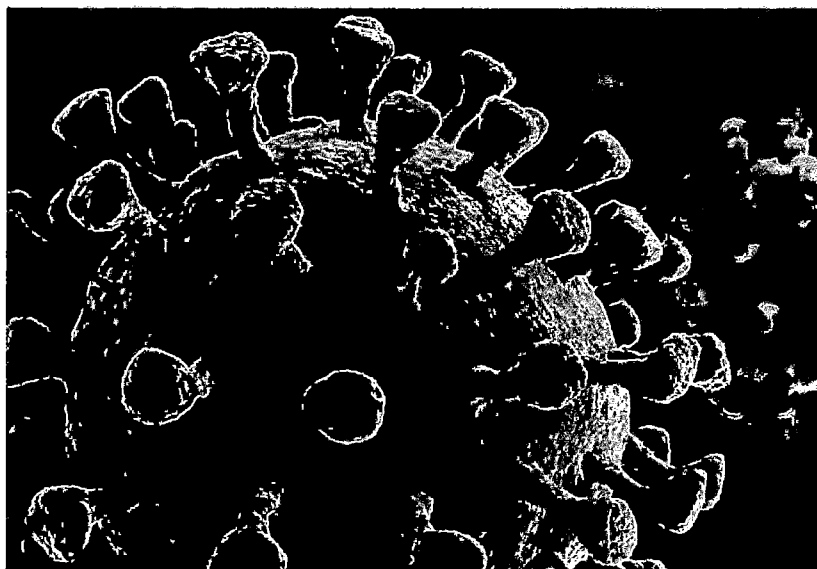# EAST AFRICAN COMMUNITY

East African Community COVID-19 Response Plan

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1. INTRODUCTION

1.1 Background

Pursuant to Article 118 of the Treaty for establishment of the East African Community, Partner States, undertook to take joint action towards the prevention and control of communicable diseases and to control pandemics and epidemics of communicable and vector -borne diseases that might endanger the health and welfare of the residents of the Partner States. The Partner States also agreed to promote the management of health delivery systems and better planning mechanisms to enhance efficiency of health care services within the Partner States. The Partner States share similar disease burdens and have put in place to combat diseases such as HIV/AIDS, Malaria and Tuberculosis, nutritional complications, and reproductive, maternal, newborn and child health complications; non communicable diseases; and epidemics and pandemics.

In Article 104 of the Treaty and Article 7 of the EAC Common Market Protocol, Partner States adopted measures to achieve the Free Movement of Persons, Labour and Services and to ensure the enjoyment of the right of establishment and residence of their citizens within the Community. Since the implementation of the EAC Common Market Protocol in July 2010, there has been increased movement of people across borders. However, free movement of persons has posed challenges in terms of increased risk of spread of diseases, outbreaks of major epidemics and ultimately overwhelming of national health systems.

The border agencies such as Port Heath, Customs, Immigration, Standards, Plant inspectorates, Police and other Security agencies are very critical in averting and control cross borders diseases and other pandemics. In this regard effective collaboration and functioning of border agencies would lead to:- operation and functioning of health screening counters; provision of first aid facilities; controlled and regulation of entry and exit of persons; removal of prohibited immigrants; issuance of entry/work/residence permits; enforcement of the relevant SoPs; quarantine facilities- for both persons and livestock ; provision of public health facilities; Information regarding outbreaks of epidemics; safe water; clean and hygienic public toilets and washrooms; waste disposal facilities; protective gear, adequate storage facilities for toxic and dangerous goods, adequate pens for livestock and storage facilities for plants and adequate fire extinguishing equipment.

Therefore, an efficient and quick flow of information, public awareness on the occurrences and prevention of pandemics is very crucial as a means of facilitation of the free movement of persons, goods and services in the community.

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1.2 The emergency of COVID 19

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. On 11 and 12 January 2020, WHO received further detailed information from the National Health Commission China that the outbreak is associated with exposures in one seafood market in Wuhan City[1]. The Chinese authorities identified a new type of coronavirus, which was isolated on 7 January 2020. On 30th January, WHO declared the ongoing Corona Viruses Infections Outbreak as Public Health Emergency of International Concern (PHEIC) and warned all countries to expect further international exportation of cases to any country. As the epidemic evolves, an increasing number of countries, other than China, have reported cases, including through local transmission of COVID-19. Its therefore expected that many areas may detect imported cases and local transmission of COVID-19. WHO is publishing daily situation reports on the evolution of the outbreak.

