COVID – 19 TANZANIA MAY, 2022

Contents

- Background
- COVID 19 Status
- COVID 19 response
- Challenges and Gaps in research

BACKGROUND

Background



- One of the EAC countries
- 31 Regions
- As of 2021 59,441,988 people

COVID-19 in Tanzania

- First case detected in 16th March 2022
- Imported case, a traveler to Arusha Region

Initial measures

- Isolation of the case
- Contact tracing and quarantine
- Immediately declared as a national disaster
- Development of Response Plan
- Closure of schools
- Travel restrictions
- Development of guidelines hand washing, face mask, gatherings management



Date of reporting

Current COVID – 19 Status

- 4th Wave decreasing trend
- On 16th May 2022
 - No new admissions
 - Two patients are in the wards
 - No new deaths

COVID - 19 response

- Focuses on detection, transmission prevention, care and treatment through 11 key technical areas;
 - 1. Coordination and leadership
 - 2. Disease surveillance
 - 3. Risk Communication, Community Engagement, Mental health and Psychosocial support
 - 4. Vaccination
 - 5. Port health
 - 6. Laboratory
 - 7. Case management, IPC & WASH
 - 8. Logistical support
 - 9. Continuity of essential services
 - 10. Research

Multisectoral involvement





- Multisectoral/stakeholders involvement
 - Ministries
 - Gov./non Gov. institutions
 - Partners

National Coordination mechanism



- 3 Levels Committees
- Incident management system
- Response plan (current no.
 4)

- Surveillance
 - Intensified using EBS, CBS, IDSR
 - Various sources community, health care facilities, ILI/SARI sentinel sites, media, POEs, hot lines etc.
 - Implemented contact tracing and active case searches
 - Surveillance guidelines
 - Trainings
 - Electronic systems

- Various approaches to RCCE
 - Campaigns
 - Advertisements using various forums and stakeholders; media, posters, health care workers, CHWs, religious leaders, musicians, politicians, community leaders etc
 - Press releases

| Accelerated Community Based COVID-19 Vaccination Campaign I | | Accelerated Community Based COVID-19 Vaccination Campaign II | | Extended Accelerated Campaign on implementation of priority evidence based strategeis | |
|---|--|---|---|---|---|
| 0 | 22 Sept – 30 th Oct, 2021 | 0 | 24 - 30 Dec, 2022 | 0 | Current, onwards |
| 0 | Contributed to utilization of all available Janssen doses by more | 0 | Contributed to increase of daily vaccination rate from 16,000 to | 0 | Phase I: 20% of updated vaccination targets by April, 2022 (all regions) Phase II: Reaching 70% of |
| | than 90% utilization | | 64,000 targeted individuals | | vaccination targets (total population aged 18 years) |

- Vaccine
 - Launched in 28th July 2021
 - Vaccine acquisition
 - As of 16th May 2022
 - Received doses -11,233,374
 - Used doses 8,135,232 (72.4%)
 - Fully vaccinated 4,316,480 of 30,740,928 (14.04 %) population aged ≥ 18 years



Port Health Intensified screenings and health checks at all formal PoEs

Several TAs. •

THE UNITED REPUBLIC OF TANZANIA **MINISTRY OF HEALTH**

THE UNITED REPUBLIC OF TANZANIA



TRAVEL ADVISORY NO. 10 OF 16TH MARCH, 2022



Strengthened laboratory

testing

- COVID 19 testing guideline
- Decentralization of RT-PCR Test - 13 labs
- Use of Rapid Testing method – 17, 000 test kits distributed

• Case Management, IPC & WASH

- Guidelines Case management, IPC, home based care
- Trainings to health care workers
- Improvement of health care infrastructures
 - HIDTU
 - ICUs
 - EMDS
 - Diagnostics MRIs, CT Scans, X Rays etc
 - Ambulances
- Inspection and management of PH and social measures
- Availability of water

- Ensuring Logistical support
 - Availability of equipment and medical consumables
 - National Medical Oxygen Scale Up Plan Oxygen
 plants
 - Goal 55 plants Currently 19 plants
 - Oxygen Cylinders
 - Other equipment and supplies ventilators, PPEs and other consumables
 - Commodity tracking electronic system

