



## **KEYNOTE SPEECH**

BY

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at

**E-CONFERENCE ON IMPLICATIONS OF COVID-19 IN EAST AFRICAN  
COMMUNITY:**

**“RESPONSE AND SUSTAINABILITY OF EAC PARTNERS AND CIVIL SOCIETY  
IN CURRENT AND POST COVID -19”**

**26<sup>th</sup> - 27<sup>th</sup> November 2020**

## **1. Introduction**

### **Distinguished Conference Participants, Ladies and Gentlemen,**

It is a great honor for me to deliver, on behalf of the East African Community , a keynote speech at this very important forum. I would like to first appreciate the EACSOFL leadership for the excellent arrangements for this E- conference, and for inviting me. I trust all the participants are able to listen in and participate well as is the norm of today during these challenging times. I also would like to thank the different partners, particularly Oxfam, East Africa law Society (EALS), and East African Business Council (EABC) for supporting the organization of this conference, and also would like to recognize the great efforts of Civil Society colleagues who have worked very hard to prepare for this conference, particularly in conceptualizing its substance.

Today, as requested by the organizers, let me first start with a brief overview of COVID-19 Situation updates. I then I will also discuss how the EAC region is responding to the pandemic, with emphasis on implementation of the EAC Regional response plan. Thirdly, I would like to dwell EAC 's efforts in supporting the Partner States in the economic recovery efforts Post COVID -19. Then, I will briefly discuss efforts in stepping up preparedness against COVID-19 and other outbreaks in the region.

As you appreciate, the topics requested by the organizers for me to discuss in this keynote speech are wide ranging, and I hope to elaborate on the issues further during the panel discussions following this keynote speech.

## **2. COVID-19 Situation updates**

### **Ladies and gentlemen,**

It is common knowledge that the world is grappling with a Coronal Virus pandemic which is threatening humanity. This deadly disease first manifested as a severe form of Pneumonia was reported in Wuhan City, Hubei Province of China in December 2019, which quickly turn into a Public Health Emergency of International Concern (PHEIC) as announced by WHO on 30, January 2020.

Since then, the world has reported an increasing number of COVID -19 cases globally. Globally, on the 25<sup>th</sup> November 2020, 59,480,572, confirmed cases of COVID-19, including 1,404,529 deaths, were reported to WHO.

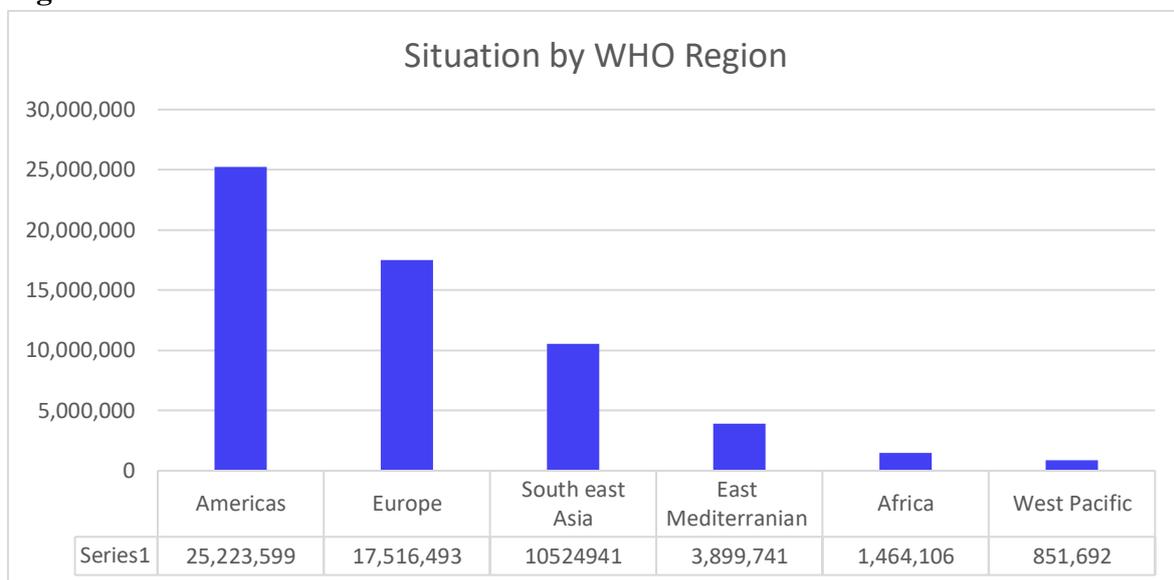
The situation is slowly improving in some WHO regions while its worsening in some for a number reasons or factors.