The outbreaks reported so far have occurred primarily within clusters of cases exposed through close-contacts, within families or special gathering events. COVID-19 is primarily transmitted through droplets from, and close contact with, infected individuals. Control measures that focus on prevention, particularly through regular hand washing and cough hygiene, and on active surveillance for the early detection and isolation of cases, the rapid identification and close monitoring of persons in contacts with cases, and the rapid access to clinical care, particularly for severe cases, are effective to contain most outbreaks of COVID-19. "Affected areas" are considered those countries, provinces, territories or cities experiencing ongoing transmission of COVID-19, in contrast to areas reporting only imported cases.

Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO.

As of 30th March 2020, a total of 200 countries have reported confirmed cases of COVID – 19. Globally, there are 693,224 confirmed cases, with majority of the cases in USA, Italy, Spain and China. In Africa, Algeria, Nigeria, Senegal, South Africa, Togo, Cameroun, Uganda, Kenya, Tanzania and Rwanda have reported several cases based on the WHO Report and Burkina Faso, Egypt, Morocco and DR Congo[2] and have reported a case each, mainly imported cases. The total

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[1]WHO Corona virus situation report 50, 10st March 2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200310-sitrep-50-covid-19.pdf?sfvrsn=55e904fb_2

[2]https://gisanddata.maps.arcgi.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

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number of fatalities have been reported at 33,106 globally[3]. According to WHO, the risk of COVID-19 is very high globally. WHO's strategic objectives for this response are to:

- ✔ Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread from China*;
- ✔ Identify, isolate and care for patients early, including providing optimized care for infected patients;
- ✔ Identify and reduce transmission from animal sources;
- ✔ Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- ✔ Communicate critical risk and event information to all communities and counter misinformation;
- ✔ Minimize social and economic impact through multisectoral partnerships.

1.3 The Disease

COVID-19 is a respiratory disease caused by a new type of coronavirus – severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). There are many types of coronavirus, which can cause illnesses ranging from the common cold to pneumonia. People with COVID-19 were first reported in December 2019 in the city of Wuhan, Hubei Province, in China. The disease has since spread widely around the world.

As COVID-19 is a new disease, there is still much we do not know, however our understanding is growing daily and we are refining our response regularly as new information comes in.

Based on our current information, the key characteristics of the disease are:

Symptoms	Fever, cough, sore throat, fatigue, and shortness of breath
Spread	The virus can spread from person to person through close contact with an infectious person, contact with their droplets from a cough or sneeze, or contact with surfaces (e.g. doorknobs or tables) contaminated by droplets.
Prevention	Everyone should practice good hygiene to protect against infections. Wash your hands with soap and water. Use a tissue and cover your mouth and nose when you cough or sneeze. Avoid close contact with others.
Diagnosis	If you become unwell, seek urgent medical attention. Call ahead of time to book an appointment and tell your doctor if you have been in close contact with someone who has been ill or have travelled recently.

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[3] https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200330-sitrep-70-covid-19.pdf?sfvrsn=7e0fe3f8_2

Treatment	There is no specific treatment for COVID-19, but medical care can help with the symptoms.
Vaccination	Scientists from around the world are working on developing a vaccine. The World Health Organization (WHO) believes this may be available within 18 months.

2 SITUATION IN THE EAST AFRICA COMMUNITY

The East African Community (EAC) is a Regional Intergovernmental Organization of six (6) Partner States, comprising Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda, with its headquarters in Arusha, Tanzania.

The situation in the EAC region is changing very fast. As of 30th March 2020, 172 Confirmed COVID-19 cases were reported and 51 Non-Confirmed (NC). These include 70 confirmed in Rwanda (16 NC); 50 confirmed in Kenya (19 NC); 33 confirmed in Uganda (10 NC); 19 confirmed in the United Republic of Tanzania (6 NC). Two (2) cases have been confirmed in Burundi while none has been reported in South Sudan. There are several hundred people under observation and more contacts being traced in the affected countries. Most current updates about the situation in East Africa is available on https://health.eac.int/coronavirus.

The East African Community is responding strongly to the coronavirus disease (COVID-19) pandemic. All East Africans have a major stake in managing this outbreak and to contribute significantly to reducing the impact of COVID-19 in the region.

In this regard, the EAC Secretariat convened a joint meeting of Ministers of Health and Ministers responsible for EAC Affairs to deliberate on joint and coordinated EAC response to COVID-19 Pandemic. The meeting took place on 25th March 2020.