- Continuity of essential services
 - Ensuring essential health services are maintained
 - Create COVID-19 friendly environment to allow all clients to access needed services
 - Integration of COVID 19 services into essential health services
 - Guidelines
 - Trainings
 - Assessments to determine essential services interfered with COVID – 19

- Research
- KAP studies on COVID 19 :
 - Perception and awareness of COVID -19 among Tanzanians
 - Awareness of COVID 19 is high at 93%
 - 73% Tanzanians feel they have enough COVID 19 information
 - Immunogenicity following vaccinations
 - Post-COVID-19 Sequelae Study in Tanzania (PCOSET Study): To inform case management during and after COVID-19 treatment

General and research challenges

- Novelty of COVID 19
- Prolonged duration of the pandemic
- Inadequate adherence to PH and Social measures
- Quick changes of the pandemic characteristics
- Inadequate researches at local context
- Inadequate partner interests on researches
- Time limits vaccine development researches

Thank you

HIGHLIGHTS OF RESPONSE AND COVID-19 SITUATION IN UGANDA

Presented on 18TH May, 2022 By. Dr. Isaac Kadowa

Introduction

- The World Health Organization (WHO) declared the outbreak of corona virus disease (COVID-19) to be a public health emergency of international concern on 30 January 2020.
- Just over a month later on 11 March 2020, the WHO declared COVID-19 to be a worldwide pandemic.
- By that time, following its initial reporting from Wuhan-Hubei Province in China, the SARS-COV-2 virus, the cause of COVID-19, had infected over 118,000 people across 114 countries, territories (WHO, 2020d).
- Uganda reported its first confirmed case on 21 March 2020, an imported case.
- By April 2020 there were sporadic community cases and by August the country had more widespread community infection.

Summary of the Response

- With the rapid spread of COVID-19 globally, preparedness to be able to rapidly detect and respond to imported cases was enhanced.
- A multi-sectoral structured approach has been used to drive the national and district COVID-19 pandemic response.
- The overall co-ordination of the national response was placed under the leadership of a multi-sectoral National Task Force (NTF) to advise the Cabinet and guide the government's overall actions and response.

Institutional response

- This NTF is led by the President and deputized by the Prime Minister.
- The Ministry of Health (MOH) provides strategic and technical guidance to the response- structured around six pillars: case management; surveillance and laboratory; strategic information; research and innovation; risk communication; and logistics operation; continuity of care.
- The IMT is replicated at the district level. The resident district commissioners (RDCs) lead the response, with the support of the district health officers (DHOs) and district chairmen under the DTF.
- At the community level, the local leaders are responsible for managing the village populations and ensuring compliance with national regulations.

The response structure



Actions in the response

• Early stage of the pandemic, main focus was on implementing measures to stop and limit importation of cases into the country from international & cross border travelers.

[lock downs, active surveillance, testing, contact tracing, isolation & quarantines, personal hygiene, masks, social distancing].

• Wide spread community transmission, the response adopted was to reduce the severity and fatality of infection and to avert negative socio-economic effects of the pandemic.

[early detection, referral of cases, massive community engagement to ensure compliance with preventive measures, shielding vulnerable populations from exposure and scaling- up health facility capacities to avert severe cases and deaths] + plus enhanced preventive measures.

Vaccination

- Vaccination (launched 10th March, 2021), initially targeting the most vulnerable. Access has been expanded to cover wider population above 18 years.
- Enhanced risk communication to address vaccine hesistancy. Uptake much better during the pandemic waves..

Vaccination Progress



Cumulative cases

- Confirmed cases 164,153
- Cumulative recoveries 100,021
- Deaths 3,598

(10-may-2022)

Challenges in response

- Importation of most critical commodities......though local innovators addressed some of these challenges.
- Compliance with preventive measures....fatigue.
- Vaccine nationalism by developed economies affected timely access.
- Vaccination hesitancy amongst some groups.
- Funding the response!
- Negative ramifications of the control measures on the economy and population at large..
- Weak operational inter-action reviewsresponse pillars need conduct frequent IAR to generate evidence on what worked, what didn't and lessons learnt.