**Table: 1 SITUATION BY WHO REGION ( 25<sup>th</sup> Nov 2020)**

| Region             | Cases             | Percentage   | Death            |
|--------------------|-------------------|--------------|------------------|
| Americas           | 25,223,599        | 42.4         | 704,787          |
| Europe             | 17,516,493        | 29.4         | 390,247          |
| South east Asia    | 10524941          | 17.7         | 160,603          |
| East Mediterranean | 3,899,741         | 6.6          | 98,966           |
| Africa             | 1,464,106         | 2.5          | 32,951           |
| West Pacific       | 851,692           | 1.4          | 16,975           |
| <b>TOTAL</b>       | <b>59,480,572</b> | <b>100.0</b> | <b>1,404,529</b> |

Source: covid19.who.int

**Figure:1**



The first few months of the pandemic were in Europe America and other parts of the world. The first cases of COVID 19 in Africa was in early March. It's important to note The African continent has an equally huge burden of the disease with a cumulative number of 1,464, 106 cases, with 32,951 deaths and countries like South Africa, Ethiopia, Kenya, are reported to be

contributing a reasonable percentage to this cumulative number of reported cases (25<sup>th</sup> Nov 2020)<sup>1</sup>.

The situation was quiet in East Africa until Mid-March. The first cases in the region were identified in the Republic of Kenya and Republic of Rwanda (13th and 14th March 2020 respectively).

**As of 25th November 2020, a total of 106,388 cases were reported cumulatively for all EAC partner states, while including 1,980 fatalities (WHO).**

**Table 2: Situation in East Africa**

| PARAMETERS                                      | UGANDA      | KENYA          | BURUNDI    | RWANDA     | SOUTH SUDAN | TANZANIA |
|---|-------------|----------------|------------|------------|-------------|----------|
| Cummulative Number Of Cases                     | 18, 406     | 78, 512        | 673        | 5750       | 3047        | 509      |
| Cummulative Number Of Deaths (Cfr)              | 186 (1)     | 1665(1.79)     | 1(0,1)     | 47         | 60(1.97)    | 21(4.13) |
| Cummulative No. Recoveries (Case Recovery Rate) | 8,675 (48%) | 51,903 (66.7%) | 600 (90,7) | 5197(90.8) | 2892 (95)   | 180      |
| Active No. Of Cases                             | 9309        | 42,490         | 72         | 482        | 90          | 308      |
| Percentage Of The Cases In Africa Region (%)    | 1.26        | 5.38           | 0.05       | 0.4        | 0.21        | 0.04     |

All countries are experiencing community type of spread except in Republic of Rwanda where there is spread in clusters. I take this opportunity to commend the EAC Partner States, the regional leadership, all stakeholders for a robust response.

Generally, the response has been good with good case recovery rates , and much comparatively low case fatality rate. East Africa has two countries the Republic of Kenya and Uganda that have been significantly contributing to the increase number of cases in Africa Region, with the biggest number from South Africa and Ethiopia.

Noticing increasing number of deaths reported among health workers especially medical doctors, nurses which is worrying especially given the existing challenges with human resources for health

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<sup>1</sup> Covid19.who.int

Early in the pandemic we saw disparities in the response to COVID-19 in many East African countries with authorities trying to isolate sources of infections, travelers, truck drivers (drivers seem to be a source of new cases), returnees, international civil servants etc.

Countries in East Africa except Tanzania introduced border closures, closure of their airspace and tighter preventive measures on truck drivers' movements while ensuring that the crucial part of the supply chain for landlocked countries like Uganda and Rwanda was maintained and remained functional. The measures instituted to stem spread of the COVID -19 also introduced other challenges with far reaching implications.