The Ministers;

a) directed all Partner States to continue implementing mandatory quarantine for 14 days for all travellers to the region, and avoid imported cases by implementing strict screening procedures at all border points (EAC/JMHE/ Directive /001);

b) resolved to minimize cross border movement of people while facilitating free movement of Goods and Services in the EAC region (EAC/JMHE/Decision /002);

c) directed the EAC Secretariat in collaboration with the Partner States to establish a linkage between the national task forces, EAC Secretariat, and, EAHRC to coordinate and monitor the implementation of the EAC Regional COVID-19 Response plan (EAC/JMHE/Directive/003);

d) direct the EAC Secretariat to establish a mechanism to facilitate movement of surge capacity and medical counter measures across borders to support in responding to the pandemic if need arises (EAC/JMHE/Directive/005);

e) Directed the Partner States to establish a surveillance system to monitor crew health and enable contact tracing (EAC/JMHE/Directive/007);

f) Directed the Partner States and EAC Secretariat to strengthen information sharing through press conferences and other channels to facilitate quick response, continuous reporting and to facilitate contact tracing for potential COVID- 19 exposed persons (EAC/JMHE/Directive/008);

g) directed all Partner States to identify a focal person a member of the national task force to facilitate communication between the Partner States, and between Partner States and the EAC Secretariat for the COVID response (EAC/JMHE/Directive/009);

h) directed the EAC Secretariat in collaboration with the EAC Partner States to develop a Regional Strategy for accessing Corona Virus testing kits (especially those which are still in the process of development- once the tests are approved) for early identification of cases, and cure / medicines (once approved by the WHO) (EAC/JMHE/Directive/0013);

i) directed all Partner States to provide additional contingency and emergency funds to address gaps in prevention, impact mitigation and other interventions to mitigate impact of COVID -19 and further urged EAC Secretariat and each Partner State to mobilize resources, and invest in public health systems to ensure resilience and health security (EAC/JMHE/Directive/0014); and

j) directed the EAHRC to synthesize and conduct research on COVID -19 to inform the Partner states on new technologies, advances in care and treatment, vaccines, behavior of the virus, diagnostic among others, to inform policy and practice in the region (EAC/JMHE/Directive/010)

3 EAC REGIONAL RESPONSE TO COVID 19

This response is being guided by the EAC Regional Health Sector Novel Coronavirus (COVID-19 Plan) Emergency Response Plan. The COVID-19 Plan is designed to support and help coordinate the regional response. This document outlines the key interventions and activities to be implemented guided by the directives and decisions of the Joint meeting of Ministers of Health and Ministers responsible for EAC Affairs on the COVID-19 Pandemic response held on the 25th March 2020.

3.1 Aim of the EAC regional response

The EAC regional response to COVID-19 is intended to:

i.   ensure a joint and well-coordinated mechanism to fight COVID- 19 in the Region;
ii. facilitate the movement of goods and services in the region;
iii. minimize the number of people who become infected or sick with COVID-19;
iv. minimize morbidity and mortality from the COVID-19 pandemic in the region;

v. reduce the burden on our health systems, so that they can continue to provide the regular health care East Africans may need;

vi. help East Africans especially staff in the EAC organs and institutions to reduce their own risk and the risk to their families and communities;

vii. ensure that the region has adequate capacity for surveillance, case detection and case management;

viii. ensure the region has timely access to medical therapeutics and Health technologies to effectively manage the COVID -19 pandemic;

ix. mitigate fundamental impacts of the pandemic on the various vital economic and social sectors of the EAC region, including ensuring sufficient supply of essential food; keep businesses afloat especially Micro, Small and Medium Enterprises (MSMEs); maintain employment; adapt and reorient businesses; promote and utilize locally made products as much as possible; as part of the Response Plan; and

x. facilitate a harmonized and coherent implementation of priority activities that will be instrumental in economic recovery in the short-term.

3.2 Justification for the response plan

The EAC Partner States are continuing to report confirmed COVID-19 cases which are increasing in number with a possibility of reaching a level that is likely to overwhelm our health systems. There is increased risk of community transmission especially with movement of people and goods, particularly in the cross-border areas. EAC Partner States need to be well equipment with all necessary supplies, equipment and capacity to contain the disease and prevent any further spread in the Partner States and in the region. In addition, there is need to have a well-coordinated and harmonized response, in line with the provisions of the EAC Common Market Protocol and to ensure that there is availability of essential goods and services in the region. Also, there is a need to generate local knowledge and evidence to ensure that the management of COVID-19 disease is appropriate to the citizens of the region either for prevention or for treatment.

