# Re-addressing equity through evidence-driven response to COVID-19 in Africa.

## INCEPTION REPORT


**JUNE 2022**

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## EXECUTIVE SUMMARY.

This is an inception report for the 're-addressing equity through evidence driven response to COVID-19 in Africa' project. There is wider recognition that the COVID-19 pandemic coexists and interacts with climate change, through overlapping social processes and conditions that underpin vulnerabilities and adaptation. The African continent particularly experiences disproportionate vulnerability to the pandemic, and climatic risks due to inherent social and economic inequalities that compromise adaptive capacity especially for local communities. Additionally, there is a lack of clear frameworks for understanding available scientific evidence on these issues and usage of the same to build more inclusive and longer-term preparedness. The aim of the project is 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 Africa. The project is anchored on a process of co-production with the East African Partner States and other relevant stakeholders to build evidence into the COVID-19 recovery plans, and draw lessons towards establishing an appropriate framework for knowledge uptake for pandemic response in the region. As part of the project inception, the following activities have been completed so far:

i. Establishment of a project advisory team comprising of national, regional and international experts on health, social equity, and climate change
ii. A situational analysis on how the EAC Partner States have responded to the pandemic and implications for various social groups in light of existing shocks such as climate change
iii. A co-design inception workshop with the EAC Partner States
iv. Policy reviews and comparison with other regions
v. Co-design with policy makers.

The resultant outputs from the inception phase include:

i. A project advisory committee established.
ii. Two (2) working papers on situational analysis and policy review on COVID-19 response in the region.
iii. A co-design workshop and an updated project design which gives attention to situational analysis and identification best response practices (accounting for inequalities) and associated evidence as first phase and a second phase that seeks to use the lessons from phase 1 to develop a pandemic response strategy.
iv. A set of priority questions that require evidence for more effective response. The next steps will involve in-depth evidence synthesis around priority questions including identification of best practices.

Overall, the inception phase has laid a stronger foundation for co-production with the EAC Member States and expected output that is adoptable at the EAC Ministerial Council – catalysing implementation in practice.

## 1. Introduction.

In 2022, the Africa Research and Impact Network (ARIN) embarked on the "Redressing equity through inclusive COVID-19 response strategy" project, which is based on the East African context and is aimed at providing accurate and evidence-based knowledge transfer framework for inclusive COVID-19 recovery efforts, with the possibility of replication in across the African landscape. The project is funded by the International Development Research Centre (IDRC) and is necessitated by the reality that the COVID-19 pandemic coexists and interacts with other risks, especially climate change, through overlapping social processes and conditions that underpin vulnerabilities.

The inception phase of the project took place between April and May 2022. The aims of the inception phase were to:

i. Introduce the project to the relevant EAC stakeholders and policy makers for long-term buy in
ii. Undertake a situational analysis on the COVID-19 response strategies amongst the EAC partner states and its interaction with other supervening factors such as social equity and climate change
iii. Engage in a co design process of the project activities and envisioned outputs with policy makers.

As part of project inception, the following activities have been completed:

i. Establishment of a project advisory team comprising of national, regional and international experts on health, social equity, and climate change
ii. A situational analysis on how the EAC Partner States have responded to the pandemic and implications for various social groups in light of existing shocks such as climate change
iii. Co-design inception workshop with the EAC Partner States
iv. Policy reviews and comparison with other regions
v. Co-design with policy makers
vi. A draft Cooperation agreement.

The resultant outputs from the inception phase include:

i. A project advisory committee established
ii. Two (2) working papers on situational analysis and policy review on COVID-19 response in the region
iii. A co-design workshop and an updated project design which gives attention to situational analysis and identification best response practices (accounting for inequalities) and associated evidence (as part of the first phase and a second phase work packages) that seeks to use the lessons from phase 1 to develop a pandemic response strategy
iv. A set of priority questions that require evidence for more effective response.

## 1.1. Justification.

The COVID-19 pandemic largely disrupted global socio-economic ecosystems in a world with perennial global challenges such as poverty, climate change, disaster risks, and governance challenges. For regions that have been struggling with numerous development challenges, the pandemic posed a major threat that would not only undermine but also erase hard-won development gains (Asundi et al., 2021; Gautam & Hens, 2020; Hoang et al., 2021; Siddique et al., 2021). Inevitably, COVID-19 became a global pandemic that requires global leadership to tackle, in terms of both information and resources. Various actors including donors have invested efforts towards tackling the pandemic in terms of knowledge generation, planning support, humanitarian Aid, among other ways. More specifically, given the novelty and dynamic nature of the pandemic, there have been increasing efforts by donors to channel investments towards research that could help better understand the pandemic, generate best practices and lessons, and address wider equity issues.

The socio-economic impacts from the pandemic pose a significant threat to African's sustainable development gains (Ekwebelem et al., 2021). African governments have responded to the pandemic through various expert driven decisions informed largely by epidemiological trends, i.e., infection rates and globally established narratives around flattening the infection curve, but with little attention to the holistic socio-economic contexts of African communities especially the vulnerable groups who are already suffering from severe impacts of climate change (Asundi et al., 2021; Kupferschmidt, 2021; Lucero-Prisno et al., 2021).

This project therefore strengthens 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.

Contextually, Africa is particularly viewed as a frontier for knowledge informed decisions and planning for uncertain challenges such as the COVID-19. This is because the continent is vulnerable to emergencies, thus requires evidence informed preparedness to abate disasters (Atela et al., 2020). According to the Science Technology and Innovation Metrics report for Africa (Atela et al., 2020), Africa registers relatively low investment in research compared to other regions. Thus, the COVID-19 pandemic is an opportunity to champion the value of research-driven evidence in tackling emerging and existing challenges. This is critical in enhancing Africa-led solutions and thought leadership in tackling global challenges.

There is a need to rethink options for engaging science with policy and practice. Based on identified evidence needs, this project synthesizes research on COVID-19 response and linkages with social justice/equity issues and climate change into evidence briefs and uses case studies to identify linkages between COVID-19 and climate equity. By understanding existing evidence and sensitizing users (especially policy makers) to the existence of and usefulness of this evidence, while documenting relevant experiences, this project will build a stronger foundation for knowledge and practice in Africa.

Notably, this project /study is aligned with the criteria for funding under IDRC's Knowledge Translation (KT) & Synthesis Flexible Funds budget that focuses on:

i. **Thought leadership**: Based on a long-term perspective of development challenges, the project engages stakeholders to generate priority areas requiring evidence and uses these priorities to synthesise evidence and share results.
ii. **Knowledge generation and synthesis**: Focusing on ethical co-generation of knowledge, the emerging synthesis will be shared widely with target users both within and beyond the IDRC.
iii. **Knowledge Translation practice**: Evidence synthesis and policy engagements will support knowledge translation of existing evidence with key knowledge users. Engagement with a broad array of stakeholders throughout the project will simultaneously help lay a strong foundation for enhanced knowledge translation practice and learning moving forward (for example, benefiting development partners, policy makers, researchers, local communities, civil society, among others).

