EAST AFRICAN COMMUNITY

PANPREP PROJECT MEDIA MONITORING REPORT FOR 2021

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PANPREP PROJECT MEDIA MONITORING REPORT FOR 2021

Summary

This report comprises press releases, website articles, newsletters, tweets, newspaper articles and a scientific publication from the Pan Prep Project for the year 2021. They cover the following areas:

1. EAC COVID-19 study
2. One Health
3. Joint Border staff training
4. IOM WASH Project
5. Others

In total the compilation includes:
Press releases 6
Website articles 4
Newsletters 4
Tweets 6
Scientific publication 1
Published newspaper pieces 11

It is important to note that the list includes only those that the project team was able to track after publication.
Study indicates there was no Covid-19 in the EAC region before March 2020

*East African Community Headquarters, Arusha, 23rd August 2021.* COVID-19 most probably did not exist in the East African region before the first official cases were reported in March 2020, a study by the EAC Secretariat in collaboration with the East African Health Research Commission (EAHRC) indicates.

The study aimed at verifying if COVID-19 infections had already occurred in the region in 2019 and therefore way before the first cases in Africa were reported by WHO in February 2020. It retested frozen swab samples taken from patients who presented with Severe Acute Respiratory Infections (SARI) between 01st November 2019 and 29th February 2020.

Some East African countries experienced higher than usual numbers of severe respiratory infections with persistent cough, fever and sometimes pneumonia during this period. The patients were not tested or diagnosed for COVID-19, as public attention to the new virus only started growing in January 2020. Test kits were also not yet available at the time. The symptoms might have been related to influenza, but it could not be disregarded that these SARI might have been caused by the COVID-19 causing virus, SARS-CoV-2.

The EAC Secretariat through the East African Research Commission (EAHRC) and Partner States’ National Public Health Reference Laboratories (NPHLS) implemented the study, to confirm whether these cases might have been caused by COVID-19. The study took samples from Kenya, Rwanda, South Sudan, and Uganda. The German Government provided technical and financial support through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and the Robert Koch-Institute in Berlin, Germany.
"1,153 frozen nasal and oropharyngeal swab samples taken from various influenza Sentinel Surveillance Sites in the four participating EAC Partner States were retested by RT-PCR in respective National Public Health Reference Laboratories in each country, "says the report. Reverse Transcription Polymerase Chain Reaction (RT-PCR) is the standard method for detection of SARS-CoV-2, while swabs from the nose and throat are the most frequently used samples. RT-PCR is performed to detect genetic material from a specific organism, such as a virus.

All samples tested negative for RT-PCR, according to the study.

"None of the more than 1,000 samples tested positive for COVID 19. This is a strong indication that COVID 19 was not in the region before the first cases were reported in March 2020" says Dr Noval Twungubumwe, Acting EAHRC Executive Secretary, adding "However, the sample size and with it the study power is too small to proof the absence of COVID-19 in the region with absolute certainty. Another limitation is the fact that samples were only available from the four of the six EAC Partner States."

The study design had two phases. The first phase was the retesting in RT-PCR of swab samples from patients while the second would have been testing for antibodies in cases of positive test results. Because all the samples were negative in RT-PCR, the study did not progress to the second phase that would have involved testing the presence of antibodies to patients and their close family members.

The "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" is available on the EAC Website on this link https://bit.ly/3AVwyr. The study has been submitted for scientific publication.

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Study establishes that no Covid-19 in EAC region prior to March 2020

Infections with persistent cough, fever and sometimes pneumonia during this period. The patients were not tested or diagnosed for COVID-19, as public attention to the new virus only started growing in January 2020,” a report from the study said.

Test kits were also not yet available at the time. The symptoms might have been related to Influenza, but it could not be disregarded that these SARI might have been caused by the COVID-19 causing virus, SARS-CoV-2, the report noted.

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Reverse transcription polymerase chain reaction (RT-PCR) is the standard method for detection of SARS-CoV-2, while swabs from the nose and throat are the most frequently used samples. RT-PCR is performed to detect genetic material from a specific organism, such as a virus. All samples tested negative for RT-PCR, according to the study.
Negative COVID-19 RT-PCR Test Results Obtained from Analysis of Archived Nasal and Oropharyngeal Swab Samples from Patients Presenting with SARI-like Symptoms at Various National Influenza Virus Infections Sentinel Surveillance Sites in Four EAC's

Fabian Mashauri1, Joseph Nyamwiri2, Abdi Roba3, Alice kabanda4, Michael Lokore-Lossaba5 Julius Julian Lutwama6, Irene Lukassowitz7, Andreas Jansen8, Stanley Sonaiwa9

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Abstract

Background: The World Health Organization (WHO) declared the Coronavirus Disease 2019 (COVID-19) outbreak a Public Health Emergency of International Concern on 30th January 2020, and a global pandemic on 11th March 2020. In the East African Region, the first COVID-19 case was detected and officially reported by the Republic of Kenya on 13th March 2020. However, an increase of patients presenting with Severe Acute Respiratory Infections (SARI) was noted between November 2019 and February 2020. This led to the question, if COVID-19 might already have been in the region before the 1st officially reported case. This study was conducted by the East African Health Research Commission (EAHRC) to answer this question. Five (5) of the six (6) East African Community (EAC) Partner States (Burundi, Kenya, Rwanda, South Sudan and Uganda) participated in the study that re-tested frozen oropharyngeal and nasopharyngeal swab samples taken and stored at the Influenza Sentinel Sites from patients who presented in this period of time with SARI-like symptoms. All one thousand one hundred fifty-three (1,153) samples re-tested in RT-PCR were negative, which indicates that COVID-19 only started in the region when the first cases were reported.

Methods: This was a cross-sectional study which employed a retrospective molecular technique that was carried out on archived frozen nasal and oropharyngeal swab specimens which were collected from the sentinel National Influenza Virus Sentinel Surveillance Sites in each country. Five of the six EAC.
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Methods: This was a cross-sectional study which employed a retrospective molecular technique that was carried out on archived frozen nasal and oropharyngeal swab samples which was collected from the existing National Influenza Viruses Sentinel Surveillance Sites in each country. Five of the six EAC Partner States participated in the survey namely; Kenya, Rwanda, South Sudan, and Uganda. However, the Republic of Burundi did not have any archived nasal and oropharyngeal swab samples, while the United Republic of Tanzania chose not to participate in the study. The frozen
nasal and oropharyngeal swab samples which were previously collected in the National Influenza Virus Infections Surveillance Sites within the Republic of South Sudan were transported to the Republic of Uganda through the WHO Country Office in Juba City, South Sudan and later analyzed at the Uganda Virus Research Institute (UVRI) in Entebbe Town of Uganda.

The study was planned to comprise two (2) different phases: The first phase was a retrospective laboratory study using archived frozen nasal and oropharyngeal swab samples. Should all test results be negative to SARS-CoV-2, then the study would be discontinued and not proceed to phase two. Should samples test positive, the respective patients would be contacted and their anti-body response would be tested to establish, if and for how long antibodies would be detectable after an infection.

The study used the Reverse Transcription-Polymerase Chain Reaction (RT-PCR) diagnostic to test the RNA obtained from frozen samples of patients who presented with signs and symptoms of SARI at National Influenza Virus Infections Sentinel Surveillance Sites in the EAC Partner States between 1st November 2019 and 28th February 2020. All swab samples that were confirmed for influenza virus infections as well as those that did not bring positive results and were treated as suspect cases of SARS-CoV-2 infections were screened for COVID-19 with nucleic acid amplification tests (NAAT). Real-time RTPCR was used as the reference method for diagnosis of SARS-CoV-2 infections. The TIB-Molbiol test kits and related reagents were provided by the German Federal Robert Koch-Institute.

Results: Negative COVID-19 RT-PCR test results were obtained in a retrospective study of all the archived nasal and oropharyngeal swab samples from patients presenting with SARI-like signs and symptoms at various national influenza virus infections sentinel surveillance sites in four (4) EAC Partner States from 1st November 2019 to 28th February 2020 before the WHO declaration of the COVID-19 global pandemic. A total of 1,153 swab samples that were analyzed by molecular testing of archived frozen nasal and oropharyngeal swab samples from four (4) participating EAC Partner States were negative for COVID-19 in rdp-gene and e-gene. All the swab samples which were tested picked Equine Arteritis Virus (EAV) which is an internal positive control used to ensure the quality of the viral RNA extraction step. Therefore, the second phase of the study which would have entailed testing for COVID-19 serum antibodies in patients whose frozen nasal and oropharyngeal swab samples turned out to be COVID-19 positive by RT-PCR did not continue in any of the four participating EAC Partner States.

Conclusion: The results strongly indicate that there were no infections with SARS-CoV-2 among patients with SARI-like symptoms in the EAC region before March 2020, when the first case was officially reported. The existing country-wide infrastructure for the National Influenza Virus Infections Sentinel Surveillance Systems in the EAC Partner States proved to be pivotal in retrieving archived frozen nasal and oropharyngeal swab samples. In this regard, these national sentinel surveillance sites should be strengthened and expanded to cover other biological pathogens of global public health importance such as Influenza Viruses, SARS, Crimean Congo Fever, Dengue Fever, Yellow Fever, Rift Valley Fever, Ebola Virus Diseases and other Viral Hemorrhagic FEVERs (VHF}s) and be expanded to cover more parts of each Partner State.

Abbreviations:

EAC’s: East African Countries

Introduction

On 31st December 2019, the World Health Organization (WHO) Country Office in the Peoples’ Republic of China was notified of unusual cases of an acute respiratory syndrome in Wuhan City, Hubei Province of the Peoples’ Republic of China. On 7th January 2020, the causative agent was identified to be a novel coronavirus (2019-nCoV), currently referred to as the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) [1]. WHO declared the disease a public health emergency of international concern on 30th January 2020 and named it Coronavirus Disease 2019 (COVID-19) on 11th February 2020.

As of 28th May 2020, the global number of COVID-19 cases stood at 5,816,706 and 360,437 people had died worldwide of the disease while 2,420,358 had recovered according to the US John-Hopkins-University. For Africa 129,452 cases and 3,792 deaths were confirmed by 28th May 2020 while 53,400 people had recovered. In the East African region 3,146 infections and 82 deaths were confirmed by 27th May 2020 with 927 recoveries.

Despite the comparatively low numbers of cases, the East African Community (EAC) Partner States suffered considerably from the impact of the COVID-19 pandemic. Trade continued, at least to a certain extent, but the economies suffered severely, and many citizens lost their livelihoods. Tourism came to a complete standstill and a decrease in agricultural activities raised the fear of food insecurity in the aftermath of the pandemic. As funds and capacities at health facilities were rechannelled towards the COVID-19 response, the treatment of other severe diseases, such as Malaria or non-communicable diseases like Diabetes Mellitus was impaired and resulted in additional deaths. With some essential medication being no longer available and people avoiding seeing doctors there was also growing concern that patients might discontinue their HIV/AIDS treatment and that this might lead to new transmissions and result in increasing numbers of fatalities.