3.3 Preparedness in East Africa

The EAC region has been on high alert because of Ebola, and the Partner States' preparedness and response mechanisms are fairly developed. The EAC Secretariat is working with Partner States and development partners to mobilize several stakeholders to achieve a broad coalition in stepping up preparedness against COVID -19 in the region. These include: Airport authorities in the EAC Partner States Points of Entry, government regulatory bodies, CAA, PHEOC's, CASSOA, ECSA-HC, ACDC, etc. To date, efforts undertaken include:

i. **Training of EAC Laboratory experts: under the ECA Mobile Laboratory Project, one (1) expert** per EAC Partner State has completed training on the COVID – 19 laboratory diagnosis at the EAC Secretariat in Arusha Tanzania. The training was conducted with test kits developed and supplied by Bernard Notch Institute of Tropical Medicine (BNITM). This

was made possible with funding and technical support from the German government through KfW and BNITM respectively

ii. Procurement of 9 mobile Laboratories: the region is finalizing the receipt of 9 mobile Laboratory of Biosafety level ¾, capable of diagnosing Ebola and COVI-19. Staff from the Partner States have been trained and the laboratories will be handed over to the Partner States in April 2020

iii. Reallocate of funds within the EAC Mobile Laboratory project to support COVID -19 preparedness and response in the Partner States

iv. Uganda has a stand-by mobile Laboratory ready for deployment; and

v. Each Partner State has received 100 test kits for COVID -19 and an additional 500 have been ordered and will be distributed to the Partner States as soon as they are received at the EAC Secretariat

vi. Developed EAC Administrative Guidelines to facilitate the movement of Goods and Services in the region

3.4 Who is managing the response?

In the EAC region the bulk of the response is at the Partner State level with few regional interventions that require regional approach that are coordinated by the EAC Adhoc Regional Coordination Committee (EARCC) (renamed Regional Task Force on COVID-19) for COVID-19 response. The committee is linked to the national task force of each Partner State, and works closely with implementing partners including GIZ, Trademark, JICA and USAID KEA.

The EARCC is made up of the Health Officers in the EAC Health department, members from the East Africa Health Research Commission (EACHRC), the staff in the department, staff from finance and Administration department, customs, trade, agriculture, environment, tourism, peace and security, Human Resources and Administration, and ICT staff of the EAC Secretariat organs and institutions and one representative from each Partner State to coordinate communication.

This committee meets daily to assess the risk in the region, and review progress on the recommended public health actions, as well as provide regional leadership to inform the response.

Focus area	Examples of activities
Provide information to people in the health care system to help them give best practice care	• Information from the WHO and other experts shared • Public health guidelines developed and published • Fact sheets provided for general practitioners, Eds, pathology providers and health care managers • Information provided to confirm the best methods of infection control (e.g. masks, gowns, gloves)

3.5 **Targeted action**

Many activities that are included in the Initial action will continue, but with continuous new information the EARCC will refine some activities with a view to improve them throughout the response. This will increase the effectiveness of the activities and make more efficient use of available resources.

In addition to Initial action activities, in the **Targeted Action stage** the EARCC will **consider** activities to:

Table: …

Focus area	Possible activities
Develop and share guidelines to Partner States to Support and maintain quality care	• Move resources (staff and equipment) within hospitals to priority areas if required in the region; • Adapt hospital resources (rooms, protocols/guidelines, equipment) for use in priority areas, such as ICU • Consider cancelling elective surgeries to free up capacity in public hospitals • Consider changing ratios of nurses to patients in hospitals • Take measures to limit the exposure of people in higher risk groups to COVID-19 (e.g. limit access to aged care facilities) • Provide additional support to Partner States targeting the vulnerable groups including the refugees, internally displaces and other groups that will be identified time to time • Limit the exposure (e.g. in waiting rooms) to people suspected of having COVID-19 by having GP clinics which specialize in COVID-19
Provide information to staff of EAC Organs and institutions and people in the community to help manage risk of exposure, reduce spread	• Continue to provide up-to-date information about the spread of the disease • Provide information and specific planning to the EAC organs and institutions and the region at large. • Support groups of the community at higher risk of severe illness mainly targeting the vulnerable groups including the refugees, internally displaces and other groups that will be identified time to time. • Provide options for people to obtain medical advice without meeting in person (e.g. telehealth)
Capacity strengthening for the EAC partner States in various areas	• training airport staff • training of trainers / support in country training for laboratory staff on safe sampling, and safe sample transportation and use of PPEs • procure and supply of equipment for laboratory diagnosis, • procure and supply of test kits and other consumables