## 1.2. Research objectives.

In implementing the Knowledge Translation project, the overall objective focuses on strengthening 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. The specific objectives of the project include:

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

i. 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.
ii. 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.
iii. To synthesise evidence and develop a research agenda on priority evidence needs for African policy makers.

### 1.2.2. Policy lessons, recommendations and knowledge uptake framework.

i. To identify best practices and lessons on equitable COVID-19 management.
ii. To generate lessons and learning frameworks on best practices for Knowledge Translation and practice through documenting the key challenges, opportunities and processes.
iii. Characterising 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.

### 1.3. Future objectives.

The project is intended to use the COVID-19 learnings and experiences from the EAC region to develop a knowledge translation uptake framework for future shock and pandemics. Therefore, its future objective is to apply the knowledge uptake framework in co-developing a Pandemic Response Strategy that is applicable on a regional and global scale.

## 2. Inception Activities.

### 2.1. Establishment of the Project Advisory Board.

After holding the inaugural stakeholder engagement, ARIN set up a Project Advisory Board drawing from interdisciplinary experts across the science and policy landscape. The members of the advisory board are responsible for enhancing the project implementation strategy, providing guidance and expertise on the project outputs and augmenting stakeholder engagement in conducting the project successfully.

The members of the Project Advisory Board Members are listed in Table 1 below:

*Table 1: Knowledge Translation Project Advisory Board Members*

| Name | Institutional Affiliation | Area of Expertise |
|---|---|---|
| **Dr. Joanes Atela** | ARIN | Science Policy interface expert. |
| **Ms. Alison Kaitesi** | EAC | EAC Health expert |
| **Dr. Scholastica Omondi** | University of Nairobi | Social equity expert |
| **Mr. Paul Okwi** | IDRC | IDRC Representative |
| **Prof. Leonore Manderson** | University of the Witwatersrand | Social equity expert |
| **Dr. J.P. Odero** | Strathmore University/AHPRC | Academia and Public health policy. |
| **Prof. Samson Kinyanjui** | KEMRI-Wellcome Trust | Scientific, and strategic project guidance expert |

The Advisory Board members were engaged in the inception workshop discussions during which they noted that there was need for a deep understanding of the EAC partner states' health systems and how they are designed. This should be explored from national levels to inform the regional level policies, then subsequently harness the various inter sectoral synergies. Further, there was a need to identify the key determinants and explore structural and cultural systems of the society. In the informal settlements, for example, some measures taken to curb the COVID-19 pandemic were literally impossible to implement hence increasing risks of the spread. There was a need therefore to have a good understanding of the people's way of life and how it relates to pandemic response and spread/control.

It was also pointed out that EAC countries should interrogate the various control measures that were put in place and their efficacy in addressing the COVID-19 challenge within the regional context. Notably, most containment measures did not consider social, human rights, legal perspectives of the community.

Additionally, the advisory board panel also noted that there was a lot of misinformation during the pandemic, thus necessitating a need to understand better how to package information to enhance its understanding. This also affected the subsequent uptake of vaccines across the region. Therefore, partner states needed 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.

## 2.2. Situational Analysis of the EAC Countries in COVID-19 Response strategies.

This section documents activities undertaken to achieve a situational analysis of the EAC COVID-19 response, interactions with climate change, and the role of evidence in this response.

### 2.2.1. Preliminary document review to inform situational analysis (see annexes II and III for the Technical papers).

There are numerous research publications on COVID-19. The aim of this review is to give an initial situational analysis of the COVID-19 pandemic within the EAC community, with a focus on vulnerability, lessons learnt, response strategies, and the way forward. This review also acts as a benchmark reference for future studies within the EAC, while providing useful insights relating to challenges that are because of outbreaks.

We searched for literature in four engines (PubMed, Science Direct, Scopus and Google Scholar) using the following combination of keywords: ‘COVID -19`, `response strategies` and `East Africa`. We considered only research published in English from 1st January 2020 to April 2022. The search was done with exclusion criteria for non-English articles and non-COVID-19 papers. After exclusion, 16 published articles as on 1st April 2022 were included. Updates, reports and working paper series from World Health Organization (WHO), the World Health Organization East African Region, Centres for Disease Control and Prevention (CDC), Africa Research and Impact Network, and from other authentic sources were added. The results were grouped and systematically presented in this review.

According to (Madu et al., 2020), for Eastern Africa countries (Ethiopia, Eritrea, Djibouti, Somalia, South Sudan, Kenya, Uganda, and Tanzania) the overall “ReadyScore”, which is a tool created by “Resolve to Save Lives” to determine whether a country is prepared to detect, contain and prevent epidemics, ranged between 29% to 57%. The article also reports that East African countries are doing better in the national laboratory systems, real-time surveillance, and risk communication, and scoring generally between 40-79% with few exceptions. Preparedness and response plans to COVID-19 have been adopted by East African Countries according to the WHO guidelines. However, there is need for strengthening and more collaboration within the EAC.

According to (Angom, 2021), Kenya was the first country within the EAC to record COVID-19 cases on 12th March 2020, followed by Rwanda and Tanzania on 14th and 16th March 2020 respectively. Uganda reported its first case on 21st March 2020 whereas, Burundi and South Sudan on 25th March 2020 and 5th April 2020 respectively. Initially, Uganda and Rwanda effectively contained COVID-19 compared to the other EAC countries, which can be attributed to implementation of lessons learnt from previous pandemics in the countries such as Ebola in, Dengue Fever and Cholera in Uganda. Apart from Tanzania and Burundi, all the other EAC countries adopted global containment measures including social distancing, quarantines, and border controls through curfews and lock downs.

The COVID-19 pandemic has been a wake-up call for collaboration in addressing future pandemics and implementation of best practices in the East African Community, which can as well be echoed in all the other African countries. The review has particularly pointed to existing governance and policy challenges at the forefront of COVID-19 response within the EAC and therefore, while developing the future EAC pandemic response Outlook, there is need for an in-depth country situational analysis, documentation and implementation of best practices and strengthened collaboration.

**a) Kenya.**

The 1st COVID-19 case in Kenya was reported on March 12, 2020. To date, 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. 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 one (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. The country is currently conducting three different tests namely, Polymerase Chain Reaction (PCR), Rapid Diagnostic Test (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, community, country points of entry, i.e., JKIA and designated border points and lastly mobile testing sites which usually targets truck drivers for instance in Mai Mahiu and Namanga. Owing to an effective case management, Kenya has recorded a cumulative discharge of 318,192 COVID-19 patients and a 97.2% recovery rate.