Although an increase in SARS-CoV-2 infections and deaths was subsequently reported, the numbers in Africa remained rather low compared to predictions and other parts of the world, even if low testing rates and high rates of underreporting are taken into consideration. Explanations included the low average age of citizens in the countries, the influence of climate and temperatures, the continuous confrontation of the immune system with a variety of pathogens and resulting possible cross-immunisation. Many African countries established strict preventive measures at an early stage and reacted to the pandemic with strict isolation and quarantine measures culminating in total lockdowns of whole cities.

However, anecdotal evidence hinted at another possible explanation: Some African countries seemed to have experienced high numbers of severe respiratory infections with persistent cough, fever and sometimes pneumonia from November 2019 up to early 2020 among residents. These patients were not tested and/ or diagnosed for COVID-19, as public attention to the new virus only started growing in January 2020 and test kits were not yet available. The symptoms might have been related to influenza, but it could not be excluded that these Severe Acute Respiratory Infections (SARI}s) were already caused by SARS-CoV-2.
Rationale for conducting an indicative COVID-19 antibody study in the EAC region

A French man had suffered from a severe respiratory disease in December 2019 and was admitted to hospital where blood was taken for analysis. The man recovered, but when the pandemic struck France in 2020, his blood sample was re-tested in RT-PCR and clearly diagnosed for COVID-19. Consequently, WHO urged countries to look more closely into past cases of respiratory infections. The reported low numbers of infections and deaths in the EAC region and the "French case" shed new light on the above mentioned severe respiratory infections observed in the EAC region between November 2019 and beginning of 2020. They raised the question, if these infections might already have been related to COVID-19. An answer to this question could have considerable economic and social impact, especially because the course of infections in more severely affected Western countries peaked after about two months with numbers of new infections starting to decrease.

Against this backdrop, the EAC Secretariat in cooperation with the East African Health Research Commission (EAHRC) decided to conduct a small, indicative COVID-19 antibody study in the EAC Partner States with the objective of collection data to form a hypothesis that could guide political action.

Conduct of COVID-19 antibody study in the EAC region

The study was initiated with support from the German Government and the German Robert Koch Institute (RKI) within the framework of special measures to mitigate the further spread of COVID-19 and inform the response to the pandemic. It was convened and implemented in line with the EAC regional COVID-19 response plan, which requires the EAC to conduct regional research to guide policy and practice. The study aimed to provide baseline data and information for follow-up investigations to understand the development of SARS-CoV-2 prevalence in the EAC region over time as well as to provide comparative data for further investigations in other study populations and study sites. The study data were also expected to provide indicators for adjustment of local targeted public health measures.

The study was designed as a two-step molecular and seroepidemiological cross-sectional study. The first step comprised the re-testing in RT-PCR of stored, frozen swab samples from patients with signs and symptoms of SARI taken at sentinel sites between November 2019 and February 2020 for COVID-19. In step two patients would be followed up and tested for antibodies in cases of positive test results.

In this study, should all nasal and oropharyngeal swab samples test negative, it would be considered as unlikely that these infections were related to COVID-19 and the study would be discontinued. On the other hand, should a larger number of all swab samples of the test group bring positive results, the study would be indicative for COVID-19 infections in the EAC region as early as 2019. If felt necessary, such results could subsequently be verified in further population studies that could look into the degree of immunity against COVID-19 among EAC residents.

Participating Partner States

Five out of six EAC Partner States (Burundi, Kenya, Rwanda, South Sudan and Uganda) participated in the study that was coordinated by the EAHRC.

Study Protocol, Ethics Consideration and Approval, Research Licences

A study protocol was developed and submitted for ethical clearance and approval by all the participating EAC Partner States and adapted according to the input received. Ethical clearances were obtained from the respective National Ethics and Scientific Review Committees (NRCs). Approvals to conduct the research were obtained from the respective Ministries of Health. In the Republic of Kenya, a research license for the study was obtained separately from the National Council for Science, Technology and Innovation (NACOSTI).

Overall objective

The overall objective of the study was to verify, if COVID-19 had already occurred in the EAC region in 2019 and therefore way before the first cases in Africa were reported by WHO in February 2020.

Objectives in detail

In detail, the study was designed to

i. Provide an indicative answer to the question if COVID-19 occurred already in late 2019. In this case the number of SARS-CoV-2 infections might already have peaked. This would explain the comparatively low numbers of current infections;  
ii. Provide data to form a sound hypothesis to guide political action;  
iii. Provide data for an adapted response.

Expected outcomes

i) The time of first occurrence of COVID-19 cases in the EAC region is more clearly defined, thus providing an indication of an already decreasing or still increasing health event; ii) Data are available to guide political action including an adapted response that might contribute to limited investment of human, infrastructure and financial resources.

Testing Methods:

Laboratory confirmation of SARS-CoV-2 is key in identifying infected persons to guide appropriate public health interventions of contact tracing and patient isolation to prevent further transmission of infection [2]. The availability of the complete genome of SARS-CoV-2 early in the epidemic facilitated the development of specific primers and standardized laboratory protocols for COVID-19 [3]. The protocol of the first real-time RTPCR assays targeting the RNA-dependent RNA polymerase gene (RdRp), the envelope protein gene (E), and the nucleocapsid protein gene (N) of SARS-CoV-2 was published on 23rd January 2020 [4]. Reverse-Transcriptase-Polymerase-Chain-Reaction
(RT-PCR) is the most common method for detection of SARS-CoV-2. Nasal and oropharyngeal swabs are most frequently used samples. However, false negative SARS-CoV-2 and positive RT PCR test results of SARS-CoV-2 have been reported in patients who recovered from COVID-19 [5]. As such uncertainty remains, the nasal and oropharyngeal swabs remain the common methods of sample collection for COVID-19 RT-PCR testing.

Materials and Methods Study design and study sites
Archived swab samples collected from the national influenza virus surveillance sentinel surveillance sites for SARIs from the four EAC Partner States, namely Kenya, Rwanda, South Sudan and Uganda were analysed by RT-PCR for the presence of SARI-CoV-2.

The Federal Government of Germany through the Robert Koch Institute (RKI) in Berlin City, Germany had donated to the EAC Partner States twenty (20) QIAamp Viral RNA Mini Kits (250) for RNA extractions and TIB-Molbiol PCR Detection Kits as follows; 60 Primer Barcoded E-gen EAV, 25 Primer SARS-CoV-2 (COVID-19) RdRPR, 76 Enzymes 1-step RT qPCR 100 units, 20 MicroAmp™ Optical Adhesive Film, 20 packs MicroAmp™ Optical 96-Well Reaction Plate, 125 strip MicroAmp™ Fast 8-Tube Strip, 0.1 ml, 300 caps MicroAmp™ Optical 8-Cap Strips, 10 packs BioRad Hard-Shelf® PCR Plates and 20 packs BioRad Microseal ‘B’ PCR Plate Sealing Film.

Study population
The study was carried out on archived nasal and oropharyngeal swab samples which were collected from patients who had presented with SARI-like signs and symptoms between 01st November 2019 and 29th February 2020 and those who had tested negative for Influenza Virus Infections were then re-tested again for SAR-CoV-2 by RT-PCR in each country.

Eligibility criteria
Patients who presented with SARI-like symptoms between 01st November 2019 and 29th February 2020.

Inclusion criteria
i) Archived swab samples from patients with SARI-like signs and symptoms collected between 01st November 2019 and 29th February 2020

ii) Frozen swab samples archived and stored at -80 °C.

Exclusion criteria
i) Archived swab samples not stored at -80 °C
ii) Archived swab samples which were not collected and not freeze stored between 01st November 2019 and 29th February 2020

iii) Archived swab samples from patients who had tested positive for Influenza Virus Infections

Sample size calculations
All available archived swab samples which met the eligibility criteria from the four participating EAC Partner States, were included and tested for SAR-CoV-2 by RT-PCR. A total of 1,153 archived swab samples met the eligibility criteria and were tested for COVID-19 by RT-PCR in the respective EAC Partner States.

Sample collection, transportation and storage
The swab samples which had been collected from influenza virus sentinel surveillance sites and transported from the sentinel surveillance sites using the existing cold chain systems to the respective EAC Partner States' National Influenza Center (NIC) for long-term storage and safe keeping in accordance with the established international standards and procedures. At the NIC, the samples were then tested for Flu A and Flu B infections and subsequently stored at -80°C or liquid nitrogen (for Uganda Virus Research Institute (UVRI)).

Freeze-thawing nasal and oropharyngeal swab samples
The frozen archived swab samples were thawed at room temperature before being tested by RT-PCR for the presence of SARS-COV-2.

Validation of the test kits and viability of Viral RNA
Swab samples were randomly selected for testing the viability of RNA. RNA of the randomly selected swab samples was extracted using QIAamp Viral RNA Mini Kit and biosensor extraction kit. The extracted RNA was validated concurrently using TIB-Molbiol PCR kit (WHO kit) and biosensor detection kits. The results of both kits were comparable. Both positive and negative controls were included in the runs and also internal standards. The tests verified that the archived samples were in good condition.

Viral RNA extractions
Corona Viruses usually affect the lower respiratory system, but the 2019-nCOV is found also in the nose, throat and the intestine. The viral RNA from archival nasal and oropharyngeal swab samples were extracted manually at National Virology Reference Laboratory (NVRL) using QIAamp Viral RNA Mini Kit for RNA extraction after the samples were thawed at room temperature. The swab samples were extracted within 12 hours after removing them from the -80°C deep freezer. To avoid freeze thawing, only samples to be extracted within the same day were removed from freezer.

The validity of Viral RNA extraction was verified by running an extraction control RT-PCR. Equine Arteritis Virus (EAV), a positive-sense single-stranded RNA virus, was used as an internal control added to all specimens prior to RNA extraction to ensure quality of the RNA extraction step. The EAV extraction control was added to the samples following the addition of the lysis buffer prior to RNA extraction. RNA extraction was then continued according to the manufacturer’s instructions.

COVID-19 RT-PCR Assay
Real-time RT-PCR assays for SARS-CoV-2 RNA detection were performed using RT-PCR kits (TIB Molbiol, Berlin, Germany) as previously described [6] including positive control, negative controls and internal standards.

Results

Kenya data analysis and interpretations
All seven hundred fourteen (714) eligible swab samples which were archived and analyzed in Kenya tested rdrp-gene and e-gene negative for COVID-19, which indicates that there were no infections with SARS-CoV-2 among patients with SARI like symptoms between 01st November 2019 and 29th February 2020. All swab samples picked Equine Arteritis Virus (EAV) which is an internal control indicating the sample quality was good Table 2; Figure 2.