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Share relevant scientific knowledges and conduct regional research to guide policy and practice	• search for relevant research results on COVID-19 and share with EAC Partner States and other stakeholders • inform the Partner States on new technologies, advances in care and treatment, vaccines, behavior of the virus, diagnostics, among others, to inform policy and practice in the region • Conduct regional research (ex: the profile of the circulating strain of COVID-19, clinical characterization to understand susceptibility of populations, and efficacy of the potential medicines)
High level advocacy for resources	• organize Joint Ministerial Sessions to discuss the COVID-19 pandemic response • convene partners to support response efforts • resource mobilization and investment into health • coordinate partner support to the EAC organs, institutions and Partner States
Facilitate the movement of goods and services in the region, including support to MSMEs	• Review and harmonize Customs systems, procedures and process to respond to the demands and impact of COVID 19 • Enhancement of existing Customs Systems to support electronic submission and handling of documentation required for customs declarations to mitigate/minimize risks of human interaction as experienced during COVID 19 • Sensitize and build the capacity of cross–border traders, particularly women who are vulnerable on COVID 19 so as to sustain their trading activities • Enhance the capacity of the region to deliver online training through institutional support/ equipment to ensure continuity in human capital development during and after COVID. • Sensitize and build the capacity of the importers, manufacturers and traders to respond to the demands of COVID 19 in medicines and essential products and development of regional standards for the same during and after the pandemic to help sustain the economies of the Partner States • Sensitize and build the capacity of the ports, shipping lines, clearing agencies and other players involved in the supply chain to forestall any breakdown and ensure effective trade facilitation thereafter • Undertake analysis of food needs for the region and put in place mechanisms to support farmers to keep producing by giving them inputs; putting in place digital agricultural solutions to improve

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	access points and mechanisms to distribution food to the most vulnerable families;

4 KEY INTERVENTIONS

The key interventions that the EAC response is targeting are as follows:

i. Risk Communication and Community Engagement: Strengthening sensitization and awareness creation on COVID- 19 (risk communication and community engagement on COVOD -19);

ii. Ensure access to Infection prevention and Control (IPC) materials, Laboratory supplies and Equipment by the EAC Organs and institutions, and the EAC Partner states (Procurement and supply of supplies and equipment);

iii. Strengthen capacity for COVID -19 surveillance and reporting at all key border points, and build knowledge on safety measures, existing prevention and control strategies and relevant regional guidelines;

iv. Regional Coordination of the response to the COVID – 19 Pandemic to facilitate the movement of goods and services;

v. Mitigation of fundamental impacts of the pandemic on the various vital economic and social sectors of the EAC region, including MSMEs;

vi. Facilitation of a harmonized and coherent implementation of priority activities that will be instrumental in economic recovery in the short-term;

vii. Building Regional capacity to support partner states on surveillance, monitoring and coordination of preparedness and response to pandemic

viii. Research and development;

ix. Fast tracking the Implementation of Digital COVID-19 Surveillance Tracker tool to facilitate contact tracing, patient's self-monitoring and Information Exchange between the EAC Partner States and EAC Secretariat; and

x. Resource mobilization interventions.

4.1 Budget Estimate and Proposed Activities

4.1.1 Budget summary

The response plan has a total budget of US$ 97, 046,212 covering both regional interventions and support to the Partner states. A summary of the budget breakdown is indicated below ... below

	Result areas / objective	Budget US$	Budget percentage
1	Risk Communication and Community Engagement: Strengthening sensitization / awareness creation on COVID- 19 (risk communication and community engagement on COVOD -19)	2,200,000	2.27
2	Ensure access to Infection prevention and Control (IPC) materials, Laboratory supplies and Equipment by the EAC Organs and institutions, and the EAC Partner states (Procurement and supply of consumables and equipment) *	70,980,012	73.14
3	Strengthen capacity for COVID -19 surveillance and reporting at all key border points (airport, Sea port and Railway station), and build knowledge, safety measures, existing prevention and control strategies	3,200,000	3.30
4	Regional Coordination of the response	18,663,000	19.23
5	Regional capacity to support partner states on surveillance, monitoring and coordination of preparedness and response to pandemic	1,438,200	1.48
6	Research and development	245,000	0.25
7	Resource mobilization	320,000	0.33
	Total	97,046,212	**100.00**

4.1.2 Proposed Activities

	Area of focus and proposed activities	Level	Total Budget (USD)
1	**Risk Communication and Community Engagement: Strengthening sensitization / awareness creation on COVID- 19 (risk communication and community engagement on COVOD -19)**		
1.1	Sensitization of EAC secretariat, organs and institutions staff and suppliers - prevention and control measures	Regional	200,000
1.2	Facilitate Partner States to conduct sensitization campaigns on COVID – 19	Partner States level	1,200,000
1.3	IEC materials	Regional / national	400,000
1.4	**Conduct sensitization/training for media practitioners and stakeholders at national and regional levels**	**regional**	-
1.4.1	Conduct sensitization/training for media practitioners and stakeholders at regional level	regional	50,000