**b) Uganda.**

Uganda reported the first COVID-19 case on 21st March 2020 as an imported case from Dubai. By April 2020, there were sporadic community cases and by August, the country reported more widespread community infections. The country launched its vaccination campaign on 10th March 2021, initially targeting the most vulnerable. However, 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.

**c) Burundi.**

COVID-19 was first detected in Burundi in March 2020. At first, the government refused to impose restrictions, on the country, permitting political rallies and sporting events to take place. However, with the growing gravity of infections, containment measures were put in place. These measures included social distancing, hand washing and wearing of masks. As at May 2022, 1,553,040 persons had been tested. Out of this number, 41,606 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, 13,175 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. Notably, through most of 2021, Burundi was one of three countries, which refused to have vaccines. In February 2021, Thaddee Ndikumana, the health minister of Burundi, said the country was more concerned with prevention measures. Nevertheless, it subsequently embraced and rallied for vaccination uptake among its citizens.

**d) Tanzania.**

The first case of COVID-19 was detected on 16th March 2020. When the first case of COVID-19 was reported in Tanzania in March 2020, the government introduced all necessary restrictive measures, including wearing masks and social distancing but after six months, when the government announced that COVID-19 was fully defeated in the country, all restrictions were lifted, and life returned to “normal”. The country was reluctant in employing the containment measures that were already in place in the region. It subsequently reembraced the wearing of masks, vaccination and social distancing owing to the growing negative impact of the pandemic in the country and the EAC region.

The country 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 had a number of approaches to Risk Communication and Community Engagement (RCCE), which included 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 who are reported 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 the COVID-19 pandemic. Important to note is that Tanzania heavily embraced traditional methods of treating COVID-19, and this was encouraged by the population.

**e) South Sudan.**

South Sudan 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 a case management lab, RCCE, contact tracing, rapid response team, Infection prevention and control (IPC), and Water, Sanitation and Hygiene (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, and 625 723 people have been fully vaccinated. In close partnership with the World Health Organization (WHO) and Centre for Disease Control and Prevention (CDC), South Sudan Public Health Emergency Operations Centre (PHEOC) has been closely monitoring the COVID-19 situation.

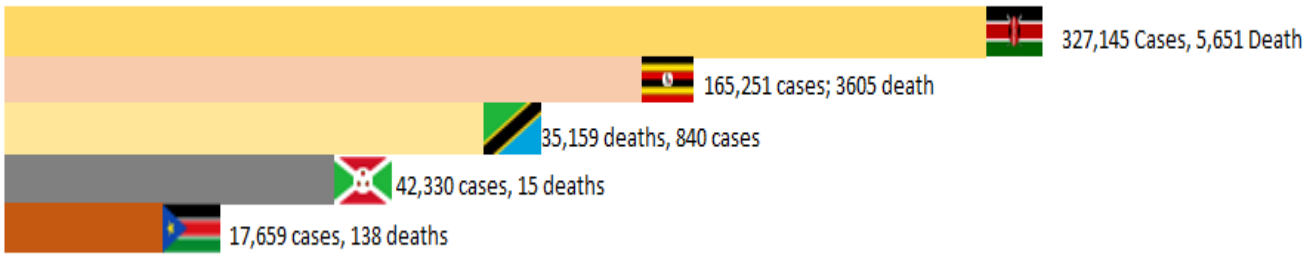


*Figure 1.1: Showing reported COVID-19 cases and death in EAC*

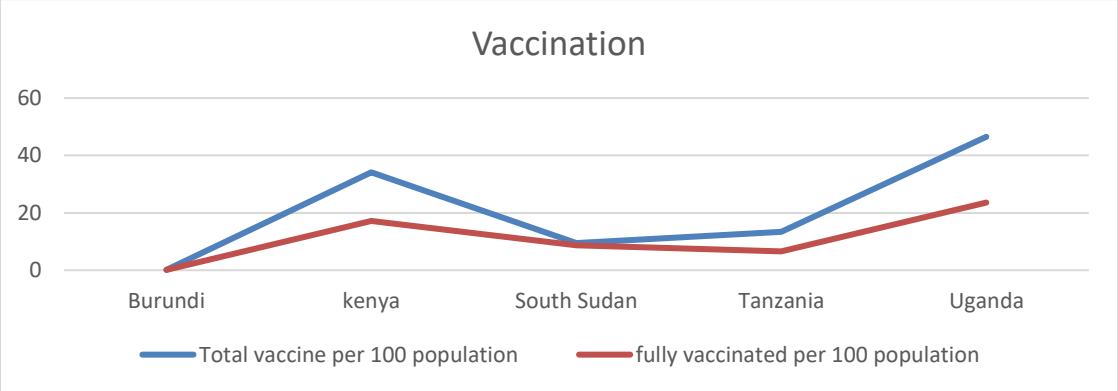


*Figure 1.2: Showing total vaccinations per 100 population*

## 2.3. Stakeholder Engagement.

This study leverages on stakeholder engagements across the EAC. Various forms of engagements were undertaken:

a. *Weekly planning meetings with the EAC Secretariat (between March and May 2022);* this involved discussions with the EAC Secretariat and presentation of the design of the project and roles to be played during and after inception.

b. The project inception also benefitted from *engaging stakeholders* involved in the Collaboration for the establishment of the African Population Cohort Consortium (CE-APCC) set to be hosted by the African Population Health Research Centre (APHRC) in line with the latter's mission to generate

evidence, strengthen research capacity, and engage policy on enhancing population health and wellbeing in a post COVID-19 era.

c. *A virtual webinar on knowledge translation in inclusive COVID-19 recovery:* The webinar took place on 5th May 2022. It was convened to highlight the situational analysis of research and evidence uptake in the COVID-19 recovery strategies in East Africa; identify gaps in research and evidence uptake in COVID-19 recovery strategies in East Africa; discuss linkages of COVID-19 recovery strategies, climate change and social equity; and to provide reflections on best practices in research evidence uptake in COVID-19 recovery strategies in East Africa. The webinar engagement revealed that COVID-19 interrupted socio economic and cultural relations with serious implications on the family unit, social equity matters, cultural practices, social gatherings and economic losses. Again, it was observed that the steps taken to curb the pandemic included a top down approach in the appointment of Health committees who issued guidelines and containment measures on behalf of the national government. The response to COVID-19 was geared towards flattening the curve, an aspect that has become a global narrative even for African countries. Despite the gains from the response measures in the EAC countries, the aftermath revealed the crucial need to augment science and research uptake in COVID-19 response strategies by the national governments. Moreover, some of the response measures further marginalized already vulnerable groups of people and exacerbated the effects of climate change on other communities. The stakeholder webinar was an eye opener to the ensuing discussions in the inception workshop that intricately explored inclusive COVID-19 responses across the EAC countries, as well as their implications on the prevailing social equity challenges and climate change.