Rwanda data analysis and interpretations
1) A total of sixty (60) samples, collected through the influenza surveillance system from patients with SARI like signs and symptoms, tested for influenza and stored at -80°C were re-tested for SARS-COV-2. All test results were negative Table 3; Figure 3. Uganda data analysis and interpretations All three hundred thirty one (331) archived swab samples tested rdrp-gene and e-gene-negative for SARS-Cov-2. All samples picked EAV which indicates that the sample quality was good.

South Sudan data analysis and interpretations
All sixty-four (64) archived swab samples tested negative for SARS-Cov-2. The South Sudan archived frozen swab samples were previously transported to Uganda through the World Health Organization (WHO), Country Office in Juba City of South Sudan, and stored at the Uganda Virus Research Institute (UVRI) in Entebbe. Eventually these samples were also tested at the Uganda Virus Research Institute (UVRI) together with those collected in Uganda itself Figure 4.

Conclusions and Recommendations

The two-step molecular and sero-epidemiological crosssectional study was planned for May to December 2020, but testing could only start early in 2021 due to long and non-harmonized ethics approval processes, challenges related to the availability of test-kits on the world market, to the import of study material into the EAC region and the distribution to the participating Partner States, among others. This provides lessons learned for further regional studies. EAHR, EAC and Partner States should jointly work on easing the framework conditions for the urgently needed research in the East African region.

The sample size and with it the study power were too small to prove with absolute certainty that COVID-19 was not already in the region between 01st November 2019 and 29th February 2020. However, as all 1,153 archived oropharyngeal and nasopharyngeal swab samples from the four participating EAC Partner States tested negative for COVID-19 in RT-PCR, there is a strong indication that this was not the case. Consequently, the study did not progress to the second phase which would have involved testing for antibodies in those SARS-CoV-2 positive patients and their close family members. Due to the delay in implementation, progression to phase 2 would even in case of positive results have been difficult due to the time lag between the sample collection and the re-testing. As international research shows that antibodies disappear within two to three months, the second step of the study would have had to look into other means of detecting a lasting immune response. A study in Wanzhou District of the Peoples' Republic of China which was published on 18th June 2020 in Nature Medicine [7] showed that people who develop antibodies after becoming infected with the coronavirus may not keep them for more than a few months, especially if they did not have any signs and symptoms from the beginning.

It is important to note that the existing country-wide infrastructure for the National Influenza Virus Infections Sentinel Surveillance Systems in the EAC Partner States were pivotal in retrieving archived frozen nasal and oropharyngeal swab samples from patients who presented with signs and symptoms of SARs at various designated national and sub-national level influenza viruses infections sentinel surveillance sites in the four participating EAC Partner States. In this regard the national sentinel surveillance sites should be strengthened further and expanded to cover other emerging pathogens of national, regional and international epidemic and pandemic potential such as Influenza Viruses, SARS, MERS-Cov, Crimean Congo Fever, Dengue Fever, Yellow Fever, Rift Valley Fever, Ebola Virus Diseases and other Viral Hemorrhagic Fevers (VHF) and be expanded to cover more parts of each Partner State including international ports of entry such as in-land cross-border crossings, sea ports and International airports as well as ports of entry across inland water ways. The Republic of Burundi is recommended to establish and operationalize its own national influenza viruses sentinel surveillance system with its accompanying infrastructure and adequate human resources capacity in line with international guidelines and best practices.

There is also a great need for the Republic of South Sudan to build and strengthen the capacity of its National Public Health Laboratory Service to enable them to carry out various advanced molecular laboratory tests for biosafety level 3 and 4 biological pathogens and reduce reliance on its neighbouring countries or international partners now and in future.

Conclusions and Recommendations

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The sample size and with it the study power were too small to prove with absolute certainty that COVID-19 was not already in the region between 1st November 2019 and 29th February 2020. However, as all 1,153 archived oropharyngeal and nasopharyngeal swab samples from the four participating EAC Partner States tested negative for COVID-19 in RT-PCR, there is a strong indication that this was not the case. Consequently, the study did not progress to the second phase which would have involved testing for antibodies in those SARS-CoV-2 positive patients and their close family members. Due to the delay in implementation, progression to phase 2 would even in case of positive results have been difficult due to the time lag between the sample collection and the re-testing. As international research shows that antibodies disappear within two to three months, the second step of the study would have had to look into other means of detecting a lasting immune response. A study in Wanzhou District of the Peoples’ Republic of China which was published on 18th June 2020 in Nature Medicine [7] showed that people who develop antibodies after becoming infected with the coronavirus may not keep them for more than a few months, especially if they did not have any signs and symptoms from the beginning.

It is important to note that the existing country-wide infrastructure for the National Influenza Virus Infections Sentinel Surveillance System in EAC Partner States were pivotal in retrieving archived frozen nasal and oropharyngeal swab samples from patients who presented with symptoms of SARs at various designated national and sub-national level influenza viruses infections sentinel surveillance sites. In order to address the expanding list of emerging pathogens of national, regional and international epidemic and pandemic potential such as Influenza Virus, SARS-CoV-2, Coronavirus, MERS-CoV, Dengue Fever, Yellow Fever, Rift Valley Fever, Ebola Virus Diseases and other Viral Hemorrhagic Fever viruses, sentinel surveillance sites in East Africa have to be expanded. These sites and other sentinel surveillance sites need to be expanded to cover more parts of each Partner State including international ports of entry such as in-land cross-border crossing points, at airports and international ports as well as ports of entry across inland water ways. The Republic of Burundi is recommended to establish and operate such influenza viruses sentinel surveillance system with its accompanying infrastructure and adequate human resources capacity in line with international guidelines and best practices.

There is also a great need for the Republic of South Sudan to build and strengthen the capacity of its National Public Health Laboratory to enable them to carry out various advanced molecular laboratory tests for biosecurity level 3 and 4 biological pathogens and other related but neighbouring countries or international partners now and in future.

Figures

Figure 1: Map of Kenya showing National Influenza Virus Infections Sentinel Surveillance Sites.
Source: Ministry of Health - Rwanda
Figure 2: Map of Rwanda showing National influenza virus sentinel surveillance sites.

Source: IDS, WHO/MoH - South Sudan
Figure 4: Map of South Sudan showing National influenza virus sentinel surveillance sites that are incorporated into the existing National Integrated Disease Surveillance System with technical and financial support from WHO, USAID and ECHO and other partners.
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TESTING METHOD: TIB-MOLBIOL PCR KIT</th>
<th>rdp gene</th>
<th>e-gene</th>
<th>EAV</th>
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<td>+Ve</td>
<td>-Ve</td>
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RdRP Gene: RNA-dependent RNA polymerase gene, E-Gene: Envelope Protein Gene, EAV: Equine Arteritis Virus, -Ve: Negative Test Results, +Ve: Positive Test Results

Table 1: Results from Kenya.

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<th>ACTIVITY</th>
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<th>e-gene</th>
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</table>

RdRP Gene: RNA-dependent RNA polymerase gene, E-Gene: Envelope Protein Gene, EAV: Equine Arteritis Virus, -Ve: Negative Test Results, +Ve: Positive Test Results

Table 2: Results of Rwanda.

<table>
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<th>SENTINEL SITES</th>
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<th>e-gene</th>
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Abbreviations: RdRP Gene: RNA-dependent RNA polymerase gene, E-Gene: Envelope Protein Gene, EAV: Equine Arteritis Virus, -Ve: Negative Test Results, +Ve: Positive Test Results

Table 3: Results of Uganda.

References:

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National validations for EAC Regional One Health Strategy have kick-off in Tanzania

*East African Community Headquarters, Arusha, 9th November 2021:* National validation meetings for the EAC Regional One Health Strategy started yesterday with Tanzania being the first to convene the key forum among the six EAC Partner States. The meeting was opened by Deputy Permanent Secretary in the Prime Minister’s Office, Kaspar Mmuya.

"The One Health approach has been recognized as a major element of disease control and prevention strategies as it emphasizes the relatedness of human, animal, plant and environmental health, and the importance of transdisciplinary efforts," Mmuya said in his opening speech.

He thanked all key players who took part in the development of the Strategy and specifically thanked the German Government and GIZ in close collaboration with the EAC Secretariat for their technical and financial support.

Mmuya said recent global disease events have highlighted the increasing effects of zoonotic pathogens on human and animal health. Changes in the environment, including agricultural intensification, population growth, urbanization, climate change, and human encroachment into wildlife habitats are drivers for zoonotic disease emergence.
The three-day meeting is a key stage in the development of the EAC regional document. The process has involved a wide spectrum of experts and stakeholders from different sectors in the region over the past year. These include all EAC Partner States, the EAC Secretariat and regional, continental and international institutions, organisations and networks. The aim of national validations is to give various stakeholders a chance for internalisation and ownership. They also get an opportunity to provide final inputs before tabling the strategy to the regional validation meeting. Other EAC Partner States will conduct similar meetings on agreed dates.

Welcoming the Deputy Permanent Secretary, the Manager of the Support to Pandemic Preparedness in the EAC Region (PanPrep) project, Dr Irane Lukassowiz, emphasized the relevance of the One Health approach: "Let's look at the COVID-19 pandemic. It all started as a health issue but quickly developed into a threat for lives and livelihoods of the people and the economy as a whole. It had an impact on several sectors including trade, tourism and education among others. Therefore, the EAC is pursuing a wide One Health approach that goes beyond the human, animal and environmental health approach applied in many countries. EAC includes all sectors and disciplines in the prevention of and response to events of public health concern, which are affected by the event, can contribute to the response and to mitigating the impact," she said.

She urged the Tanzanian delegation to publish their experiences with the COVID-pandemic after applying the One Health approach in the response and in mitigating measures.

Tanzania attached the One Health Unit to the Prime Minister’s Office and thus above sectors. This should facilitate the implementation and mainstreaming of One Health in the country.
Deputy PS salutes GIZ and EAC secretariat for backing regional One Health Strategy

By Guardian Reporter

A national validation meeting for the EAC Regional One Health Strategy which started in Arusha last week is a major step towards integrating the six member countries health systems.

Deputy Permanent Secretary in the Prime Minister’s Office, Kaspar Mmuya who presided over the meeting’s official opening ceremony thanked German government through GIZ and East African Community secretariat for supporting the initiative.

“The One Health approach has been recognized as a major element of disease control and prevention strategies as it emphasizes the relatedness of human, animal, plant and environmental health, and the importance of trans-disciplinary efforts,” Mmuya said.

He pointed out that recent global disease outbreaks have highlighted the increasing effects of zoonotic pathogens on human and animal health. “Changes in the environment, including agricultural intensification, population growth, urbanization, climate change and human encroachment into wildlife habitats are drivers for zoonotic disease emergence,” he said.