Going forward

- A strong and binding EAC regional Disease/Public Health events/Epidemic/Pandemic response framework Mechanism (to limit fragmentation).
- HR Capacities in Vaccinology, Health Technologies development.
- Build resilient Pathogen Economy
- Local Pharmaceutical manufacturing capacity
- Well Coordinated Research including regionally (?EAHRC).

Gaps for consideration in research

- Surveys to understand the situation and behavior of the virus.
- Support in-depth inter-action reviews .. for all the response pillars to generate evidence for the response.
- Seasonality or not of COVID-19 (What triggers the waves)?
- Studies around vaccine hesitancy.
- Basic research...local remedies, local innovation around capacities for production of diagnostics, therapeutics & vaccines.

For more understanding of the response: Access to published papers in google scholar. e.g.

www.equinetafrica.org

I.Kadowa: Using evidence and analysis for an adaptive health system response to COVID-19 in Uganda 2020
COVID-19

STRATEGIES DE REPONSE A LA COVID-19 AU BURUNDI, OPPORTUNITES ET DEFIS

Dr Freddy NYABENDA, MD&MPH PHEOC, MOH



- □ SITUATION DE LA REPONSE A LA COVID-19
- PRINCIPALES MESURES MISES EN PLACE POUR REPONDRE LA COVID-19
- □ OPPORTUNITES
- □ PRINCIPAUX DEFIS DE LA REPONSE A LA COVID-19

- ✓Le Burundi comme d'autres pays du monde fait face à la pandémie de la COVID-19.
- ✓Au Burundi, les premiers cas de COVID-19 ont été confirmés le 31 mars 2020.
- ✓ Depuis cette date jusqu'au 15 Mai 2022, 1 553 040 personnes ont été dépistées.

✓ Parmi elles, 41 606 personnes ont été dépistées positives à la COVID-19 soit un taux de positivité de 2,67%.

- ✓Parmi les cas positifs, 41 358 personnes sont déjà guéries et 243 sont encore sous suivi médical.
- ✓ Depuis le début de la vaccination contre la Covid-19 (18/10/2021) jusqu'au 15 Mai 2022, 13 175 personnes se sont faites vacciner.
- ✓ Parmi elles, 12 599 personnes sont complètement vaccinées soit0,09% de la population générale.

PRINCIPALES MESURES MISE EN PLACEPOUR RIPOSTER A LA COVID-191/2

Les principales mesures mises en place pour répondre à la pandémie de la COVID-19 au Burundi sont:

- ✓ Mise en place d'un comité national multisectoriel pour coordonner
 la réponse à la pandémie de la COVID-19
- ✓Plan de réponse à la COVID-19 a été élaboré et est mis à jour régulièrement
- ✓Mise en place des mesures barrières à savoir la distenciation physique, le lavage des mains et le port de masque
- ✓ Mise en place d'une campagne de dépistage de masse de la COVID-19 pour réduire la transmission communautaire

PRINCIPALES MESURES MISE EN PLACEPOUR RIPOSTER A LA COVID-192/2

- ✓ Recherche active des cas, traçage et suivi des contacts
- ✓ Surveillance de la COVID-19 au niveau des points d'entrée pour limiter sa propagation internationale
- ✓ Organisation des séances de sensibilisation de la population au respect des mesures barrières pour se prévenir contre la COVID-19 à l'aide de différents canaux de communication
- ✓Vaccination contre la COVID-19 à toute personne qui le désire

OPPORTUNITES

- ✓Forte implication des hautes autorités du pays à la lutte contre la COVID-19
- ✓Implication de tous les acteurs dans la réponse à la pandémie
- ✓ Participation des différents partenaires au développement à la riposte contre la Covid-19 (appui technique et financier)
- Implication des agents de santé communautaire et des administratifs à la base au traçage et suivi des contacts de COVID-19

PRINCIPAUX DEFIS

- ✓ Insuffisances des ressources allouées à la réponse à la COVID-19
- ✓ La porosité des frontières qui rend difficile la surveillance transfrontalière
- ✓ Désinformation et propagation de rumeurs diversifiées entrainant surtout une faible adhésion à la vaccination
- ✓Insuffisance d'équipements et logistique de transport
- ✓ Relâchement de la population au respect des mesures barrières mises en place par le Gouvernement de la République du Burundi