The impact is grave affecting all sectors, especially the social sectors, (health, education) the productive ( extractive industry and tourism); regional trade, agriculture etc.

### **3. EAC Regional response to the pandemic: Implementation of the East African Community COVID -19 Response plan**

The Pandemic has had severe impact on economies, affecting all productive, and social sectors globally and in the region. Within Africa, the impacts of COVID-19 are being felt in different ways and the measures taken by the respective governments have also differed on the areas of focus and comprehensiveness.

**At regional level,** the EAC community working closely with EAC Partner States leadership - Sectoral Council of Ministers responsible for Health has been at the forefront of the preparedness and response efforts in the region. This goes way back in 2009 – 2011 when the region started implementing the **Avian influenza Response project** aimed at contributing to the socio- economic welfare and public health in the East African Community by minimizing the impact of Avian Influenza. The region went ahead to implement the put in place mechanism measures to ensure the region is able to identify and manage communicable disease outbreaks.

#### **Ladies and gentlemen**

The EAC region had earlier on adopted The EAC Regional Contingency Plan for Epidemics Due to Communicable Diseases, Conditions and Other Events of Public Health Concern (2018 – 2023), with clear standard Operating Procedures that operationalize these instrument. In June 2019, the EAC coordinated a successful Field simulation Exercise at Namanga Border crossing point between the Republic of Kenya and the United Republic of Tanzania. The lessons learnt and action plans developed

to address the identified gaps ,I believe have contributed cumulatively to the kind of robust response fairly well coordinated response we see now to the COVID -19 Pandemic.

*“Our efforts over the past 10 years in the area of pandemic preparedness and response have helped in building strong responsive systems that have helped respond well” .*

**The EAC region has provided leadership.** As you may be aware, the EAC region adopted a multipronged, multisectoral approach to the response.

### **Our journey in the regional on the COVID -19 preparedness / response trail**

#### **I. Establishing of leadership and Coordination structure**

**The Regional response has is led by the EAC Adhoc Regional Coordination Committee (EARCC) for COVID -19 was established in March 2020, with clear terms or reference.** The main objective of this multisectoral committee is to ensure that there is a well coordinated and harmonised regional response to the COVID-19 pandemic in the region, taking a in a holistic multisectoral approach.

Specifically, the committee:

- i. Ensures the implementation of relevant EAC Emergency Instruments and the EAC Regional Contingency Plan<sup>2</sup>;
- ii. Ensures that the region has adequate capacity to combat COVID-19;
- iii. Coordinates mobilisation of financial, human , and other resources (including equipment ) for the response against COVID-19 pandemic; and
- iv. Is expected to Monitor and evaluate effectiveness of implementation of the EAC COVID-19 regional response measures with a view of instituting remedial actions

The Adhoc Coordination Committee chaired by the Deputy Secretary General (Productive and Social Sectors ), and deputized by the Director General Customs and trade is Composition of **Health and Health Informatics; Agriculture and Livestock; Communication and Information and Communication Technology (ICT); Transport, CASSOA; Trade,**

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<sup>2</sup> The EAC Regional Contingency Plan for Epidemics Due to Communicable Diseases, Conditions and Other Events of Public Health Concern 2018 – 2023)

**Customs; Immigration; Administration and Resource Mobilization, Security; Environment; Tourism and Wildlife; Gender and social/community mobilisation; and Partner States Representatives.**

**The EARCC committee operates and delivers on its mandate** through 5 committees namely: Health; Information and Communication; Trade and Industry; Resource mobilisation; and Operations and Logistics, with a number of sub-committees and expert working groups under each.

The EARCC has strengthened the linkage between the national task forces, EAC Secretariat, and, East African Health Research Commission (EAHRC) to coordinate and monitor the implementation of the EAC Regional COVID-19 Response Plan.