He stated that the aim of national validations is to give various stakeholders a chance for internalization and ownership. In remarks to welcome the Deputy Permanent Secretary, a Manager of the Support to Pandemic Preparedness in the EAC Region (PanPrep) project, Dr. Irene Lukassowitz, said the relevance of the One Health approach is more prominent following the coronavirus outbreak. “It all started as a health issue but quickly developed into a threat for lives and livelihoods of the people and the economy as a whole. It had an impact on several sectors including trade, tourism and education,” Lukassowitz said.

She said the EAC is pursuing a wide One Health approach that goes beyond human, animal and environmental health approach applied in many countries and includes all sectors and disciplines in the prevention of and response to events of public health concern.

Lukassowitz commended the government for attaching the One Health Unit to the Prime Minister’s Office and thus above sectors. “This should facilitate the implementation and mainstreaming of One Health in the country,” the PanPrep chief noted.
Mkakati wa Afya Moja wapitishwa kupambana na magonzwa sugu

TUESDAY NOVEMBER 09 2021

Naibu Katibu Mktuu wa Ofisi ya Waziri Mkuu, Sera, Uratibu na Bunge, Kasper Mmuya.

Summary

- Serikali ya Tanzania imekamilisha mapito na kupata rasimu ya mwisho ya Mkakati wa Taifa wa Afya Moja itakayotumika kati ya mwaka 2020 hadi 2026.

By Mwandishi Wetu
More by this Author
Arusha. Serikali ya Tanzania imekamilisha mapitio na kupata rasimu ya mwisho ya Mkakati wa Taifa wa Afya Moja itakayotumika kati ya mwaka 2020 hadi 2026.

Akizungumza jijini hapa leo Novemba 9 katika kikao kazi cha wataalamu na wadau wa afya wanaoshughulika katika utengenezaji wa mkakati huo, Kanda ya wa Afrika Mashariki, Naibu Katibu Mkuu wa Ofisi ya Waziri Mkuu, Sera, Uratibu na Bunge, Kasper Mmuya amesema utasaidia kupunguza kuenea kwa magonjwa kutoka kwa wanyama kwenda kwa binadamu na usugu wa vimelea.

"Natambua wenzetu wa Serikali ya Mapinduzi ya Zanzibar chini ya Uratibu na Usimamizi wa Ofisi ya Makamu wa Pili wa Rais wao wanaendelea na utekelezaji wa mpango huu, hivyo hii inahimisha dhimira ya serikali zetu kuhimarisha ushirikiano kati ya sekta za afya ya wanyama," amesema Mmuya.

Aidha amesema Serikali kupitia Ofisi ya Waziri Mkuu itaendelea kuhimarisha ushirikiano huo katika eneo la Uratibu na Usimamizi wa maafa kwa kuzingatia dhana hiyo ya afya moja kwa lengo la kudhibiti magonjwa ya binadamu, wanyama na mimea.

Amesema maandalizi ya mkakati huo yatasaidia kuznia na kupambana na
magonjwa ya mlipuko yanayovuka mipaka, yakiwamo mafua makali ya ndege yaliyozuka nchini Uganda mwaka 2017.


**ADVERTISMENT**

Alisema serikali ya nchini Tanzania inatambua na kuendelea kuhimarisha ushirikiano wa kikanda na kimataifa ikiwemo eneo la kupambana na changamoto ya majanga yanayovuka mipaka.

Naye mtaalamu wa ufuatiliaji wa vimelela sugu vya magonjwa yanayotokana yanayotokana na matumizi mabaya ya dawa, Khadija Omar amesema hali halisi ya Serikali ya Zanzibar ni nzuri kutokana na jitihada za wataalamu pamoja na mwitikiao wa viongozi kubali kuwa na mpango mkakati wa afya moja.

"Mkakati huo bado upo kama rasimu lakini ulishafikishwa katika hatua za juu za uongozi ili kuweza kuoitishwa na hatimaye waweze kuwa na dawati la afya moja katika masuala mazima ya kupambana na magonjwa ya mlipuko yanayovuka mipaka pia yanayoweza kutoka kwa binadamu kwenda kwa mifugo kupitia kwenye mazingira yetu," amesema Khadija.
Kwa upande wake Mkurugenzi msaidizi wa idara ya Menejimenti ya Maafa, Charles Msangi amesema mkakati huo unalenga kuhakikisha katika ukanda wa Afrika Mashariki unakuwa na utekelezaji wa pamoja katika kuzuia au kupambaa na magonjwa yanayovuka mipaka.

https://www.mwananchi.co.tz/mw/habari/kiaifa/mkakati-wa-afya-moja-wapitishwa-kupambana-na-magonjiwa-sugu-3613230
Border staff see benefits from infection prevention training

Posted in Pandemic Preparedness Articles

_East African Community Headquarters, Arusha, Tanzania, 23 November 2021._ A training of trainers (ToT) programme targeting border posts staff on COVID-19 preparedness and response was very beneficial. This is the testimony of participants of the training when they met a delegation of German officials at Namanga on the Kenya and Tanzania border recently. The 2-day trainings were offered over a period of 12 weeks from September 2020.

The visiting officials included Claudia Imwolde-Kraemer from the German Ministry for Economic Cooperation and Development (BMZ); Jennifer Worl and Dr. Ralf Orlik, German Development Bank (KfW), and Johannes Sperrfechter from the German Embassy in Tanzania. They talked to Peter Ndivu and Frank Okwema who are beneficiaries of the ToT that aimed at enhancing the capacity of staff for infection prevention and for communicating the COVID-related risks to travellers that include thousands of EAC citizens and tourists.

"We benefitted and did a lot of capacity building. In addition to passing the knowledge to colleagues, we also trained other people. We have organized meetings with subcounty teams and VHIs (village health teams) and trained them," Frank Okwema, a laboratory expert from a mobile laboratory stationed at Namanga said.

"Normally we handle travellers and receive cash for visas. This exposes us to COVID-19. We were trained for instance on social distancing, contamination and disposal of contaminated items. So we use the knowledge from the training to guide colleagues and travellers on how they can protect themselves and protect others," according to Peter Ndivu, Immigration Officer at Namanga One Stop Border Post (OSBP).
Border points are high-risk areas regarding the spread of COVID-19 and other infectious diseases from one country to another. These “Points of Entry” are at the centre of movement of people, animals and goods from one country to another.

“The way we used to do waste management in the past is quite different from what we do after the training. Now we even know the required concentration of the chemicals that we need to use for sanitization,” Frank Okwema added.

The EAC Secretariat with support from the German Government through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH engaged AMREF Flying Doctors (AFD) to conduct the emergency intervention trainings. A total of 375 staff were trained of which 327 were certified, at 12 OSBP’s and four harbours in the region, covering all six Partner States.

They included staff from port and animal health, customs, immigration, revenue officers, luggage handlers, clearing agents, standards officers, border security and the joint cross-border management committees. By engaging sectors and professions beyond health, the project implemented the One Health approach.

“The training was very good and well organized. It is perhaps a wake-up call that we need to include some of the modules in the training curriculum for example immigration officers,” Peter Ndichu added.

The delegation visited the mobile laboratory, which is an initiative of the EAC Secretariat and is being funded by the Republic of Germany through the KfW and the Bernhard Nocht Institute for Tropical Medicine (BNIT). This one of two mobile laboratories handed over to the Kenyan National Public Health Lab in May 2020.

The lab has since been operating at the border between Tanzania and Kenya, mainly for COVID-19 testing of truck drivers, to facilitate continued cross-border trade. As of October 2021, the lab had processed over 70,000 COVID-19 tests, including samples of more than 60,000 truck drivers, over 2,000 health care workers, and additional travellers and patients. The laboratory personnel has been trained in set-up and operations of the lab by the programme. As a result, the turnaround time in Kenya has reduced from over 48 hours to less than 24 hours.

The team then looked at the progress of the installation of the handwashing facilities which is part of a water, sanitation, and hygiene (WASH) project that the EAC Secretariat is implementing in collaboration with the International Organization for Migration (IOM).

The project, funded through GIZ, is conducting risk and crisis communication and community awareness measures on infection prevention control and establishes handwashing stations and water supply in line with the WASH concept where it is not available at selected high-risk areas in all EAC Partner States. This will reduce the risk of infection with COVID-19 and other infectious disease for especially vulnerable population groups. More than 1 Million people will benefit from these measures.

For more information, please contact:

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Tel: +255 682 308 007
Email: David.mbulumi@giz.de
Skillsmatch - a new tool for closing the digital skills gap in the EAC.

During November’s Vietnam-Germany-EAC and GIZ through the project “Digital Skills for an Innovative East Africa an Industry” (Skillsmatch), launched an online matching platform for skills.

Skillsmatch links young professionals with businesses for jobs, internships and applied master thesis. Therefore, it aims to bridge the skills gap especially regarding digital skills for the application and development of digital products and services that are needed in the region’s industry.

The EAC Secretary General, Hon. Dr. Peter Mathuki, and the Ambassador of Germany to Tanzania, H.E. Regine Holtz attended the platform to the public.

“Our goal is to help youth in the EAC become better skilled to lead transitional changes in the business environment under the current wave of digitalization,” noted H.E. Regine Holtz.

Prof. Gaspard Rangankabwibansa, the EACEA Executive Secretary stressed: “We are putting more effort to support universities in the region to produce graduates that are relevant for the job market to reduce youth unemployment. We urge companies to use the Skillsmatch Platform to spot talent and prompt action around key challenges to digital inclusion by supporting young professionals to gain industry practical experience through internships.”

dSkillsmatch invites youth to become part of the Skillsmatch community and register using the following link: www.skillsmatch.org

Border staff reflect on benefits of infection prevention training.

On 15 November, a German delegation visited the Namanga One Stop Border Post to experience the effects of a training of trainers (ToT) which had been held a year earlier targeting border post staff on COVID-19 preparedness and response. The official included Claudia Inthabile-Kramer, German Ministry for Economic Cooperation and Development, Johannes Sporleitner, German Embassy, Tanzania, Gode Bachfich, GIZ as well as Jennifer Won and Dr. Ralf Oelke, IOM Development Bank.

“We did a lot of capacity building in addition to passing the knowledge to colleagues, we have organized meetings with subcounty and village health teams and trained them.”

Frank Okweema, mobile laboratory worker stationed at Namanga noted, “We implemented training. A total of 375 staff were trained at 15 OOSBP and four points in the EAC region.”

The delegation also visited handwashing facilities which are part of a water, sanitation, and hygiene project implemented by the EAC Secretariat and the International Organization for Migration (IOM). The Pandrep-funded programme is also conducting risk and impact communication and community awareness measures on infection prevention control.
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EAC strengthens capacity of staff at Ports for the prevention and detection of COVID-19

Posted in Health

*East African Community, Arusha, Tanzania, 12th March 2021:* Human mobility across countries has been one of the main sectors that facilitated the rapid spread of COVID-19 across the world, and many of the confirmed COVID-19 cases in the EAC region have also had a history of travel. After staff at international airports and border posts in the EAC region was trained as trainers on preparedness and response measures to COVID-19 and other infectious diseases, the first of 4 trainings at major harbors in the EAC region has started at the port of Mombasa, Republic of Kenya, on Monday, 8 March 2021. The trainings are convened by the EAC Secretariat and organised and conducted by AMREF Flying Doctors (AFD) in cooperation with WHO.