THANK YOU

Research and evidence uptake in Covid 19 recovery strategies in EAC



Introduction

- The East African Community (EAC) is the regional intergovernmental organization of the Republics of Burundi, Kenya, Rwanda, South Sudan, Uganda, and the United Republic of Tanzania, and most recently the Democratic Republic of Congo.
- The COVID-19 pandemic has hit the region hard, with an estimated output loss of between US\$37 billion and US\$79 billion. This has further led to reductions in household income and business disruption of supply chains for tradable goods and services especially in the aviation, tourism and hospitality industries, where entire sector value-chains have been rendered dysfunctional.

The EAC COVID -19 Response Plan

- Developed under the guidance and leadership of the EAC Adhoc Regional Coordination Committee (EARCC);
- Multisectoral, encompassing all key sectors (health, productive, customs and trade, migration, security sectors). The plan aims to:
- 1. Ensure a joint and well-coordinated mechanism to respond to the COVID- 19 pandemic in the Region;
- 2. Minimize the number of people who become infected with COVID-19 virus, minimize morbidity and mortality in the region;
- 3. Help East Africans especially staff in the EAC organs and institutions to reduce their own risk and the risk to their families and communities to COVID-19;



Issues noted in the response to the pandemic

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

Key interventions

Guided by a regional response plan in issues around trade facilitation, capacity strengthening, support on technical issues, resource to support the response, with emphasis on:

- 1. Risk Communication and Community Engagement awareness
- 2. Ensure access to Infection Prevention and Control (IPC) materials, Laboratory supplies and Equipment
- 3. Strengthen capacity for COVID -19 surveillance and reporting at all key border points
- 4. Regional Coordination of the response to the COVID 19 Pandemic to facilitate the movement of goods and services
- 5. Mitigation of impacts on the various vital economic and social sectors of the EAC region, including MSMEs;
- 6. Building Regional capacity to support Partner States on surveillance, monitoring and coordination of preparedness and response to pandemic;
 - Research and development;



Research Activities Undertaken by EAC

EAC is involved in a number of covid-19 related research initiatives including:

- i. Regional Data Collection Survey and Piloting of Proposed Activities aimed for the Prevention of infectious Disease 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
- iv. Regional COVID-19 RDT validation and sequencing studies (ongoing)
- v. Two-step molecular and sero-epidemiological cross-sectional study in the East African Community Partner States on the Prevalence of SARS-CoV-2 in Patients with signs and symptoms of Severe Acute Respiratory Infection (SARI) between 1st November 2019 and 29th February 2020.



Covid 19-Recovery in EAC: Gaps in the Evidence Research Uptake

The EAC is developing a comprehensive COVID-19 Recovery Plan to direct efforts towards medium-term interventions (2-3 years) that is aimed at mitigating the fundamental impacts of the pandemic on the various sectors

It is hoped that the EAC COVID-19 Recovery Plan will assist in restoring the pre-COVID-19 status of the facilitate the full recovery and facilitate a harmonized and coherent implementation of priority activities that will promote economic recovery and ensure the future prosperity of the EAC region.

The key drivers of the COVID-19 economic recovery plan include: Improving the investment climate; enhancing and strengthening trade (intra- and inter-trade); trade facilitation and transport; support to key services sectors for trade for trade investment; agriculture; manufacturing; health, among others

Gaps in the Evidence Research Uptake

While the research findings from the various studies have guided the COVID-19 response in the region, including the plans for full recovery, a number of challenges stand in the way of the uptake of the evidence so far generated:

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



Thank you





ARIN-IDRC Inception workshop, Redressing Equity through inclusive COVID-19 Recovery:

South Sudan COVID-19 Situational Analysis and response strategy, gaps, challenges

Dr. Angelo G. Thon Kouch

Head of Emergency preparedness and response

Ministry of Health, Republic of South Sudan



PRESENTATION OUTLINES

- South Sudan Context information
- Major ongoing outbreaks and public health emergencies
- Covid-19 situation analysis and response strategy
- Gaps
- Challenges in research and evidence uptake