d. *Bilateral sensitisation of Advisory Committee Members on the project:* virtual engagements with individual members of the Advisory Committee was undertaken to sensitise them about the project aims and activities. These engagements were followed by official nomination letters to the committee members. The committee members also formed part of a panel discussion during the project's co design (inception workshop) where they provided expert opinions on the overall COVID-19 situation in the region and how evidence could play a role in the longer term.

e. *Cooperation agreement:* ARIN already has a draft cooperation agreement in place for better collaboration with the EAC Partner states through the EAC Secretariat. The cooperation agreement outlines the duties of the parties which should be carried out in good faith for the purpose of project implementation, engagement with the stakeholders and policy makers, and access to desktop resources such as reports on COVID-19 response strategies in the EAC, all which would be essential for evidence synthesis in the second phase. The agreement is under consideration from the EAC Legal department.

f. *Co-design workshop with the EAC Partner States representatives (inception workshop):* this was part of the inception workshop, also described in details under section 2.4. The workshop brought together EAC Member Partners and

the Advisory Committee to discuss the project design and contirbute to co-designing of the project's scope and activities.

Overall, the stakeholder engagements have been instrumental in successfully carrying out the first phase of the project. The linkages that have been established will support the subsequent project delivery. The engagements also augmented the co-creation of the project design and deliverables to bring to life the input of various actors across the EAC region and beyond.

### 2.4. Inception Workshop. (see annex I for the inception meeting report).

As part of co-creation, the ARIN together with the East Africa Community (EAC) co-organized a hybrid (physical and virtual) inception workshop. The workshop was held on 18th and 19th May 2022 in Nairobi, Kenya. The participants in the physical meeting included: nine (9) identified focal persons by the EAC across the EAC region from each country (except Rwanda); three (3) technical experts from the EAC COVID-19 Working group; and six (6) members of the Project Advisory Board. Two (2) members of the Project advisory Board attended virtually.

The workshop discussed the project plan in detail and engaged key players across the EAC on how best to achieve the objectives of the project by assessing evidence needs in the COVID-19 response plan within East Africa. The workshop was interactive and participatory in nature, with the EAC partners presenting on various COVID-19 strategies undertaken in their countries. It was aimed at: understanding the project and the COVID-19 response strategies in EAC; co-creation of evidence needs for more inclusive COVID-19 recovery; understanding the intended outcome of the project; streamlining the modes of engagement throughout the project; and identifying focal stakeholders for long term buy in and goodwill.

It also introduced the project and incorporated a plenary session discussion on inclusive COVID-19 response strategies. The workshop identified the Knowledge Translation project as a case through which research evidence can support policy directives. Leveraging on COVID-19 experiences from EAC partnering states, the project was poised to explore how research can/was used to support policy by developing a research policy framework to respond to different societal shocks.

## 3. Priority evidence needs for inclusive COVID 19 recovery in EAC.

Based on the inception workshop and preliminary literature review, a number of priority evidence needs were identified to support inclusive COVID-19 response strategy based on the theme; ***"Build back better"*** and addressed the following key priority questions:

*Table 2: Key priority questions for the Inception workshop*

| Priority Question | Plenary Discussion Input |
|---|---|
| i. **Specific types of evidence and research that informs COVID-19 response strategies.** | The delegates and project advisory members considered the specific forms of evidence that states would require for an inclusive COVID-19 recovery strategy in the region. This included:<br>i. Evidence on the efficacy of target policies that were implemented during the pandemic response;<br>ii. Evidence on the degree of research uptake during the pandemic within the EAC region;<br>iii. Evidence on the efficacy of institutional arrangements for the COVID-19 response in the EAC region;<br>iv. Evidence on COVID -19 implications on aggravating supervening factors such as social inequalities and climate change in recognition of the fact that COVID-19 transcended the health sector; and<br>v. Evidence on the efficacy of social strategies to responding to the pandemic. |
| ii. **Challenges and opportunities for accessing such evidence.** | The challenges of accessing such evidence were discussed as lack of good will from the relevant stakeholders and lack of a preliminary EAC analytical perspective document on inclusive COVID-19 response strategies, backed by scientific evidence. To this end, Delegates and stakeholders were urged to cooperate/assist in accessing some of the desktop documentation (Country reports, journal articles, policy documentation, statutes) that would support a comprehensive situational analysis of inclusive COVID-19 pandemic in the EAC region. |
| iii. **Required policy transformation for better pandemic response.** | Preliminarily, this was discussed as taking into consideration the unique circumstances of vulnerable groups of people (such as populations in the informal settlements, new groups of vulnerabilities who emerged because of the pandemic,) across the EAC and how they are already affected by social inequalities and the effects of climate change. Policy transformation was discussed as taking into account the country's socio-economic and political contexts e.g., South Sudan that is already facing such as climate shocks and food shortages amongst other social inequalities. From an in-depth synthesis of the desktop documentation in the second phase, the project would recommend the required policy transformation for better pandemic response. |
| iv. **The situational understanding of the best practices in the pandemic in the EAC partner states and regional level.** | From the COVID-19 response strategies in the region, there was need to identify the best practices that informed some of the responses. This was discussed as crucial seeing that COVID-19 may not be the last |

| | | |
|---|---|---|
| | | pandemic that the region has to face. There is thus a need to harness the best practices regionally and internationally that can be applicable within the EAC context and that can be used to put forth a strategic and inclusive response in future shocks. |
| v. | **Research and evidence around these best practices** | Upon the identification of the best practices, the project will delve into the research evidence informing them and how this can augment an implementable and practical knowledge translation framework in the context of the EAC. |

## 3.1. Priority Evidence needs per EAC partner states.

*i.* ***Kenya:*** Per the inception workshop and prior review, the priority evidence needs for Kenya for an inclusive COVID-19 recovery included the need to assess the efficacy of the policies put in place to curb the pandemic and the impact of the same on the existing vulnerabilities such as social inequalities. The informal settlement areas were pointed out to be adversely affected by some of the containment measures such as curfew times, closure of social joints, wearing of masks, and restriction of social events, i.e., weddings, church services, etc. The subsequent impact was massive unemployment, increase in gender-based violence cases, increase in poverty levels more so in the informal settlements, loss of businesses, police brutality cases when enforcing curfew times, disruption in the academic calendar, and increase in mental health cases amongst young people. The containment measures resulted into a new category of vulnerabilities such as teachers, students, health sector workers, and businesses, affected by the closures that were experienced. There is a priority need for an in-depth situational analysis on inclusive COVID-19 response in the country's context, the degree of research uptake informing the response strategy, and a subsequent assessment the best practices that would be applicable in Kenya in the case of another pandemic. These priority evidence needs areas would be necessary and helpful in formulating a practical and effective Knowledge Translation framework.