"The trainings aim to build the knowledge of staff on safety measures, surveillance, prevention and control strategies and relevant regional guidelines", explains the Hon. Christophe Bazivamo, the EAC-Deputy Secretary General in charge of Productive and Social Sectors, "AFD will offer a comprehensive Training of Trainers to enable the ports to develop their own staff training and surveillance regimes". Stephen Gitau, AFD Chief Executive Officer says that "this will contribute greatly toward the pillar of enhanced safety for travelers and the duty of care of Partner States towards their port staff."

While past capacity building and awareness measures primarily focused on port health staff, this training will involve a wide range of staff with close contact to passengers and/or their luggage,
such as port medical service providers, ship operators, selected crew members, staff at immigration and customs and cargo and baggage handlers among others.

The training comprises of one or two 2-day courses, depending on the size of the harbour. Topics will include among others “the port as a “red zone” – recognition of hot zones in the port and measures to identify and demarcate these areas”, “quarantine and isolation of passengers” and “decontamination of ships and harbour areas”.

Each class will have 16 participants - taking into account social distancing requirements - so that a total of 80 key port personnel at the 4 harbours will become trained trainers and are expected to spearhead the development and conduction of targeted training sessions for the rest of the port personnel. The trained trainers will develop and conduct their own classes to roll-out their brief training sessions and AFD will support the process and monitor the progress.

The course design and curriculum development are based on the International Health Regulations and best practices of the World Health Organization and the US Centers for Disease Control. Further ports to be trained until mid of April 2021 are Zanzibar (United Republic of Tanzania), Kisumu (Republic of Kenya) and Bujumbura (Republic of Burundi).

The training is facilitated by the German Government through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH in its effort to support states in their response to COVID-19. GIZ supports the EAC Secretariat in its advisory and coordinating role for the Partner States in pandemic preparedness.

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Namanga border staff say Covid-19 training beneficial for infection prevention

By Guardian Reporter

A training of trainers (ToT) programme targeting border posts staff on the coronavirus preparedness and response is proving to be very beneficial, according to testimony from the target group.

Some of the ToT participants told a delegation of German officials at Namanga border between Kenya and Tanzania last week that the training was of importance. "We benefitted and did a lot of capacity building. In addition to passing the knowledge to colleagues, we also trained other people," said a laboratory expert at Namanga, Frank Okwema.

Okwema said as a result, they have also organized meetings with sub-county teams and village health teams to train them on the subject. "Normally we handle travellers and receive cash for visas which exposes us to COVID-19. We were trained for instance on social distancing, contamination and disposal of contaminated items," he said.

Okwema's observation was backed by an Immigration Officer at the same border, Peter Ndichu who noted that because border posts are high-risk areas in the spreading of COVID-19 and other infectious diseases, the training was crucial as it involved two countries.

"So we use the knowledge from the training to guide colleagues and travellers on how they can protect themselves and protect others," Ndichu said adding that things have improved for the better in handling of people and goods crossing the Tanzania and Kenya common border.

The East African Community secretariat with support from the German government through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH engaged AMREF Flying Doctors to conduct the emergency intervention trainings.

A total of 375 staff were involved of which 327 were certified, at 12 One Stop Border Posts and four harbours in the region, covering all six partner states.

The visiting German delegation included: Claudia Imwolde-Kraemer from the German Ministry for Economic Cooperation and Development; Jennifer Wörd and Dr Ralf Orlit from German Development Bank (KfW); and Johannes Sperrer from the German Embassy in Tanzania.

The training also involved staff from port and animal health, customs, immigration, revenue officers, baggage handlers, clearing agents, standards officers, border security and the joint cross-border management committees. "The training was very good and well organized. It is perhaps a wake-up call that we need to include some of the modules in the training curriculum of for example immigration officers," Ndichu added.

Farmers fight duty-free sugar imports above Comesa quota

By Guardian Reporter

Farmers have challenged in court a decision to allow the importation of duty-free sugar from Uganda above the Common Market for East and Southern Africa (Comesa) quota.

Farmers have challenged in court a decision to allow the importation of duty-free sugar from Uganda above the Common Market for East and Southern Africa (Comesa) quota.

The delegation visited the mobile laboratory, which is an initiative of the EAC secretariat and is being funded by Germany through the KfW and the Bernhard Nocht Institute for Tropical Medicine. One of two mobile laboratories was handed over to the Kenyan National Public Health Lab in May 2020.

The lab has since been operating at the border between Tanzania and Kenya, mainly for COVID-19 testing of truck drivers.
Now EAC turns to ports in Covid-19 surveillance drive

SUNDAY MARCH 14 2021

EAC deputy secretary general Christophe Bazivamo.

Summary

- Training is organized by the EAC Secretariat in collaboration with the Nairobi-based Amref Flying Doctors in collaboration with the World Health Organization whereby the goal is to provide stints on response measures to be Covid-19 pandemic

By Zephania Ubwani

More by this Author
Arusha. After staff at the international airports and border posts, the East African Community (EAC) has started training workers at the ports on Covid-19 preparedness.

The first of four such training stints on response measures to the pandemic started at the Kenyan port of Mombasa early this week.

Training is organized by the EAC Secretariat in collaboration with the Nairobi-based Amref Flying Doctors in collaboration with the World Health Organization (WHO).

"They aim to build the knowledge of staff on safety measures, surveillance, prevention and control strategies on Covid-19," said the EAC deputy secretary general Christophe Bazivamo.

He said the flying doctor service will offer a comprehensive training of trainers to enable the ports to develop their own staff training and surveillance regimes.

"This will contribute greatly towards the pillar of enhanced safety for travellers," said Stephen Gitau, AFD chief executive officer.
First handwashing stations established at hotspots in the EAC region

Posted in Health

**East African Community Headquarters, Arusha, Tanzania, 17th December 2021**: The East African Community (EAC) Secretariat is making progress in a project aimed at strengthening the capacity of EAC Partner States to prevent and control the spread of infectious diseases using hygiene measures, risk communication and community sensitization. The project targets "hotspots" in the region that have a high risk for infection transmission due to crowded living conditions and a lack of clean water as causes of poor hygiene. The Secretariat is collaborating with the International Organization for Migration (IOM) in the implementation of the water, sanitation and hygiene (WASH) project.

Deputy Secretary General of Productive and Social Sectors, Hon. Christophe Bazivamo, recognised the progress made in establishing the handwashing facilities which cater also for children and people with disabilities: "Some of the handwashing facilities have already been completed awaiting handover to authorities and others are at various stages of construction. In addition, more than 1 million people will be reached with health and hygiene promotion initiatives, thanks to a financial support of 1.5 Million EUR from the German government.

Water harvesting facilities have been established at Musanze, Nyagatare, Rubavu and Kihere districts in Rwanda, and handwashing facilities have been finalized at Mutukula and Namanga Points of Entry in Tanzania. "Work is in various stages at other sites in the EAC Partner States of
Burundi, Kenya, South Sudan, Tanzania and Uganda”, says Dr Ayman Jarboui, IOM Regional Health Program Officer (COVID-19), adding: “We have also started with risk communication and sensitization on the crucial role of hygiene in infection prevention control.”

Extensive land borders and high human mobility in the region, make the communities at the borders and along the transport corridors but also in densely populated areas with limited access to water vulnerable to communicable diseases. Over the past five years alone, the EAC region has experienced communicable, and water borne diseases outbreaks including COVID-19, Cholera, Measles, Rift Valley Fever, Yellow Fever, Crimean-Congo Hemorrhagic Fever, and E. Coli infections.

Targeted by the project are cross border communities, areas along transport and water ways, fragile urban communities, along with truck drivers, boda-boda riders, taxi drivers and migrants. Risk communication and hygiene sensitization measures also cover community leaders and local authorities such as border officials dealing with customs, immigration and port health.

Preparations for the project started in June 2021 through close coordination between the EAC Secretariat, IOM and Partner States’ Ministries of Health. In July the project team started collecting baseline data from households, points of entry and health facilities along selected borders and communities to guide field operations.

The health intervention is facilitated through the ‘Support to Pandemic Preparedness (PanPrep)’ project which is implemented through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

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Border staff see benefits from infection prevention training

Posted in Pandemic Preparedness Articles

*East African Community Headquarters, Arusha, Tanzania, 23 November 2021.* A training of trainers (ToT) programme targeting border posts staff on COVID-19 preparedness and response was very beneficial. This is the testimony of participants of the training when they met a delegation of German officials at Namanga on the Kenya and Tanzania border recently. The 2-day trainings were offered over a period of 12 weeks from September 2020.

The visiting officials included Claudia Imwolde-Kraemer from the German Ministry for Economic Cooperation and Development (BMZ); Jennifer Wori and Dr. Ralf Orlik, German Development Bank (KfW), and Johannes Sperrfechter from the German Embassy in Tanzania. They talked to Peter Ndichu and Frank Okwema who are beneficiaries of the ToT that aimed at enhancing the capacity of staff for infection prevention and for communicating the COVID-related risks to travellers that include thousands of EAC citizens and tourists.

"We benefitted and did a lot of capacity building. In addition to passing the knowledge to colleagues, we also trained other people. We have organized meetings with subcounty teams and VHTs (village health teams) and trained them," Frank Okwema, a laboratory expert from a mobile laboratory stationed at Namanga said.

"Normally we handle travellers and receive cash for visas. This exposes us to COVID-19. We were trained for instance on social distancing, contamination and disposal of contaminated items. So we use the knowledge from the training to guide colleagues and travellers on how they can protect themselves and protect others," according to Peter Ndichu, Immigration Officer at Namanga One Stop Border Post (OSBP).
Border Posts are high-risk areas regarding the spread of COVID-19 and other infectious diseases from one country to another. These “Points of Entry” are at the centre of movement of people, animals and goods from one country to another.

"The way we used to do waste management in the past is quite different from what we do after the training. Now we even know the required concentration of the chemicals that we need to use for sanitization," Frank Okwema added.

The EAC Secretariat with support from the German Government through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH engaged AMREF Flying Doctors (AFD) to conduct the emergency intervention trainings. A total of 375 staff were trained of which 327 were certified, at 12 OSBPs and four harbours in the region, covering all six Partner States.

They included staff from port and animal health, customs, immigration, revenue officers, luggage handlers, clearing agents, standards officers, border security and the joint cross-border management committees. By engaging sectors and professions beyond health, the project implemented the One Health approach.

"The training was very good and well organized. It is perhaps a wake-up call that we need to include some of the modules in the training curriculum of for example immigration officers," Peter Ndichu added.

