30	Consideration of the EAC AfDB project (status of implementation/ operationalisation of CMC).	EAC/AfDB
11.30-13.00	Plenary	Chair
<b>13.00 - 14.00</b>	<b>Lunch Break</b>	
14.00 – 14.30	Consideration on experience of EAC preparedness and response to PHE using a pillar- model incident management system approach in the Region.	Partner States
14.30-16.30	Plenary	Chair
16.30	Health Break & Departure	ALL

**DAY THREE: 22<sup>nd</sup> April, 2023**

<b>Time</b>	<b>Activity</b>	<b>Responsible</b>
08.30 - 10.30	Drafting, writing the report of the TWG meeting report	Rapporteur
10.30 – 10.45	Health Break	All Delegates
10.45 – 13.30	Drafting, writing the report of the TWG meeting report	Rapporteur
<b>13.30 – 13.55</b>	<b>Lunch Break</b>	
13.55 – 15:00	Adoption and signing of the report of the TWG meeting	Partner States delegates/ EAC
	End of Day	