COUNTRY CONTEXT AND BACKGROUND INFORMATION



- Shares borders with Kenya, Uganda, DRC, Ethiopia, Sudan & CAR
- Independence July 9, 2011, we are the youngest in Africa.
- Administrative units states (10), Administrative areas (3), Counties (80), Payams (509) and Bomas (2500)
- Population est. at 8.0 to 12.2 million according to (2008) census
- Decades of war retarded development [>56% not reached by health facilities; IMR (75/1000 livebirths; CMR (105/1000 livebirths; MMR (789/100,000 livebirths)
- Dry spell lasts for 5-6 months (from September to March) with temps. Of up to 40 deg Centigrade
- 2 million refugees/IDPs

PH EMERGENCY RESPONSE IN SOUTH SUDAN CONTEXT



SOUTH SUDAN HEALTH SYSTEM LEVEL



PUBLIC HEALTH INFORMATION FLOW IN SOUTH SUDAN



Response Summary of major ongoing outbreaks in 2022



| Aetiological agent | Location (county) | Date first reported | New cases since last bulletin | Cumulative cases to date (attack rate %) | Interventions | | | |
|-----------------------|----------------------|------------------------|--|---|--------------------|-------------|---------------------|------|
| | | | | | Case management | Vaccination | Health promotion | WASH |
| Ongoing epidemics | | | | | | | | |
| Hepatitis E | Bentiu PoC | 03/01/2019 | 70 | 2,237(0.0024) | Yes | No | Yes | Yes |
| COVID-19 | 35 counties | 05/4/2020 | 49 | 17,064 (0.0028) | yes | yes | yes | yes |
| Measles | Torit | 8/2/2022 | 43 | 1 (0.023) | Yes | Yes | Yes | Yes |
| Measles/ Rubella | Maban- Doro Camp | 5/01/2022 | 161 | 20 (0. 124) | Yes | Yes | Yes | Yes |
| Measles/ Rubella | Tambura | 20/02/2022 | 2 | 5 (0.4) | Yes | Yes | Yes | Yes |
| Rubella | Gogrial West | | 1 | 76(0.13) | Yes | No | Yes | Yes |
| Cholera | Bentiu | 20/3/2022 | 1 | 31(0.032) | yes | yes | yes | yes |

COVID -19 Situation in South Sudan

COVID-19 RESPONSE IN SOUTH SUDAN

•The Republic of South Sudan reported its first case of COVID-19 on 5th April 2020.

- updated the COVID-19 preparedness and response plan
- Incident management system was constituted lead by the incident manager following the activation of PHEOC.
- Response pillars (case management, lab, RCCE, contact tracing, RRT, IPC/WASH...etc.
- simulation exercises and intra action reviews conducted.

COVID-19 RESPONSE IN SOUTH SUDAN 16^{TH} MAY 2022

17, 550 confirmed cases with 138 deaths and 3,898 active cases
-0.78% case fatality rate (CFR)

> 11 new confirmed cases during the week.

The Omicron [B.1.1.529]) predominates the last batch of samples sequenced at Uganda Virus Research Institute ; 79.6% of cases detected in Juba compared to 20.4% outside of Juba

2,121,370 vaccine doses received to-date. 717,964 vaccine doses administered to date. 625,723 fully vaccinated (3,736 with two AZ vaccine doses, 578,691 with single dose J&J vaccine).

Ongoing vaccination roll-out in 10 state, 3 administrative areas, 80 counties and 694 health facilities.

SOUTH SUDAN COVID-19 EPI-CURVE

COVID-19 Response in South Sudan





COVID-19 RESPONSE STRATEGY

The South Sudan PHEOC is closely **monitoring the COVID-19 situation** working with WHO, CDC, and partners

More then **400 media briefings** held to alert the general public about the COVID-19 and the measures instituted by Government and partners to mitigate the risk

Health alert notice issued to inform state Ministries of Health, County Health Departments, and health facility workers about the COVID-19 outbreak

Travel health notice issued to provide information to people traveling from all COVID-19 affected countries.