The delegation visited the mobile laboratory, which is an initiative of the EAC Secretariat and is being funded by the Republic of Germany through the KW and the Bernhard Nocht Institute for Tropical Medicine (BNIT). This one of two mobile laboratories handed over to the Kenyan National Public Health Lab in May 2020.

The lab has since been operating at the border between Tanzania and Kenya, mainly for COVID-19 testing of truck drivers, to facilitate continued cross-border trade. As of October 2021, the lab had processed over 70,000 COVID-19 tests, including samples of more than 69,000 truck drivers, over 2,000 health care workers, and additional travellers and patients. The laboratory personnel has been trained in set-up and operations of the lab by the programme. As a result, the turnaround time in Kenya time has reduced from over 48 hours to less than 24 hours.

The team then looked at the progress of the installation of the handwashing facilities which is part of a water, sanitation, and hygiene (WASH) project that the EAC Secretariat is implementing in collaboration with the International Organization for Migration (IOM).

The project, funded through GIZ, is conducting risk and crisis communication and community awareness measures on infection prevention control and establishes handwashing stations and water supply in line with the WASH concept where it is not available at selected high-risk areas in all EAC Partner States. This will reduce the risk of infection with COVID-19 and other infectious disease for especially vulnerable population groups. More than 1 Million people will benefit from the measures.

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EAC implements sanitation project to prevent and tackle infectious diseases

 Posted in Health

*East African Community Headquarters, Arusha, 26th August 2021:* The EAC Secretariat in collaboration with the International Organization for Migration (IOM) is implementing a project on water, sanitation and hygiene (WASH) that will strengthen the capacity of Partner States to prevent and address infectious diseases at hot spot areas in the region.

“We have secured EUR 1.5 million from the German Government for the project. The project aims at increasing awareness and enhancing health and hygiene protective behaviours and practices to prevent and respond to the spread of infectious diseases including COVID-19,” says EAC Deputy Secretary General in charge of Productive and Social Sectors Hon. Christophe Bazivamo.

The project targets high-risk groups and areas in the six EAC Partner States, Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda that include cross border communities, communities along transport and water ways corridors, urban fragile communities, truck drivers, boda-boda, taxi drivers and migrants. It also includes community leaders and local authorities such as border officials dealing with customs, immigration and port health. The project is expected to reach more than 1 million people with health and hygiene promotion initiatives and install around 19 fixed handwashing facilities at selected areas in the respective countries.

The project, which will be undertaken in close cooperation with Partner States, will contribute to the implementation of the EAC COVID-19 Response Plan (2020), the IOM COVID-19 Strategic Response and Recovery Plan launched in April 2021 and health relevant regional plans. It will also contribute to the achievement of the WHO WASH Strategy and the regional IOM migration strategy for the East and Horn of Africa addressing the health component.

“The collaboration with EAC is placed within a memorandum of understanding between IOM and EAC and aims at improve migration management in the region,” said IOM’s Regional Director for East and Horn of Africa Mohammed Abdiker.
Preparations started in June 2021 in close collaboration between EAC and IOM at regional and country level and in July the team started collecting baseline data from households, Points of Entry and health facilities along selected borders and communities to guide field operation. The construction of the handwashing facilities and the health and hygiene awareness campaign will start in late August 2021. The project runs until December 2021 and the final completion report will be ready by January 2022.

Funds for the Programme have been provided by the German Government through the Support to Pandemic Preparedness (PanPrep) project, which is implemented through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

The East African Community (EAC) region has experienced communicable, and water borne diseases outbreaks in the past and is still at risk of future ones. In addition to the COVID 19 global pandemic, the EAC has experienced other preventable outbreaks including Cholera, Measles, Rift Valley Fever (RVF), Yellow Fever, Crimean-Congo Hemorrhagic Fever (CCHF) and E. Coli infections over the past five years alone. Due to the high human mobility in the region, the communities at the borders and along the transport corridors are continuously exposed to communicable diseases.

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EAC officials visit sanitation project sites

Posted in Pandemic Preparedness Articles

East African Community Headquarters, Arusha, Tanzania, 4th October 2021: East African Community officials led by the Deputy Secretary General Productive and Social Sectors, Hon. Christophe Bazivamo, have started an inspection tour of sites where the EAC in collaboration with the International Organization for Migration (IOM) is implementing a project on water, sanitation and hygiene (WASH).

The project that aims at strengthening the capacity of Partner States to prevent and address infectious diseases in the region is expected to reach more than 1 million people with health and hygiene promotion initiatives. Around 19 handwashing facilities will be installed at selected sites by the time the project is completed in January 2022.

The tour is done before WASH facilities are constructed to ensure proper location, sustainability and adequacy. The officials are visiting the proposed project sites at border areas in the six Partner States of Burundi, Kenya, Rwanda, United Republic of Tanzania, South Sudan and Uganda.

The first round of visits started at Namanga on the Kenya/Tanzania border, followed by Mutukula on the Tanzania/Uganda border. Others were Nemba/Gasenyi on the border of Burundi and Rwanda, Kobero on the Burundi/Tanzania border; Rubavu and Musanze districts in Rwanda.

The delegations that included representatives of the EAC, IOM and government officials who are the national focal points for the project, held meetings with area political and government leaders and officials from the various government agencies at the respective border posts.
Funds for the Programme totaling EUR 1.5 million have been provided by the German Government through the Support to Pandemic Preparedness (PanPrep) Project, which is implemented through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

On 7th September 2021, a mission led by the EAC Director of Productive Sectors, Dr Jean Baptiste Huvugimana and Dr Qasim Suffi, IOM Chief of Mission in Tanzania, was met at the Kenya/Tanzania Namanga One Stop Border Post by the chair of the Joint Border Management Committee, Joseph Mohwaya.

They discussed issues related to the implementation of the project during a meeting that included other officials from EAC, IOM, WASH project national focal points and other Joint Border Management Committee representatives. They then conducted a tour of the area to identify the most suitable location for the installation of handwashing facilities.

The team settled on the front entrance of the OSBP main building as the most ideal location for the handwashing facilities. This location was chosen because it would ensure maximum utility as it is accessible to both passengers and truck drivers.

At Mutukula One Stop Border Post, the team comprising EAC, IOC representatives and other project stakeholders was received by the border authorities in both Tanzania and Uganda sides on 10th September 2021. The Mayor, David Mugaasi received the team for Uganda side. The team visited the proposed site for the handwashing facility at the entrance from Tanzania to Uganda. They agreed that the site was ideal for the purpose. Similar visits to Gasenyi/Nemba and Koboro points of entry took place on 10th and 13th September 2021 respectively.

Handwashing facilities already exist at Grande Barriere, Petite Barriere, Bungangari market, Muhoza and Cyuve. However, the team led by DSG Bazivamo saw the need for more facilities at locations that guarantee access for more people, children and people with disability.

"Despite considerable efforts to fight the COVID-19 pandemic some gaps still need to be addressed, such as inadequate or non-existing Infection Prevention and Control (IPC) infrastructure and lack of facilities for children and disabled populations. Others are absence of billboards to convey messages to communities and the need for more health promotion and awareness activities," said the DSG, Bazivamo.

He emphasized the importance of the project that adds on to existing efforts and is suited to fill in the identified gaps. This, he said, will enable safe movement across borders and improve trade as well as migration within the region. He urged local authorities to take ownership of the project to ensure timely delivery without compromise of quality.

Welcoming the EAC and IOM delegation in Rubavu District, the Governor of Western Province, François Habiegeko said the project was in line with efforts to fight the COVID-19 pandemic through WASH facilities in his province. Grande Barriere, Petite Barriere, Bungangari market sites are in Rubavu District, where the team visited on 13th September 2021.

In Musanze, the delegation visited the Muhoza and Cyuve sectors on 14th September 2021. The Governor of the Northern Province, Dancilla Nyirarugabo, gave a short presentation on efforts to fight COVID-19 that also include WASH initiatives. She mentioned other initiatives as having volunteers to mobilize community members to monitor COVID-19 preventive behaviors and home-based care provided by neighbors of those with no relatives to support them.

The IOM Deputy Chief of Mission, Erika De Bona Fofana, thanked EAC for selecting IOM as implementing partner. She affirmed IOM's commitment to ensure a successful implementation of the project. Similar visits will be conducted to the remaining sites.
EAC and IOM join hands to tackle infectious diseases

Posted in Pandemic Preparedness Articles

*East African Community Headquarters, Arusha, Tanzania, 26th August 2021:* Extensive land borders, along with previous disease outbreaks, make the six-member East African Community (EAC) susceptible to communicable infections, including cholera, measles, rift valley fever, yellow fever, Crimean-Congo hemorrhagic fever and e.coli infections.

However, thanks to a financial contribution of EUR 1.5 million from the German government, over one million people will be reached with health and hygiene promotion initiatives, in addition to 19 hand-washing facilities due to be installed in hot spot areas.

The EAC Secretariat in collaboration with the International Organization for Migration (IOM) is implementing a project on water, sanitation, and hygiene (WASH) that will strengthen the capacity of Partner States to prevent and address infectious diseases at high risk areas in the region. The project aims at increasing awareness and enhancing health and hygiene protective behaviours and practices to prevent and respond to the spread of infectious diseases including COVID-19.

COVID-19 is an unprecedented global crisis and continues to be among the biggest harmful disasters around the world including the EAC region. In the fight against COVID-19, East African Community (EAC) Heads of States recommended limiting transmission and minimizing impacts and threats of COVID-19 through joint and collaborative approaches.
Access to safe, clean water remains a challenge to a large number of people and more disproportionately to vulnerable groups. The lack of clean water increases the risk of outbreaks of infectious diseases. The latter can spread rapidly and can affect in a short time large numbers of people, disrupting daily activities, the working environment and social dynamics in affected populations.

Therefore, WASH has been identified as one of the most efficient preventive measures in containing the spread. The World Health Organization’s (WHO) Interim Guidance on "water, sanitation, hygiene and waste management for the COVID-19 virus" published on 23 April 2020, clearly recognizes provision of safe WASH conditions as essential to protecting human health during all infectious disease outbreaks, including the COVID-19 pandemic. Additionally, sensitization and creating awareness to ensure the safety of communities during COVID-19 is key in this endeavor.

The project targets high-risk groups and areas in the six EAC Partner States, Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda that include cross border communities, communities along transport and water ways corridors, urban fragile communities, truck drivers, boda-boda, taxi drivers and migrants. It also includes community leaders and local authorities such as border officials dealing with customs, immigration and port health. The project is expected to reach more than 1 million people with health and hygiene promotion initiatives and install around 19 fixed handwashing facilities in the respective countries.