*ii.* ***Uganda:*** As discussed by the health representative during the inception report and as per the literature review, Uganda employed a heavily restricted COVID-19 measure, with international travels being heavily restricted. The government also used a closure order for learning institutions and social distancing was encouraged. As a result, there were cases of exacerbated inequalities amongst those living in informal settlements. Following the closure of businesses, many lost their jobs and were unable to fend for their families. The priority evidence need was identified as the need to assess the effect of the government containment measures on the vulnerable population. Further, there is need to assess the degree of research uptake in the enforcement of the containment measures against COVID-19, and in the overall COVID-19 response strategy. Similarly, there is need to conduct and in-depth country situational analysis on the COVID-19 response strategy and an ensuing assessment of the best practises for future pandemics.

iii. ***Burundi:*** In this context, the priority evidence need was discussed and reviewed as the identification of the vulnerable groups of people who were unfortunately affected by the containment measures, however, well meaning. These groups include the overflowing population in the prisons and those who relied on odd jobs to fend for themselves. With the disruption of businesses, there is a need to assess the socio-economic impact of the pandemic and the research uptake in the response strategy employed by the government. This also calls for an in-depth situational analysis into the COVID-19 response strategy, the efficacy of any policy measures put in place to address the pandemic, and the impact these had on the vulnerable groups of people. Finally, a best practice assessment was pointed out to be an important gap to be addressed especially against the fact that this is not the last pandemic that could hit the region.

iv. ***Tanzania:*** The priority evidence needs in Tanzania were pointed out as the need for best practices assessment in dealing with pandemics and shocks. There is also a priority need for an in-depth situational analysis on COVID-19 in the country that will also analyse the research uptake informing the COVID-19 response. This, however, could be hampered by the lack of official country statistics on the COVID-19 infections especially in the initial infection phase. There were no restrictive measures experienced, at least not to the degree that was undertaken in other EAC countries. Notably, the different approaches to the COVID-19 pandemic caused a bit of restraint in diplomatic relations between the country and its neighbours who employed restrictive measures to contain the pandemic.

v. ***South Sudan:*** South Sudan was presented as already facing unique challenges such as climate change effects, food shortage, and existing social inequalities. The priority evidence needs discussion pointed out the urgent need of an in-depth situational analysis into the COVID-19 response. The analysis should also assess the research uptake in the COVID-19 response measures. Being a country already battling other severe challenges, there is a need to assess how COVID-19 has exacerbated the existing social inequalities (war related gender-based violence, poverty and human rights abuses) and climate change shocks. Further, there is need for best practices that can be implemented in the country facing unique challenges. Notably, most of the containment measures were implemented by the humanitarian agencies (UNHCR, UNICEF) present in the country to contain the civil wars.

From the ensuing discussions (and in congruence with the observations made during the webinar), the delegates noted that COVID-19 has transcended the health sector and affected other aspects of day to day lives, and this needed to be reflected in the various response strategies. This was also backed by the literature review where it was observed that in most African contexts, the pandemic reinforced already existing climate vulnerabilities especially for communities and disadvantaged groups (e.g., women and youth) that had no access to water, sustainable livelihoods, and are now the most disadvantaged in the pandemic response. These underlying vulnerabilities expose important challenges that characterize public policy in Africa. The continent's effective response to the pandemic has been hampered by lack of resources and accessible evidence to help inform timely, context specific, and inclusive responses

(ARIN, 2020, El-Sadr & Justman, 2020; Mbow et al., 2020; Rosenthal et al., 2020). The continent has widely relied on evidence and experiences from elsewhere in responding to the COVID-19 pandemic (Adepoju, 2020; Gwenzi & Rzymski, 2021; Mbopi-Keou et al., 2020). Yet, over the same period, multiple research and studies have been commissioned to analyse the pandemic, its impacts on various socio-economic and health systems, and to provide a broader understanding.

From the inception workshop presentations, there were varying degrees of evidence and research uptake in EAC countries represented, with some even having research committees set up to inform the response strategies. This notwithstanding, research and evidence uptake remained as a gap in responding to COVID-19. This was majorly due to the nouvelle nature of COVID-19 that saw many countries copy and paste internationally recognized containment strategies, which subsequently exacerbated vulnerabilities in the EAC countries. Notably, most of the countries employed a militarized style of responding to the pandemic in implementing the lockdowns and economic shutdowns witnessed across the region.

Overall, there were crucial discussions on the specific types of research and evidence needs across the region to implement inclusive COVID-19 responses. These included data on health demographics, data on the impact of COVID-19 on vulnerable groups of people, data on newly identified vulnerabilities following the impact of COVID-19 and subsequent government responses, and identifying best practices that can be applied in the East African context. Ultimately, the science and research uptake needs depended on the countries' contexts and their situational analysis on the impact of COVID-19.

## 4. The updated project scope and methods.

### 4.1. Updated project scope.

Through the project, the EAC partner states shall be required to reflect together and build a regional integrated health management framework, with co-creation being at the core of building back better after the COVID-19 pandemic. Hence, there is a need to harness these response efforts and leverage on existing synergies among various stakeholders within the region.

From the foregoing discussion points, the inception meeting recommended that:

1. 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.
2. ARIN should spearhead the documentation of best practices and associated evidence that can support policy strategies and programmes for future pandemic response.
3. The EAC Secretariat and ARIN should endeavour to build public private partnerships and collaborative efforts towards strengthening evidence and data uptake.
4. 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 region's preparedness to pandemic and existing issues such as climate change by August 2022.

5. The EAC Secretariat should endeavour to engage the East Africa Health Commission on the Knowledge Translation Project as a strategic collaborative Partner.
6. 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.

The recommendations were contained in a final Meeting report that was signed by the delegates from each represented country at the end of the meeting.

Based on the insights during the inception workshop, an updated project design was co-created. ***(Table 3).*** Partner states strongly recommended the need to identify best practices in pandemic response, either from the region or elsewhere. To this end, the updated project proposes two phases of the project and gives attention to best practices as a guide to evidence and synthesis and learning.

The first phase of the project therefore focuses on an in-depth situational analysis and identification of best practices of COVID-19 response in the context of climate change, paying attention to equity issues. The situational analysis will also involve identification of pathways through which evidence has been ushered into the planning process and lessons that can be leveraged from the processes. Evidence prioritisation and synthesis on these best practices will be executed in this first phase; giving attention to how various social groups especially women are affected by differentiated response strategies, and identifying opportunities for more inclusive and green recovery 'Building Back better''. Overall, this first phase will generate several outputs around three areas: policy recommendations, learnings and a knowledge translation, and evidence uptake framework.

The second phase of the project is largely a practice and sustainability section where the uptake framework is used to usher in lessons and evidence/policy recommendations to support integrated pandemic response. This includes the institutional strengthening, evidence surveillance and feedback as well as monitoring framework, all of which could form an Integrated Pandemic Management strategy for the region.