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1.4.2	Conduct sensitization/training for media practitioners and stakeholders at national level	National	350,000
	Sub-total		**2,200,000**
2	**Ensure access to Infection prevention and Control (IPC) materials, Laboratory supplies and Equipment by the EAC Organs and institutions, and the EAC Partner states (Procurement and supply of supplies and equipment) ***		
2.1	Personal protective equipment	National	7,796,520
2.2	Disinfection Consumables / Biohazardous Waste Management	National	1,185,516
2.3	Laboratory Test Equipment and Reagents	National	31,334,970
2.4	Others laboratory equipment		83,007
2.5	Sanitizers (5 liter containers)	Regional (EAC / intuitions)	180,000
2.6	Dispensers	Regional (EAC / intuitions)	30,000
2.7	Hand held thermometers	Regional (EAC / intuitions)	10,000
2.8	Digital Temperature scanners at key border points	National	360,000
2.9	Support procurement and supply of pharmaceutical products and relevant health technologies for treatment of COVID-19 patients	National	30,000,000
2.10	Development of Regional Standards for production of pharmaceutical products and personal protective Equipment	Regional	30,000
	Sub-total		**70,980,012**
3	**Strengthen capacity for COVID -19 surveillance and reporting at all key border points (airport, Sea port and Railway station), and build knowledge safety measures, existing prevention and control strategies**		
3.1	**Strengthen capacity for COVID -19 surveillance and reporting at all key border points, and build knowledge safety measures, existing prevention and control strategies and relevant regional guidelines.**		
3.1.1	Training of all the Airport, Stakeholders on COVID -19 Preventive measures, surveillance and personal protection, including on proposed COVID- 19 regional plan*	regional	320,000
3.1.2	Build capacity of laboratory staff on safe sample handling – of samples	national	300,000
3.1.3	Training of sea port management Stakeholders, COVID -19 Preventive measures, surveillance and personal protection, including on proposed COVID- 19 regional plan*	regional	500,000
3.1.4	Training of Immigration, Port Health, Standards, Agriculture, Police and other relevant security agencies, and border points	regional/ national	600,000

	staff on the COVID -19 tracking system for the truck, cargo plane and ship crew		
3.1.5	Training of key Railway management staff and Stakeholders on COVID -19 Preventive measures, surveillance and personal protection, including on proposed COVID- 19 regional plan*	regional	300,000
3.1.6	Training of Customs, Immigration, Port Health, Standards, Agriculture, Police and other relevant security agencies, and border points staff on the COVID -19 tracking system for the truck, cargo plane and ship crew	regional	880,000
3.2	Conduct CAPSCA Technical Support/Assistance Visits at all the Major EAC International Airports to monitor and evaluate the implementation of the Airport Public Health Emergency Preparedness Plan	regional	240,000
3.3	Implement a regional tracking system for crew members for trucks, cargo planes, vessels and trains, in the region	regional	60,000
	Sub total		**3,200,000**
4	**Regional Coordination of the response**		
4.1	**Conduct a rapid assessment on the preparedness and response capacity for the EAC region (personnel, facilities, lab capacity, capacity gaps)**	**regional**	
4.1.1	Rapid assessment on the preparedness and response capacity for the EAC region (personnel, facilities, lab capacity, capacity gaps) – health sector		12,000
4.1.2	Rapid assessment on the available capacity for mass production of Disinfectant, masks and other key PPEs and Essential Food in the EAC region	Regional	300,000
4.2	Convene a regional Emergency COVID -19 meeting with all EAC Partner States, Civil Aviation authorities, portal health and other relevant stake holders to assess preparedness and response, and propose regional measures to be implemented jointly	regional	1,000
4.3	conduct Monitoring and Evaluation missions to 10 selected sites in the cross-border points to assess the Implementation of the EAC Regional COVID-19 Response Plan	Regional	500,000
4.4	Coordinate key actors and stakeholders to ensure access to key medical products, including essential reproductive health supplies such as Condoms, Family planning products etc.	regional	20,000
4.5	Protective Gear for border security (airports, sea ports, gazette borders) Polythene protective wear to aid rescue security in rescue of patients; Face masks, gloves, sanitizers and disinfectants.	National	2,100,000
4.6	Spot checks by EAC Joint Health-Security team on the situations on the ground especially the - OSBPs, Air & Sea Ports	Regional	200,000