Entry screening continue to identify passengers who travelled from countries with COVID-19 cases in the last 14 days for follow up by contact tracing teams

Established a COVID-19 **Incident Management Structure in the PHEOC** COVID-19 preparedness and response plan developed to guide the implementation of activities





COVID-19 RESPONSE STRATEGY.

Rapid response teams functional activate and has investigated 99.5 % suspected cases – all samples collected and tested for COVID-19 by PCR, genexpert.

The **case management and ambulance teams is** activate; sensitized and deployed to respond to all cases of COVID-19, management under home based care and IDU.

The **laboratory is activated** test kits are available and getting supplies from WHO and US CDC to commence testing in South Sudan, no Genome sequencing machine

Contact tracing teams established to identify and follow up international travelers arriving into South Sudan and who have been in COVID-19 affected countries in the last 14 days, led by the ministry of health and supported by WHO, ICAP and ALIMA.

Tools for screening at the airport is active and have been updated and translated to Chinese

Thermal scanner installed to enhance screening at the JIA airport and Nimule PoE

Radio programs on COVID-19 held and messages have been printed on leaflets and posters and are being disseminated

Monthly number of COVID-19 vaccine doses administered, South Sudan 7 April 2021-12 May 2022****



**** Data modified from previous week after data deduplication and cleaning



GAPS

COVID-19 case management under home based care.

A very low testing capacity and lack of Genome sequencing machine at the country level

Lack of resources for researches and studies

Difficulties in management of PoEs

Funding for COVID-19 response (only 30% was funded in the south Sudan COVID-19 preparedness and response plan)

Vaccination hesitency (negative infact of serculating rumors)

Research (only few studies were conducted)

Challenges

- □ Political instability and insecurity in some parts of the country.
- □ Weak health system and health facilities infrastructure.
- Inaccessibility of most parts of the country due to flooding.
- Economic hardship and local currency depreciation.
- Long procurement due to Covid-19 lead to shortages of essential medicine and supplies
- □ Frequent Human Resources attrition due to short term funding
- □ Inadequate funding for COVID-19 response and research.
- □ lack of resources for research on COVID-19 pandemic.

Challenges of research and evidence base uptake

Inadequate resources and funding for research specific and evidence base uptake.

Research coverage dose not reach the lower level communities due to some accessability issues (Flood)

No research have been conducted in case management, vaccine, Lab, COVID-19 and virus dynamic.

WAY FORWARD

There is a need for south Sudan and supporting partners to work togather and put more effort to strenthern more researches and studies on COVID-19 response.

- > More resources needed for COVID-19 recovery.
- > Join preparedness on how to deal with the next pandemic.
- > More effort needed in information and experience sharing between EAC member states.
ASENTE SANA

Questions





Canadä

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

(Knowledge Translation Project)

Inception Workshop

19th May 2022

Presenter : Dr. Joanes Atela, Convener, ARIN

Arin Thematic Focus

- Aims to foster connection and peer-learning amongst researchers and policy makers
 - Connects a network of scholars across Africa in various fields
 - Leveraging knowledge towards Africa's research excellence and impact pathways
 - Transformative policies



Project Builds on other initiatives

- Leading the development of <u>the Inaugural Innovation Outlook Study</u> in collaboration with KeNIA
- ARIN leading the study <u>'Developing the East African Regional STI</u> <u>Indicators and Web-based Electronic Database</u>" commissioned by the East African Science Technology Commission (EASTECO), 2022
- Delivering the <u>Science Engagement to support Evidence-Informed</u> <u>Policy Responses to COVID-19 in Africa</u>, 2021
- Supported the development of the <u>Africa Science, Technology and</u> <u>Innovation Metrics and Scoreboard</u>
- Led the development of the Africa Green Innovation Framework
- Working with the UNDRR to leverage innovation into Making C Resilient 2030 (MCR2030) into African cities, 2022





Building Africa's Resilience in the Post-COVID-19 World: Lessons for Research and Development Priorities. Edited by Joanes Atela and Mark Pelling

Through funding the International Development Research Centre (IDRC), ARIN has embarked on a project based on the East African context to support research and evidence uptake for Covid 19 recovery and to develop Knowledge translation and evidence uptake framework in East Africa based on the Covid 19 recovery plans.

About the Knowledge Translation Project.