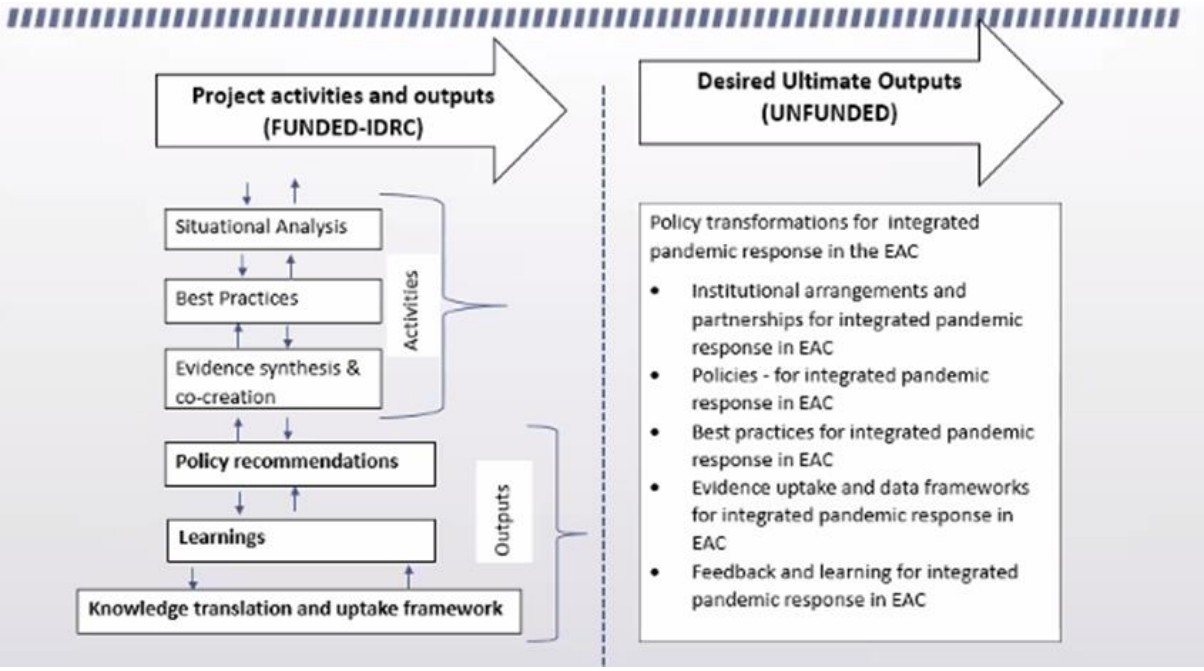


*Figure 1.3: Summary of the Project activities and outputs*

## 4.2. Updated methodology.

I. **Work Package 1: Evidence priority setting and stakeholder needs analysis** to understand what evidence is urgently demanded by policy makers with regards to COVID-19 recovery. The project engaged with the EAC Secretariat and Partner States in ***an inception workshop*** and ***a regional policy lab***.

***An inception workshop*** has since been held with stakeholders from across the EAC during which the policy lab was launched as a key activity under this work package. The policy lab brought together a set of targeted policy makers from specific countries and from the regional commission to discuss the evidence needed for more inclusive and climate resilience COVID-19 response, particularly the recovery plans, and provide feedback on the evidence synthesis results (WP 2). The evidence prioritisation mainly focused on the longer-term response and recovery including vaccine access, given that attention is shifting from emergency actions to longer term management and recovery. There is an opportunity to use the COVID-19 recovery/management actions to influence the long-term climate justice stipulated under the Glasgow Pact· In the ensuing synthesis, more focus will be on policy makers in the areas of climate change, health/ COVID-19, and social justice. Further, best practices were identified as a way of pointing out evidence needs and informing the subsequent evidence synthesis. Prior to the inception workshop, a preliminary situational analysis was conducted to understand how evidence is ushered into the COVID-19 response process.

Multiple priority areas were identified across the agreed themes. The EAC policy lab provided a strong foundation for evidence co-production and feedback loops. Already, the ARIN has established focal points and fellows in the East Africa and other regions, as well as specific countries. During the inception, the team conducted ***a stakeholder knowledge needs analysis*** through reviews and interviews to inform a targeted ***multi-stakeholder engagements and communication strategy***. The project's Principal Investigator, Dr Joanes Atela, led the WP 1 and the outputs were:

i. A regional policy lab
ii. An Inception Workshop
iii. A Project Advisory Board
iv. A draft Cooperation Agreement
v. Identification of priority evidence areas
vi. A situational analysis report
vii. A communication strategy

II. **Work Package 2: Evidence synthesis;** synthesis of evidence around identified priority areas will be undertaken using established rapid review approaches such as the Cochrane and systems approach. Talented fellows from the ARIN network who have had experience with such reviews will undertake the rapid reviews. Reviews will target the EAC region and countries while drawing on relevant continental and global studies and experiences. ***Case studies*** will be drawn from specific EAC countries. This will allow contextual evidence to emerge and build through to the regional and continental level. Expert panels instituted in WP 1 will further help inform the strategic contents, nature, format, and usefulness of evidence being generated.

A comprehensive search strategy for peer-reviewed and grey literature will be employed paying attention to the COVID-19 period of existence, i.e., since 2019. The literature database will be obtained from the IDRC's Digital Library (IDL) as well as other databases such as the PubMed, Scopus, Medline, PsycINFO, PubPsych, Open Grey (grey literature), Cochrane Library, Web of Science (grey literature), and Cochrane COVID-19 study register. The search strategy and extraction of evidence from the literature will mainly be guided by the identified priority areas. PRISMA scoping tool will be applied to highlight the number of studies identified, their categories, number screened, number excluded and why, and the numbers subjected to final comprehensive review and extraction of evidence.

The results/output of this will include:

i. Regional evidence synthesis papers and policy advisories targeting each of the identified priority areas, with case study highlights drawn from case study countries.
ii. Regional policy advisories.
iii. Case studies; the reports will be published in relevant evidence-based policy making platforms such as the Africa CDC, Cochrane, and the ARIN science-policy platform as well as other relevant platforms.

Details on suitable platforms to manage results will be further discussed and agreed with other stakeholders and the donor.

III. **Work Package 3: Evidence exchange and uptake;** The evidence papers and policy advisories will be shared back to the ***regional policy lab for reviews*** by policy makers and other stakeholders, and to align with target policies and actions to be influenced. A second round of policy lab will be convened (first round of the policy lab meetings were to set evidence priorities) to review the evidence and share feedback to the synthesis team. The briefs will also be subjected to targeted policy and multi-stakeholder forums such as stakeholder workshops and ongoing forums which involve a wide range of stakeholders including research, business, policy communities, and civil society to provide further validation. The ***evidence reviews and feedback*** between researchers and policy makers is core to strengthening feedback loom for effective Knowledge Translation (KT) and practice through innovative co-creation.