## **II. Development of key operational / guidance frameworks/ documents**

### **East African Community COVID -19 Response plan**

The first instrument developed as the **East African Community COVID -19 Response plan, which was adopted in April.** This instrument was developed to ensure that Partner states were well equipped with all necessary supplies, equipment and capacity to contain the disease; prevent any further spread; ensure that there was a well- coordinated and harmonized response, to ensure availability of essential goods and services in the region – Common market protocol. Other EAC development of regional guidance instruments include :the EAC regional COVID -19 recovery plan; Administrative guidelines on movement of goods and services in the region; EAC Regional and Crisis Communication and Community Engagement Framework Communication; Harmonized COVID -19 testing guidelines among others.

## **III. Implementation of EAC COVID -19 Response Plan**

### **a) Mobilizing resources( financial, technical, material support)**

Overall coordinating of the regional response through the mobilizing partners with requisite resources to support the EAC region in building necessary mechanism to respond to the outbreak. In the Early days emphasis was on preparedness. When we got the cases reported in our region, we switched gears to the response.

This involved

- submitting formal request for support from our already exiting partners in and outside the region
- mobilizing committees that were analyzing issues and creating agenda to be addressed
- developing funding proposals ( over 20 to date)
- convening of webinars, coordination meetings

Partners who were brought on board include German Government through GIZ, and Kfw; TMEA, SIDA Sweden; Africa Development bank (AFDB), World Bank; Water AID, UNFPA, WHO AFRO, IOM, EANNASO, Bill and Melinda Gates Foundation (BMGF) etc.

Table3: Resources mobilized and partners engaged

| SN | Institution / Partner    | Contribution               | Comments  |
|----|--------------------------|----------------------------|---|
| 1  | German Government - Kfw  | 2million Euros             | Strengthening lab capacity – teste, equipment and research  |
| 2  | German Government - GIZ  | 1,700,000 euros            | Training on COVID 19 , awareness creation, TOT, and undertaking the Field simulation exercises at Nimule – Elegu border between Uganda and South Sudan – March 2021 |
| 3  | African Development bank | 7 million Units of Account | Resources will support partner states with kits, equipment, and test kits. Has a component on regional coordination monitoring and evaluation                       |
| 4  | Africa CDC               | US\$340,00 0               | To be used on strengthening cross border surveillance teams through training  |
| 5  | TMEA                     | USD \$20 million           | Under implementation  |
| 6  | JICA                     |                            | Under development   |