4.7	Re-Production & Integration of the INTERPOL standardized Guidelines for circulation to uniformed forces as part of EAC Education Material on Covid-19 for both security services	Regional	300,000
4.8	**development Guidelines, strategies and key documents for COVID -19 response in the region**	**Regional**	
4.8.1	development of a Regional strategy to ensure access to COVID-19 medical products, approved technologies and key IPC supplies in the region	regional	20,000
4.8.2	develop guidelines for fast-tracking decision-making t ensure timely support and action for COVID- 19	Joint Regional / national	50,000
4.8.3	High level advocacy for local production of PPEs and disinfectants	Regional	200,000
4.9	Facilitate movement of surge capacity and medical counter measures across borders to support in responding to the pandemic if need arises	regional	3,000,000
4.10	**Support law enforcement agencies to ensure enforcement and adherence to set Polices, guidelines with regards to COVID -19**	**regional**	
4.10.1	Support radio programmes to increase awareness among border communities for both protection and supporting of government officials to respond to emergency calls and checks	regional	120,000
4.10.2	support mobility of officers including intelligence gathering and sharing on illegal activities that promote further local transmission of COVUD-19 along the illegal border crossings (along the porous border point)	regional	1,800,000
4.11	Support Cross border coordination meetings including sharing of information and skills	regional	180,000
4.12	**Coordinating free movement of goods and services in the region**		
4.12.1	Facilitate the movement of goods and services in the EAC region under Customs and Trade	Regional	900,000
4.12.2	Harmonization of Entry/Exit Immigration Forms to include Health Components	Regional	60,000
4.13	**Strengthening productive capacity of the EAC region**		
4.13.1	Sensitize and build the capacity of the importers, manufacturers and traders to respond to the demands of COVID 19 by developing guidelines and key documents	regional	180,000
4.13.2	Negotiate and provide mechanisms for competitive financing for local manufacturers to boost their production and buy new machinery and parts	regional	200,000
4.13.3	Provide stimulus packages for manufactures to enable them boost production	regional	3,000,000
4.13.4	Collaborate with Partner States to facilitate access to inputs by farmers to enable them continue farming activities during and post COVID-19 period.	Regional	1,500,000
4.13.5	Programme on Post Harvest Handling (PHH) management to upscale best practices including drying of perishable products	Regional	1,000,000

	(including fruits and vegetables) and providing crucial information on Market Access to farmers.			
4.13.6	Sustain regional food security through QUICK Revival of the Regional Food Balance Sheet (RFBS) and immediate Introduction of the Regional Consolidated Harvesting Calendar	Regional		500,000
4.13.7	Sensitize Partner States to establish where none existing and expand Strategic Food Reserves to include livestock, poultry and fish products for preparedness and rapid response to food security challenges in times of pandemic such as COVID-19 or disasters	Regional		2,500,000
	Sub total			**18,663,300**
5	**Regional capacity to support Partner States on surveillance, monitoring and coordination of preparedness and response to pandemic**			
5.1	Establish an Emergency Operations Centre (EOC)at the EAC Secretariat to serve as a monitoring and coordination center	regional		-
5.1.1	Procure screens with electrical and all support facilities to safeguard the information and facilitate sharing (including installation)	regional		150,000
5.1.2	Implement a tracking system for Corona Virus disease contacts especially the truck, ship and cargo plan crew	regional		600,000
5.1.3	develop operating systems / partner with a provider for software and hard ware	regional		40,000
5.1.4	Technical support services			90,000
5.2	Support for Data and Information Sharing for Covid-19 outbreak by implementing the Digital Covid-19 Surveillance Tracker at both the EAC Secretariat and the Partner States' Ministries responsible for Health including supporting for infrastructure (hardware and software) upgrade"	Regional / National		500,000
5.3	**Communication Support to the EAC ADHOC Regional Coordination Committee**			
5.3.1	Communication services (internet to facilitate online meetings)	regional		48,000
5.3.2	Communication hand sets and airtime for all members if the EARCC and sub committee members	regional		8,000
5.3.3	Modems	regional		1,000
5.3.4	Zoom online meeting services (registration licenses)	regional		1,200
5.3.5	Air time for EARCC for 12 months	regional		90,000
	Sub total			**1,438,200**
6	**Research and development**			
6.1.	Synthesize research findings on COVD-19, develop policy briefs and share to EAC PS	Regional		50,000
6.2.	**Generate local knowledge and evidence on COVID-19 by conducting research on COVID-19**	**regional**		-
6.1	Profile of the circulating strain of COVID-19 in EAC region	Regional		75,000
6.2	Clinical characteristics in COVID-19 tested persons people in EAC region **regional**	regional		45,000