The revised and updated evidence synthesis papers will then be used to produce targeted policy advisories which are linked particularly to the EAC region and particular target countries, and wider relevant policy agenda such as the green recovery plans. While the policy lab will provide priority for consuming evidence and policy advisories, we will also disseminate the outputs widely especially to existing COVID-19 evidence platforms, most of which are already within our reach (e.g., existing collaborations such as the Africa CDC, the Mastercard platform on profiling experiences in Africa, and the Africa Academy of Science led COVID-19 learning platform, among others). Information will also be available on various websites including the ARIN, EAC and country specific websites, and other stakeholders' websites. The information will be systematically archived the information for ease of access and use by a wide range of other stakeholders including Universities, Civil society advocacy groups, students, among others.

Uptake will be further aided by an integrated ***Communication and engagement*** strategy prepared under WP 1 to ensure that the stakeholders' views are integrated in a constructive manner. The stakeholder needs assessment under WP 1 will include an inclusive communication and engagement strategy that is aligned to the needs of target stakeholders. Additionally, the ARIN has developed a partnership with ***Association of Journalists*** in Kenya, thus, this will be leveraged to disseminate key elements to the public and policy makers through print media, blogging, among others.

IV. **Work Package 4: Learning Knowledge Translation and Practice;** in addition to delivering the evidence synthesis, this project is keen on using its experience to develop key learnings on what can enable effective knowledge translation and practice in Africa. The Canadian Institutes of Health Research's (2014) has developed a widely acceptable definition of KT which involves a continuous process in which knowledge is synthesised, disseminated, exchanged, and applied in practice through interactions between researchers and knowledge users. The concept of KT therefore emphasizes knowledge use, an element that lacks in the traditional top-down knowledge transfer concepts. There are KT learning methods which have been suggested, including exchange

seminars, educational events, among others (Ong et al., 2006). This project will however integrate the learning process in the implementation process where ***experience/learning reviews and analysis*** will be undertaken at each stage of implementation, paying attention to what is working well, how it is working and who is making it work, and what are the resultant outcomes. ***An experience matrix*** for documenting these experiences will be developed, and an M&E expert with the help of the ARIN communication team will be tasked to identify and record these experiences at the evidence priority setting, synthesis, engagements, and the utility stages. An EAC ***learning seminars, anchored on the policy lab,*** will be executed to discuss, challenge, and update the documented experiences. Resulting learnings will then be used to construct a framework that highlights opportunities for effective KT, and practice pathways to be published on one of the KT fields.

V. **Work package 5: Project Management and Monitoring.** This WP will aid in tracking the delivery of outputs and outcomes as planned. The team will use a ***Management Information System (MIS)*** to track outputs, outcomes and learnings; an MIS system helps to track outputs and outcomes in real time and provide critical indicators on the progress. As part of overall project oversight, monitoring and representation of various sectors, an Advisory Committee has been established. The committee comprises of individuals representing policy, civil society, and academia, and with a broader understanding of the country and regional contexts. The committee will review the project's performance and outputs and provide high-level advisory on framing impact opportunities, among others. The project's technical reporting will be led by the Principal Investigator.

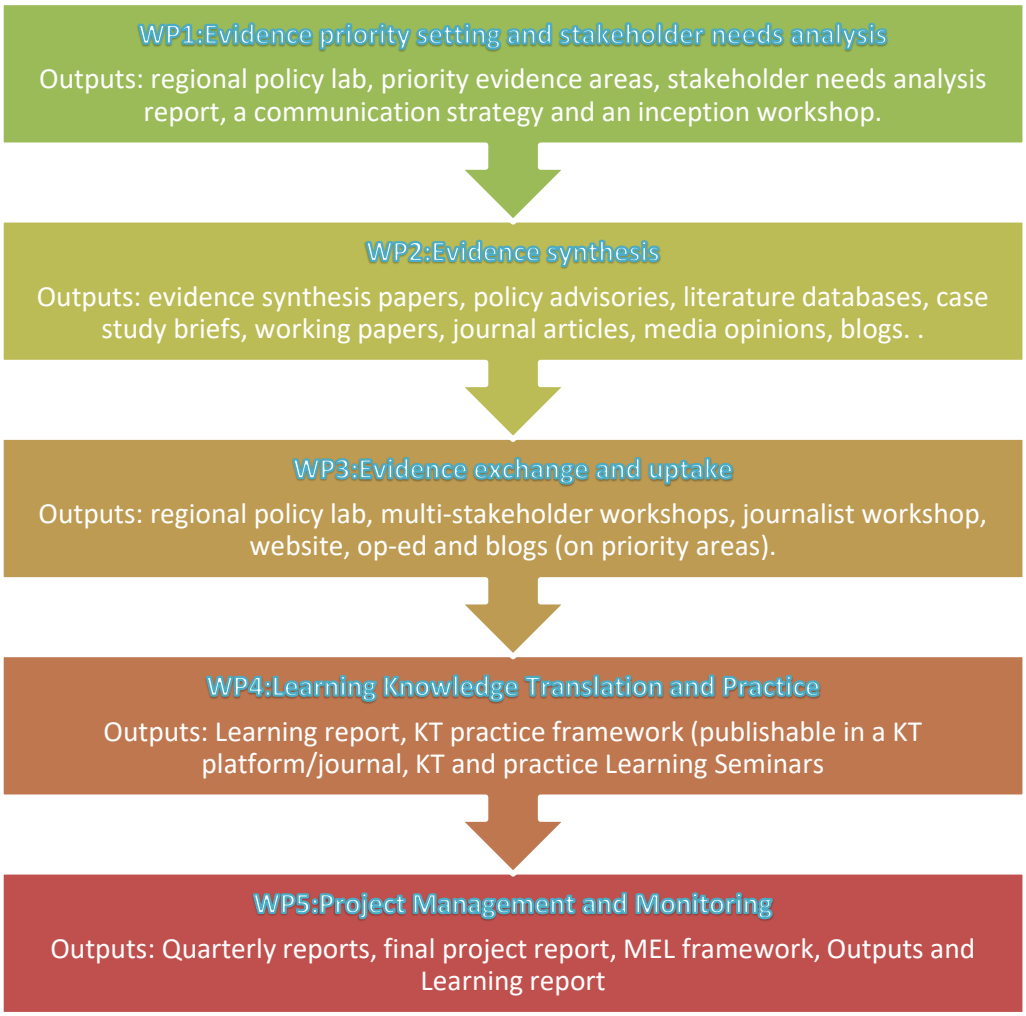


*Figure 1.4: Summary of the Work package outputs*

VI. **Data analysis:** Interviews and information gathered from regional case studies will be transcribed by Regional Focal Points. The transcribed data will then be thematically analysed using qualitative data coding software (such as NVivo) to assist in drawing out themes and connections between the different interviews and data. Sub-regional case studies will then be aggregated and analysed in a cross-cutting manner. As we highlighted earlier, we will use the Cochrane framework as an analytical framework regarding the systematic review. The complementarity of this analysis will provide us with comprehensive and valid data and enhance the project's quality of outcomes.