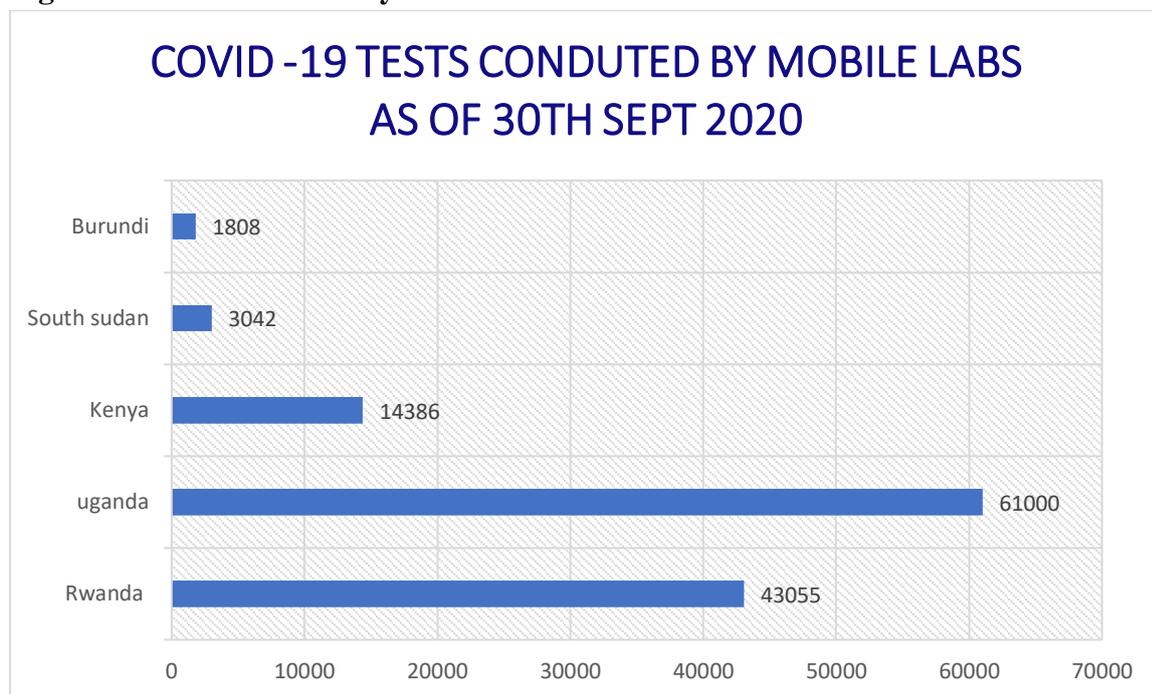
#### b) High level Policy guidance

- Coordination of ministerial meetings which have provided key policy guidance from the beginning in the 1<sup>st</sup> Joint meeting of Ministers responsible for Health, EAC Affairs and, Trade and Transport in March – Joint statement on COVID -19.
- To date coordinated 3 regional consultative Joint Ministers meetings on COVID -19 response
- Convened the 1<sup>st</sup> Heads of State consultative meeting on COVID -19 response – 12<sup>th</sup> May, 2020. Clear high level policy direction given in the Communique.

**c) Strengthening capacity of the region to respond to the COVID 19 pandemic appropriately specifically facilitating the movement of goods and services**

The delivery of 9 mobile laboratories to the EAC Partner States that have been central on testing of truck drivers in the region, thus facilitating free movement of goods and services. By September, the mobile labs had undertaken a total of 123,291 tests, thus facilitating travel and keeping afloat the economies of the regional through trade.– Study on the contribution / impact of the mobile labs in the regional response will be undertaken in the region (**support needed**)

**Figure 2: tests conducted by Mobile Laboratories**



- I therefore take this opportunity to thank and appreciate the German Government and KfW for supporting the Mobile Laboratory project, which has helped build the capacity of the region with staff training, equipment, test kits and technical support which have served to improve the laboratory capacity of the region.
- Procurement and supply of supplies, test kits and Personal Protective equipment (PPEs) other materials required for the response
- Developed the **Regional Electronic Cargo and Drivers Tracking System** to facilitate free movement of truck drivers in the region. The system will be upgrade to facilitate all

travelers – the EAC COVID -19 certificate will be transformed on to a Regional Pass.  
Process underway

- With the support from GIZ, the region through CASSOA trained of 30 members of staff at each of the 8 international Airports, on COVID -19 safety measure during the lock down. Now each of these airports each have 30 trained trainers ensuring safety of staff and travelers through proper implementation of COVID-19 measures at the points of entry;

**d) Information sharing and awareness creation in the region**

- Done through out web portal which is part of the tracking system
- Regular leases of Frequently asked Questions bulletins at EAC level;
- Press releases on COVID -19 pandemic
- Regular EARCC weekly webinars where partner states are sharing key information
- Participation in several technical webinars at regional, Africa level and with partner states

**e) Research on COVID**

- Regional studies to validate Rapid Diagnostic Tests (RDTs) in the region is under with support from Kfw – Mobile Laboratory project
- Sequencing of the circulating COVID -19 strain in the EAC region, to contribute to the pool of available information on genetic composition thus help in development of effective vaccine - underway
- The COVID -19 Antibody study

**Lesson learnt**

- i. There is commitment and willingness of the East Africans to contribute to the response. We saw financial and material contribution to the fund to combat COVID -19 ( Uganda, Kenya);**
- ii. The COVID -19 pandemic has exposed gaps in our health care systems and governments are redirecting resources to address identified gaps toward building resilient sustainable health care systems. Vulnerable groups had challenges in accessing key challenges;**