This project is necessitated by the consciousness that the COVID-19 pandemic coexists and interacts with other risks, especially climate change, through overlapping social processes and conditions that underpin vulnerabilities.

As efforts shift from the emergency response to longer term management and recovery planning, the continent is experiencing a key gap in the use of scientific evidence.

This evidence should inform a more integrated and inclusive plans for the pandemic and existing shocks such as climate change and social inequities.

Evidence – driven response to pandemics and shocks

- The consumption or uptake of the growing body of evidence on COVID-19 and other global challenges (climate change, social equity) by Governments remains limited due to lack of synthesised and consumable insights and engagements to integrate and co-produce useful evidence in the decision and planning processes.
- Consequently, the response to COVID-19 in Africa has been relatively reactive and unilateral and misses the opportunity to achieve multiple societal wins and particularly addressing inherent inequalities.

Objectives of the Project.

- To identify priority evidence needs and potential gaps for African Governments (focusing on the East African region/ countries);
- To catalyse evidence uptake into decisions and practice evidence as part of the co-creation process;
- To generate lessons and learning frameworks on best practices for Knowledge Translation and practice.



Desired Ultimate Outputs (UNFUNDED)

Policy transformations for integrated pandemic response in the EAC

- Institutional arrangements and partnerships for integrated pandemic response in EAC
- Policies for integrated pandemic response in EAC
- Best practices for integrated pandemic response in EAC
- Evidence uptake and data frameworks for integrated pandemic response in EAC
- Feedback and learning for integrated pandemic response in EAC

Plenary: "Building Back Better"

- 1. What are the specific types of evidence and research that informs Covid 19 response strategies?
- 2. What are the challenges and opportunities for accessing such evidence;
- 3. What are the required policy transformation for better pandemic response;
- 4. What is the situational understanding of the best practices in the pandemic in the EAC Member States and regional level;
- 5. What is the research and evidence around these best practices

Next Steps

- A Project Advisory Committee has been constituted compromising representatives from government, EAC, WHO, Academia, a community representative and a funder(ex-officio member);
- Situational Analysis ongoing
- Stakeholder analysis is underway. It focuses on the roles of different actors in the COVID-19 response and their potential role in the recovery and the evidence needs.
- Evidence synthesis and co-creation through policy labs (priority areas identified)
- Communication: we are putting together a communication package for the project which include an introductory video, website, web-based evidence platform, a flyer and project brochure. These will be distributed through our various channels including social media.

COVID-19

7 Policy advisory areas to consider:

Disaster Resilience & the Role of STI in Responding to the Pandemic • Re-design the management of the



Commons...

- Address Climate Change and Climate Variability...
- *Re-design the management of food supply chains..*
- Enhance the management of mental health..
- *Provide strong and effective leadership able to communicate effectively and manages crisis...*
- Make more rational evidence-based decisions on lockdown..
- *Reimagine the design and use of public space; and*
- Deal with the enormous crop of misinformation
- about the virus and its effects.

Evidence Fund.. (3)



Countries:

Kenya, Tanzania, Ethiopia, Uganda, Rwanda, Somalia, Sudan and South Sudan

Emerging Priorities:

Peace, security and governance, building resilience and response to crises (particularly in protracted humanitarian crises), prosperity and inclusive growth; and, tackling vulnerability climate change, COVID 19 response

Thematic Evaluations

These are centrally managed evaluations designed to make better use of evidence from HMG ODA-funded programmes and to fill evidence gaps relating to emerging trends and global level development challenges.



Strategic thematic priorities:

Climate change and biodiversity, COVID-19 and global health security, girls' education, science, research, technology and data for development, open societies and conflict resolution, humanitarian preparedness and response, trade and economic development

Transforming the R&D ecosystem in Africa..

A new large-scale Africa-wide initiative whose goals are to transform the Research and Development (R&D) ecosystem in Africa



 <u>Designing and running a matching service</u> between universities/research institutes based in all the regions of Africa and funding agencies for R&D;

 <u>Configuring and running Africa-wide platform-based capacity</u> <u>building</u> for universities/research institutes to increase their capabilities to do more and perform better on a sustained basis on implementation research.