## 4.3. Updated Communication Strategy.

### i. Blog Series.

ARIN has begun a blog series on the knowledge translation project that will be uploaded on the website. These are blogs currently on the preliminary engagement on the Knowledge Translation project, the Stakeholder Webinar and the Inception Workshop.

### ii. Twitter.

ARIN is active on Twitter and used this as a tool of publicity during the Inception workshop. Prior to and during the inception workshop, ARIN posted fifteen (15) impactful tweets, gaining thirty (30) retweets and sixty-three (63) likes. It will continue to actively engage Twitter users on the ensuing project outputs.

### iii. Website.

As the key interface of the organization, ARIN uses and continues to use its website to publicise the project and its subsequent outputs to partners and other thought leaders. The link to the project information on the ARIN website can be found here.

## 4.4. Impact of the Project.

The impact of the communication strategy thus far has enhanced awareness and publicity for the project through engaging relevant partners and key stakeholders on ARIN's social platforms during the implementing of the project activities. As a result, there are plans to link this project to the UKCDR's COVID Tracker project, which provides an overview of research projects mapped against the priorities identified in the WHO Coordinated Global Research Roadmap: 2019 Novel Coronavirus. It supports funders and researchers to deliver a more effective and coherent global research response.

Further, there are planned linkages to a similar project under the African Population Cohort Consortium (APCC), which recognizes that the COVID-19 pandemic has shown that Africa's health systems function within a multi-sectoral scope encompassing multiple disciplines and stakeholders from environment, climate change, and disaster risks, among others. The project aims at translating research into policy and programme impact on health, wellbeing and livelihood outcomes for African societies. The co-creation of the project activities remains an impactful strategy to engage policy makers in implementing the project.

## 4.5. Updated Work plan and timelines.

Following the delay occasioned by the EAC approval procedures, it is imperative that there be a revised/updated work plan in the project.

After a successful evidence priority setting and stakeholder needs analysis, the project is now on its **second work package (WP2)** involving evidence synthesis. This entails and in-depth situational analysis and further literature review, as well as case study reports across EAC. This will allow contextual evidence to emerge and build through to the regional and continental level.

Following the undue delay in the project implementation, we propose the following revised project plan timelines:

*Table 3: Project work plan*

| WORK PACKAGE | Jan 22-May 22 | Jun 22 | Jul 22 | Aug 22 | Sept 22 | Oct 22 | Nov 22 | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **PHASE ONE.** | | | | | | | | | | | | | | |
| **WORK PACKAGE 1: EVIDENCE PRIORITY SETTING AND STAKEHOLDER NEEDS ANALYSIS** | | | | | | | | | | | | | | |
| **Organise and convene the project inception workshop** | | | | | | | | | | | | | | |
| **Establish and convene first round of regional policy labs** | | | | | | | | | | | | | | |
| **Establish project advisory committee** | | | | | | | | | | | | | | |
| **Undertake interviews and desk reviews for stakeholder needs assessments** | | | | | | | | | | | | | | |
| **Refine project activities and plans in consultations with IDRC** | | | | | | | | | | | | | | |
| **Write up report on priority areas and stakeholder evidence needs assessment** | | | | | | | | | | | | | | |
| **WORK PACKAGE 2: EVIDENCE SYNTHESIS AND CASE STUDIES** | | | | | | | | | | | | | | |
| **Design evidence review protocols and case study guide** | | | | | | | | | | | | | | |
| **A state-of-the-art evidence synthesis from existing research including IDRC supported research.** | | | | | | | | | | | | | | |

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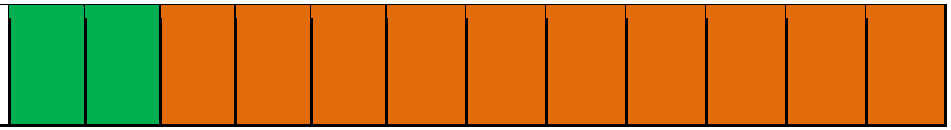
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Additional key informant interviews to align the evidence Data collection** | | | | | | | | | | | | | |
| **Create and update regional literature database** | | | | | | | | | | | | | |
| **Interviews and analysis for case studies (country or sub-regional) and writing up the findings into working papers** | | | | | | | | | | | | | |
| **Writing up evidence papers and case studies** | | | | | | | | | | | | | |
| **PHASE TWO** | | | | | | | | | | | | | |
| **WORK PACKAGE 3: EVIDENCE EXCHANGE, FEEDBACK AND UPTAKE** | | | | | | | | | | | | | |
| **Convene round two of the policy labs to review evidence papers** | | | | | | | | | | | | | |
| **Revise and align evidence papers based on reviews** | | | | | | | | | | | | | |
| **Prepare policy advisories from the final evidence papers** | | | | | | | | | | | | | |
| **Develop and publish working papers, journal article manuscripts** | | | | | | | | | | | | | |
| **Present highlights of evidence synthesis and policy advisories to existing evidence platform** | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **e.g. African Task Force on Coronavirus (AFTCOR)** | | | | | | | | | | | | | |
| **Presentation of journal paper at International Scientific Conference** | | | | | | | | | | | | | |
| **Engage the local and international media with print, audio and video products (including convening of a media roundtable to discuss the synthesis and their reporting).** | | | | | | | | | | | | | |
| **WORK PACKAGE 4: LEARNING KNOWLEDGE TRANSLATION AND PRACTICE** | | | | | | | | | | | | | |
| **Undertake learning assessments** | | | | | | | | | | | | | |
| **Undertake regional learning workshops and seminars** | | | | | | | | | | | | | |
| **Develop KT and practice framework** | | | | | | | | | | | | | |
| **Convene learning workshop/policy lab to discuss and validate the KT practice framework.** | | | | | | | | | | | | | |
| **WORK PACKAGE 5: PROJECT MANAGEMENT AND MONITORING** | | | | | | | | | | | | | |
| **Develop a project monitoring and evaluation framework** | | | | | | | | | | | | | |

| | |
|---|---|
| **Assess project implementation and report to IDRC on milestones** |  |

- Completed

- Incomplete

## 5. Conclusion.

The project is a timely intervention in critically examining the inclusive COVID-19 responses in the EAC region. It is also instrumental to highlighting the crucial gaps that need to be filled in research and evidence uptake. This will ensure that future pandemics are dealt with more strategically and contextually with a robust science - policy interplay.

**ANNEXURES.**

I. Inception workshop report;
II. WP Pro-poor policy response to COVID-19 in Africa;
III. WP East Africa situational analysis on evidence use;
IV. Partner States presentation at the inception workshop