From December 2020 to May 2021, the EAC Secretariat and the WaterAid East Africa Region Office partnered to implement a COVID-19 recovery project. The focus was on five border posts namely Nemba and Gasenyi at the Rwanda and Burundi border, Holili at the Kenya and Tanzania border, Vurra at the border between South Sudan and Uganda, Busia and Malaba both at borders between Kenya and Uganda. Key interventions were construction and installation of permanent handwashing facilities and awareness creation messages to sensitize border communities and truck drivers and their crews on the importance of handwashing as one of the important preventive alternatives from communicable diseases.

In an attempt to cover further high risk areas for the spread of infectious diseases, the EAC Secretariat has established a new collaboration with the International Organization for Migration (IOM) in a project with financial support from the German Government through the Support to Pandemic Preparedness in the EAC region (PanPrep) project, which is implemented through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

The collaboration with EAC is governed by a memorandum of understanding between IOM and EAC which aims at improving migration management in the region. Through the support of GIZ, IOM has started this regional initiative addressing urgent and critical gaps of hygiene and access to water at Points of Entry and along major cross-border trade routes to also facilitate trade and commerce among EAC countries.

Preparations started in June 2021 in close coordination between EAC and IOM at regional and country level. In July the team started collecting baseline data from households, Points of Entry and health facilities along selected borders and communities to guide field operation. The construction of the handwashing facilities and the health and hygiene awareness campaign will start in late August 2021. The project runs until December 2021 and the final report will be ready by January 2022.

The targeted areas are Burundi side Nemba/Gasenyi at the border between Burundi and Rwanda, and Kobero and Mugina both bordering Burundi and Tanzania. In Kenya side the sites are Lungalunga at the Kenya and Tanzania border, the Miritini truck parking area in Mombasa, the Eastleigh Urban community and Namanga bordering Tanzania and Kenya.
First handwashing stations established at hotspots in the EAC region

The East African Community (EAC) Secretariat is making progress in a project aimed at strengthening the capacity of EAC Partner States to prevent and control the spread of infectious diseases using hygiene measures, risk communication and community sensitisation. The project targets "hotspots" in the region that have a high risk for infection transmission due to crowded living conditions and a lack of clean water as causes of poor hygiene. The Secretariat is collaborating with the International Organization for Migration (IOM) in the implementation of the water, sanitation and hygiene (WASH) project.

Deputy Secretary General of Productive and Social Sectors, Hon. Christophe Basima, recognised the progress made in establishing the handwashing facilities which cater also for children and people with disabilities: "Some of the handwashing facilities have already been completed avoiding handover to authorities and others are at various stages of construction. In addition, more than 1 million people will be reached with health and hygiene promotion initiatives, thanks to a financial support of 1.5 Million EUR from the German government.

Water harvesting facilities have been established at Masarany, Nyagatare, Rubavu and Kibiro districts in Rwanda, and handwashing facilities have been finalised at Mutukula and Kizungu Points of Entry in Tanzania. "Work is in various stages at other sites in the EAC Partner States of Burundi, Kenya, South Sudan, Tanzania and Uganda", says Dr. Aymen Jarboui, IOM Regional Health Programming Officer (COVID-19), adding: "We have also started with risk communication and sensitization on the crucial role of hygiene in infection prevention control."

Extensive land borders and high human mobility in the region, make the communities at the borders and along the transport corridors but also in densely populated areas with limited access to water vulnerable to communicable diseases. Over the past five years alone, the EAC region has experienced communicable and water borne diseases outbreaks including COVID-19, Cholera, Malaria, Rift Valley Fever, Yellow Fever, Crimean-Congo Hemorrhagic Fever and E. Coli infections.

Targeted by the project are cross border communities, areas along transport and water ways, fragile urban communities, along with truck drivers, boda-boda riders, taxi drivers and migrants. Risk communication and hygiene sensitization measures also cover community leaders and local authorities such as border officials dealing with customs, immigration and port health.

Preparations for the project started in June 2021 through close coordination between the EAC Secretariat, IOM and Partner States’ Ministries of Health. In July the project team started collecting baseline data from households, points of entry and health facilities along selected borders and communities to guide field operations.

The health intervention is facilitated through the "Support to Pandemic Preparedness (PanPrep)" project which is implemented through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

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Glad to meet the #German Deputy Ambassador to #Tanzania, Dr Steinbreuner together with colleagues from Germany in the #IOM office in #DarEsSalaam today, 27Oct21. Germany is one of the donors of @IOMTanzania in the country.

(20) Dr Qasim Sufi on Twitter: "Glad to meet the #German Deputy Ambassador to #Tanzania, Dr Steinbreuner together with colleagues from Germany in the #IOM office in #DarEsSalaam today, 27Oct21. Germany is one of the donors of @IOMTanzania in the country. https://t.co/knuFkUUFev" /Twitter
To increase uptake of COVID-19 vaccine in Jomvu sub-county in @MombasaCountyKe @MOH_Kenya @IOMKenya engaged community & religious leaders on importance of the vaccine and outreach for residents to be jabbed during the GoK vaccination drive thanks to generous support of @eacgiz
@IOMKenya continues to support the Eastleigh community with health and WASH initiatives. 14 community health volunteers in Eastleigh were trained from 9th to 10th November 2021 on WASH to promote prevention and control of communicable diseases with support from the GIZ & EAC.
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IOM Burundi
December 2, 2021

✓ Train community leaders in Muyinga Province on techniques to combat diseases with epidemic potential, particularly COVID-19.
✓ Launch health campaign in Muyinga Province with those same leaders to train others within their community on techniques to combat diseases with epidemic potential.

Thanks to Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH funding, IOM has made this plan a reality. #EAC_WASH
IOM Burundi
January 25 at 2:05 PM

IOM accompanies refugees returning to Burundi on their journey towards reintegration.

Click the link below to read Anicet’s story, and learn about how we work with communities to foster social cohesion.

bit.ly/35nywQj

Supporting Burundian Returnees to Build a More Prosperous and Stable Future

IOM Burundi
January 19 at 8:18 PM

IOM Burundi works closely with the Ministry of Interior, Community
Under #WASH, #HealthPromotion & #AwarenessRaising on C-19 pandemic project in EAC region funded by #Germany & implemented by #GIZ, #EAC, #IOM & #MoH launched campaign promoting C-19 vaccines & positive protective behaviors among travelers at #Namanga #OSBP & surrounding community
EAC deputy chief lauds German govt for hand-washing stations at hotspot

HAND-washing stations being constructed at East African Community hotspots with funding from German government will help more than one million people who frequent such border crossing daily.

EAC’s Deputy Secretary General of Productive and Social Sectors, Christophe Bazivamo said last week that progress made in establishing the hand-washing facilities which cater also for children and people with disabilities, is encouraging.
disabilities, is encouraging.

"Some of the hand-washing facilities have already been completed awaiting handover to authorities and others are at various stages of construction," Bazivamo said while thanking the German government for the investment.

"In addition, more than one million people will be reached with health and hygiene promotion initiatives, thanks to a financial support of 1.5 million EUR from the German government," the Deputy EAC chief noted.

The EAC Secretariat said in a statement that progress has been made in a project aimed at strengthening the capacity of partner states to prevent and control the spread of infectious diseases using hygiene measures, risk communication and community sensitization.

The project targets 'hotspots' in the region that have a high risk for infection transmission due to crowded living conditions and a lack of clean water as causes of poor hygiene. The secretariat is collaborating with the International Organization for Migration (IOM) in the implementation of the water, sanitation and hygiene (WASH) project.

Water harvesting facilities have been established at Musanze, Nyagatare, Rubavu and Kihire districts in Rwanda, and hand-washing facilities have been finalized at Mutukula and Namanga border points in Tanzania.

"Work is in various stages at other sites in the EAC partner states of Burundi, Kenya, South Sudan, Tanzania and Uganda," said Dr Aymen Jarboui, IOM Regional Health Program Officer for the coronavirus.

"We have also started with risk communication and sensitization on the crucial role of hygiene in infection prevention control," Dr Jarboui added while noting that extensive land borders and high human mobility in the region, make the communities at the borders and along the transport corridors but also in densely populated areas with limited access to water, vulnerable to communicable diseases.

Over the past five years alone, the EAC region has experienced communicable, and water borne diseases outbreaks including COVID-19, Cholera, Measles, Rift Valley Fever, Yellow Fever, Crimean-Congo Hemorrhagic Fever and E. Coli infections.

East African Community implements project to tackle infectious diseases

Source: Xinhua | 2021-08-27 00:03:09 | Editor: hxaxia

DAR ES SALAAM, Aug. 26 (Xinhua) -- The East African Community (EAC) said on Thursday it is implementing a project on water, sanitation and hygiene (WASH) aimed at strengthening the member states' capability to prevent and address infectious diseases at hot spot areas.

The EAC said in a statement issued by its headquarters in Tanzania's northern city of Arusha that the project is being implemented in collaboration with the International Organization for Migration (IOM).

The East African regional bloc has secured 1.5 million Euros from the German government for financing the project, according to the statement.

Christophe Bazivamo, EAC Deputy Secretary General in charge of productive and social sectors, said the project aims at increasing awareness and enhancing health and hygiene protective behaviors and practices to prevent and respond to the spread of infectious diseases, including COVID-19.

The statement said the project targets high-risk groups and areas in the six EAC member states of Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda.

It said the high-risk groups included cross-border communities, communities along transport and waterways corridors, urban fragile communities, truck drivers, taxi drivers and migrants.

The project is expected to reach more than one million people with health and hygiene promotion initiatives, said the statement. Enditem
Mradi wa maji kunufaisha watu milioni moja EAC

WATU milioni moja katika nchi za Jumuiya ya Afrika Mashariki watanufaisa na mire ndebo we maji wa Wash wenye lenge la kulimarisha uwezo wa nchi hizo kukabili na magonjwa ya milipuko.

Mradi huo wenye thamani ya euro milioni 1.5 zilitozolewa na serikali ya Ujerumani, pia utukuu na vitu 19 vya kunawa mniko katika maeneo yatayako-chaguliwa na nchi husika.

Mradi huo utatelezea na Sekretarieti ya EAC kwa kushirikiana na Shirika la Kinatafu la Uhami (IOM).

"Tunepata euro milioni 1.5 kutoka serikali ya Ujerumani kwa ajili ya mradi huu ambao anazunguzwa kuingia kuwepo na wengine wanao kuzingatia mazoe ya kuuza na kukabili na kua na magonjwa ya kwambukiza kwa sifa covid-19," aliwesha Naitu Katibu Mkuu wa EAC anayesimamia sekuza uazilahisi na jamii, Christophe Bazivamo.

Alisema, mradi huo unalinga mkundinyo ya katika maeneo yatarishishi katika nchi sita wa-wachama wa EAC za Tanzania, Burundi, Kenya, Rwanda, Sudan Kusini na Uganda ambazo zinafungwa jamii na mipaka na vitu 19 vya kunawa mniko katika maeneo ya safiri zaidi, madhara wa mazoe ya kua boda, boda madhara, madhara za wachama.