- iii. **E-commerce and online services have taken root and revolutionised service delivery;**
- iv. **Strong multisectoral approach with a strong coordination mechanism is important for the success of regional response**
- v. **Setting clear leadership structures and communication channels is important for timely action during an outbreak situation**
- vi. **Inclusion of at Partner States and key stakeholders in negotiating regional interventions and building consensus ensures ownership, buy-in and high likelihood of implementing the recommendations / agreements reached by all. It's also very key for EAC secretariate to collaborate with Civil society in revamping community-based initiatives to ensure effective participation of civil society and communities in the planning and implementation of programmes for fighting Covid-19**
- vii. **Having regional guidance instruments and tools during outbreak response helps to reduce confusion, and is key in directing resources with limited duplication, and offers a better chance for delivering on the agreed targets**
- viii. **Need to be strict especially while engaging partners, it's important to define roles and responsibilities to avoid duplication and being trampled over by partners who wish to come collect resources and implement;**
- ix. **A lot of sluggishness in uptake and implementation of research especially on COVID, a lot of red tape (long decision-making pathways, centralized systems, political interference) which affects the generation and use of evidence generated in the region to inform policy. This needs to be addressed, through advocacy for policy change, and establishment of clear way of doing things in times of an outbreak / disaster**

#### **4. Supporting the economic recovery efforts Post COVID -19**

Already the EAC is mobilizing resources to support the recovery plan, already we have 12 million Euros that will go to support the further strengthening pandemic preparedness and response, under the one health approach; the support to the Tourism sector implementing the Tourism recovery plan, there are engagements to have support local manufacturing , setting standards for some of the commodities that are used in the response; trying to have improving the supply chain management

**Preparing the region to access to the COVID -19 Vaccine. At the moment we have 4 vaccine candidates on the market under processing.** We need general awareness creation about the vaccines; we need to consider resources transportation, storage, waste management, capacity to administer the vaccines; Expansion of medical cold chain capacity; Licensing processes in our partner states; Improving the distribution capacities, vs vaccine production capacity geographically; allocation by continent, domestic vaccine allocation by socio economic, demographic and occupational considerations; expanding capacity of domestic vaccine delivery systems, etc. etc. etc.

We need to building resilient procurement and supply chain systems should not lead to trade barriers. Companies should be given incentives to make supply chains more robust. -This is an area we can build synergies with CSO.

Encourage domestic production capabilities – and countries are individually making efforts in supporting industries to produce the materials locally. Production lines have been changed to production of the much-needed supplies e.g., sanitizers, masks, ventilators.

There is general understanding and drive to automate logistic processes as a whole.

## **5. Next steps in the journey against COVID-19 and other outbreaks in the region.**

**First**, we need to initiate dialogue around to issues raised above that are critical for accessing the COVID-19 vaccine for East Africans, specifically secure resources to procure and make necessary logistical preparations to supply the vaccines the population;

**Secondly**, we need high level advocacy to support local production of good quality products used in the COVID -19 response – Shorten the supply chain, and remove unnecessary steps that make it difficult to respond in such difficult times;

**Thirdly**, advocate for strengthening quality assurance and quality control mechanisms for locally produced COVID -19 response supplies;

**Fourth advocate** for a harmonized approach to responding to outbreaks, the COVID -19 pandemic and other outbreaks, by ensuring that there is establishment of region fund for response to pandemics and epidemics;

Advocate for access to free or affordable screening, testing and care for all.

Respect of human rights should be observed during these difficult times. Key rights that are often implicated in public health emergencies include the right to access health services , the right to privacy and confidentiality, the right to non-discrimination, freedom of assembly and the right to information

**Fifth** monitoring the impact of the regional response to help improve the response in future, and better / improved approaches for Engaging of Civil society and Communities in decision decision-making, governance, implementation and monitoring of the COVID - 19 and other regional and national responses;

**Sixth** Advocate for funds to support research, better documentation of regional experiences and innovative ways of storage of such information for future to inform policy; **and**

**Lastly** advocacy for better equipping, protection of and remuneration of frontline health workers in both private and public facilities during outbreaks and disasters. The region needs to develop a regional policy to guiding on a standard package to be offered for front line health workers in outbreak response. Call upon partner states to support and protect our front-line workers, health care workers security personnel through provision of PPE will go a long way in strengthening our efforts towards resilient sustainable systems for Health.

***Thank you very much for your kind attention and I hope the conference will be a great success. Thank you.***