Mradi huo ambao utateleze-wa kwa uhiriko na nchi washirika, utangazaji utatelezea na mpango wa EAC kukabili na covid-19 (2020) na mkakaki wa kulimarisha afya ya jamii uliozinduliza Aprili, mwaka huu na mpango mingine ya kikanda inayotumia na afya.

Pia utangazaji wa kufikia wajumu na watafariki wa Shirika la Afya Duniani (WHO) na mwakilishi wa utamaduni wa augumia wa Shirika la Afya Duniani (WHO) na mwakilishi wa shirika la Afya Duniani (WHO) na mwakilishi wa utamaduni wa augumia wa Shirika la Afya Duniani (WHO).

Mikurugenzi wa IOM, Ukanda wa Mashariki na Afrika, Mohammed Abdiker alisema kutoka kuwa maandalizi ya jiji ya jiji, mwaka huu kwa uhiriko wa kutafuta na kutazama na EAC na IOM na nchi huwa na jiri tena muwendo wa wafanyakazi wa takwimu za mwingi kutoka kwa kwa, sehemu za mpaka na vitu vya afya kwa nipe nipe nipe na nipe na nipe.

Ujenzi wa vifaa vya kunawa mniko na kampeni ya matamisishaji wa afya na ushuru uliatajiri kwanza mwezi huu.

Mradi huo utaandika kwa Desembe, mwaka huu na ripoti ya mwisho ya kufikia kwake mwezi huu.

Spika wa Bunge, Job Nduku akizungumza na wajumbe wa Kamati ya Uongozi ya Bunge alipokutana naye bungeni, Dodoma jana. (Picha na Ofisi ya Bunge).
EAC plans to spend 4bn/- on sanitation, basic hygiene

By Guardian Reporter

THE East African Community (EAC) is implementing a project on water, sanitation and hygiene (WASH) meant to strengthen the bloc's capacity to control infectious diseases.

Implemented in collaboration with the International Organization for Migration (IOM), the project will target disease epicenters in the region.

Christophe Bazivamo, EAC Deputy Secretary General (Productive and Social Sectors) said that the EAC has secured 1.5 million euros (over 4bn/-) from the government of Germany for the project which aims at increasing awareness and enhancing health and hygiene protective behaviours and practices, to prevent and respond to the spread of infectious diseases including COVID-19.

The project targets high-risk groups and areas in the six EAC Member States that include cross border communities, communities along transport and waterway corridors, urban fragile communities, truck drivers, motorcycle taxi riders, taxi drivers and migrants.

It also includes community leaders and local authorities such as border officials.

EAC set to spend 4bn/- on sanitation, hygiene

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for customs, immigration and port health, expected to reach more than one million people with health and hygiene promotion initiatives.

It is targeted to install around 19 fixed handwashing facilities at selected areas in the respective member countries where the targeted spots are located, he said.

The project, which will be undertaken in close cooperation with the partner states, will contribute to the implementation of the EAC COVID-19 Response Plan (2020), the IOM COVID-19 Strategic Response and Recovery Plan launched in April 2021 and the relevant regional plans.

It will also contribute to the achievement of the WHO WASH Strategy and the regional IOM strategy for migrant populations' health safeguards in East Africa and the Horn of Africa regions.

Mohammed Abdiker, IOM's Regional Director for East and Horn of Africa, said that collaboration with EAC is based on a memorandum of understanding between IOM and EAC for improving migration management in the region.

Project preparations started in June 2021 with close collaboration between EAC and IOM at the regional and country level and in July the team started collecting baseline data from households, points of entry and health facilities along selected borders and communities to guide field operation.

The construction of the handwashing facilities and the health and hygiene awareness campaign started at the end of this month, with the project running until December, with a final completion report expected by next January.

The German authorities are funding the programme via its Pandemic Preparedness (PartPrep) project based in the aid organization GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH).

The EAC zone has experienced communicable and water borne disease outbreaks in the past and is still at risk of future outbreaks. In addition to the COVID 19 global pandemic, the EAC has experienced preventable outbreaks like cholera, measles, Rift Valley Fever (RVF), yellow fever, Crimean-Congo Hemorrhagic Fever (CCHF) and E. Coli infections over the past five years.

Due to the high human mobility in the region, the communities at the borders and along the transport corridors are continuously exposed to communicable diseases, the director underlined.
Euro 1.5m obtained for hygiene project in EAC

Preparations started in June 2021, done in close collaboration between EAC and IOM

The project targets high-risk groups and areas in the six East African Community partner states of Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda.

By The Citizen Reporter

Arusha. The EAC Secretary General in-charge of Productive and Social Sectors, Mr Christophe Bazivamo, said the EAC Deputy Secretary General, in-charge of Productive and Social Sectors, Mr Christophe Bazivamo, said the.

The project targets high-risk groups and areas in the six EAC partner states: Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda that include cross-border communities, communities along transport and water ways/corridors, fragile urban communities, truck drivers, boda-boda, taxi drivers and migrants. It also includes local authorities such as border officials dealing with customs, immigration and port health.

The project is expected to reach over a million people with health and hygiene promotion initiatives and install around 19 fixed handwashing facilities at selected areas in the bloc.

The project, which will be undertaken in close cooperation with partner states, will contribute to the implementation of the EAC Covid-19 Response Plan (2020), the IOM Covid-19 Strategic Response and Recovery Plan launched in April 2021, and health-relevant regional plans.

It will also contribute to the achievement of the WHO Wash Strategy and the regional IOM migration strategy for the East and Horn of Africa addressing the health component.

“The collaboration with EAC is placed within a memorandum of understanding between IOM and EAC and aims at improving migration management in the region,” said IOM’s regional director for East Africa and the Horn of Africa, Mohammed Abdiker.

Preparations started in June 2021 in close collaboration between EAC and IOM at regional and country levels - and, in July, the team started collecting baseline data from households, entry points and health-care facilities at selected borders and communities to guide field operation.

Construction of the hand-washing facilities, and health-cum-hygiene awareness campaign will start late in August.
GIZ support to the East African Community on Twitter: "Today is #Epidemic #Preparedness Day. In fact, preparedness is a sound investment, costing far less than emergency expenditures. That's why we took the opportunity to look at joint efforts that have been made towards better preparedness in @jumuiya. ➡️https://t.co/I7Pu8HOGt https://t.co/bhMJLxjiuK" / Twitter

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On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus disease (COVID-19) outbreak a global pandemic. Almost two years since, there have been over 5 million deaths globally,greatly disrupting trade and devastating impacts on the lives and livelihoods of communities across the world.

The initial response to the outbreak was slow or lacking altogether in many parts of the world. Numerous systems in place were not prepared or did not provide for swift response and mitigation measures. Many perceived the outbreak similarly as a health issue and thus, the response was convoluted as such, locking out key stakeholders from sectors such as agriculture, education, trade, tourism and many more, all of which were also greatly damaged by repercussions of the outbreak.

COVID-19 aside, the Rift Valley Fever, Marburg, Ebola and Crimean Congo Fever, Falciparum and Cholera pathogens are widespread in the East African Community (EAC) region and can cause outbreaks that may affect public health and livelihoods at any time. On behalf of the German Government, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH has been working together with the EAC Secretariat to improve the preparedness of Partner States for disease outbreaks since 2017.

In a project with the International Organization for Migration (IOM), the Secretariat is currently targeting areas in the region that have a high risk for infection transmission due to crowded living conditions and a lack of clean water. The first handwashing facilities have been established in these so-called hotspots. The facilities also cater for children and persons with disabilities. This will reduce the risk of infection with COVID-19 and other infectious diseases, particularly for vulnerable groups. More than 1 million people will benefit from these measures.

The Secretariat has also carried out capacity building in the form of emergency intervention trainings for international airports and border posts staff on COVID-19 preparedness and response. These points of entry entail a high risk in terms of the spread of infectious diseases as centres of movement of people, animal and goods between countries. A total of 650 staff from various units such as port and animal health, customs, immigration, luggage handlers and border security were trained as trainers from September 2020 at 10 International airports, 12 One Stop Border Posts and four harbours. Their trainer certificates are valid for 2 years. The trainings were organized by the EAC Civil Aviation Safety and Security Oversight Agency, CASSOA, and conducted by AIRREF Flying Doctors.

All measures of the EAC in the prevention and response to events of public health concern are guided by the One Health approach, which aims for multilateralism and a multisectoral view in the prevention and response to events of public health concern. The Secretariat is currently developing an EAC regional One Health Strategy. Once validated and adopted, the strategy will serve as a policy instrument, mainstreaming the implementation of One Health activities in the region. In addition to the strategy, a short course curriculum on "Pandemic Preparedness under a One Health approach." has been developed and piloted at the Egerton University in Kenya and Makerere University in Uganda. Evaluation of the course yielded encouraging findings. A recommendation to expand the course to a full post graduate diploma study course with shorter option for policy makers and communities.

East Africa has drawn key lessons from Ebola epidemic in 2014/2016 in West Africa. Better preparedness is needed and with it a pool of rapidly deployable experts to address public health emergencies rapidly and efficiently from the very start. The establishment of a regional pool of rapidly deployable experts from various sectors relevant to containment of epidemics is in progress. The pool will ease the process of identifying, contacting and deploying the "right" experts when necessary and will strengthen the regional response to public health emergencies.

Residents in the EAC and other stakeholders have not been left behind. An internet platform is better placed to act in ways that could slow the spread of disease, thus protecting themselves and their livelihoods. The EAC has a regional risk and crisis communication strategy in place that will enable experts communicate better about disease outbreaks. Together with its standard operating procedures, the strategy guides users on areas such as managing rumours - an increasingly crucial aspect during epidemics.

International cooperation and multilateralism play an important role in the response to epidemics. In this regard, the Secretariat, WHO and other partners conducted a cross-border field simulation exercise at Namanga/Kenya-Tanzania border in 2019. The exercise enabled the Secretariat and the two Partner States to assess the pandemic preparedness status and identify gaps that compromise efficiency in prevention, response and mitigation. The outcomes are being used to facilitate practical corrective actions to protect people in the region and beyond.

As we mark the International Day of Epidemic Preparedness on 27 December, we remind ourselves that preparedness is a sound investment, costing far less than emergency expenditures.

The "Support to Pandemic Preparedness in the EAC Region (PanPrep)" project, implemented by GIZ on behalf of the German Government, assists the EAC Secretariat to improve the regional preparedness and response capacity.

For more on the PanPrep Project, please visit: PanPrep-Pandemic-Preparedness Project Facebook.

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Joint efforts towards better preparedness in the East African Community

Arusha, 27 December 2021: On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus disease (COVID-19) outbreak a global pandemic. Almost two years since, there have been over 5 million deaths globally, great disruption to trade and devastating impacts on the lives and livelihoods of communities across the world.

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