6.3	Clinical trial on efficiency of potential medicines of COVID-19 disease (medium- and long-term activity)	Regional	75,000
	Sub total		**245,000**
7	**Resource mobilization**		
7.1	Developing resource mobilization tools - strategy, advocacy materials	Regional	120,000
7.2	Engagement of partners post COVID -19 to mobilize support to address / mitigate impact of pandemic	regional	200,000
	Sub Total		**320,000**
	Grand Total		

5   WHAT CAN YOU DO

You can make a big contribution to the response to COVID-19. Here are some things you can do:

- **Keep informed**
  Keep an eye on information about COVID-19 and if changes of behavior are requested, do your best to follow them. Keep in mind that not all sources of information are as reliable as others. Choose carefully where you get your information from. State and territory government websites Government Health website

- **Keep in touch**
  You should keep in touch with friends and family, to make sure they are well, but you may need to use different methods to do this to avoid exposing them or yourself to the disease if one of you is sick (e.g. phone, text, electronic media)

- **Stay home if sick**
  You can reduce or slow the spread of the disease by staying home if you are sick and not passing on infection to others

- **Self-isolate**
  You should consider staying home, even if you are not sick, if you think you may have been exposed to someone with COVID-19 (e.g. if you have just returned from travelling overseas or been in contact with someone who is unwell)

- **Use good hygiene behavior**
  If you are sick, using good hygiene practices like coughing or sneezing into your elbow and regularly washing your hands can reduce spread of the disease

6 RESOURCE MOBILIZATION

✔ The EARCC in collaboration with the PRMO will develop initiate the resource mobilization activities and will map potential partners to mobilize urgent support for this budget. Partners identified include: AfDB, CDC Africa, USAID KEA,GIZ, BMZ, KfW, WHO, Trademark East Africa and country chapters; World Bank, UNFPA, SIDA, UNAIDS, African Union through the established COVID 19 Fund.

✔ Partners will be engaged through official letters requesting for support and engagements through VC and other online means.

Annex 1: Common Border Posts in the EAC designated as One Stop Border Posts (OSBP act 2016:

No.	Country A	Country B	Name in Country A	Name in Country B
1	Kenya	Tanzania	Taveta	Holili
2	Kenya	Tanzania	Isebania	Sirari
3	Kenya	Tanzania	Namanga	Namanga
4	Kenya	Tanzania	LungaLunga	Horohoro
5	Kenya	Uganda	Busia	Busia
6	Kenya	Uganda	Malaba	Malaba
7	Tanzania	Uganda	Mutukula	Mutukula
8	Burundi	Rwanda	Gasenyi	Nemba
9	Burundi	Rwanda	Ruhwa	Ruhwa
10	Burundi	Rwanda	Kanyaru	Akanyaru
11	Rwanda	Uganda	Kagitumba	Mirama Hills
12	Rwanda	Uganda	Gatuna	Katuna
13	Burundi	Tanzania	Mugina	Manyovu
14	Burundi	Tanzania	Kobero	Kabanga
15	Rwanda	Tanzania	Rusumo	Rusumo
16	Uganda	South Sudan	Elegu	Nimule

Annex II: OSBP with none EAC Partner state

    i.   **Ruzizi I (Rwanda/ Burundi/ DRC)**

    ii. **Bunagana (Uganda / DRC)**

    iii. **Mpondwe (DRC / Uganda)**

    iv. **Busunga / Lamia (Uganda / DRC)**

    v. **Goli (DRC / Uganda)**

    vi. **Oraba (Uganda / DRC)**

    vii. **Mtambaswala (Tanzania / Mozambique)**

    viii.**Moyale (Kenya / Ethiopia)**

ANNEX III

	Area of focus and proposed activities	Mar - May 20	Jun - Aug 20	Sept - Nov 20	Dec 20 - Feb 21	Mar - May 21	Total Budget (USD)
1	**Risk Communication and Community Engagement: Strengthening sensitization / awareness creation on COVID- 19 (risk communication and community engagement on COVOD -19)**						
1.1	Sensitization of EAC secretariat, organs and institutions staff and suppliers - prevention and control measures	▒					200,000
1.2	Facilitate Partner States to conduct sensitization campaigns on COVID - 19	▒	▒				1,200,000
1.3	IEC materials	▒	▒				400,000
1.4	Conduct sensitization / trainings for media practitioners and stakeholders at regional and national levels						
1.4.1	Conduct sensitization /trainings for media practitioners and stakeholders at regional level	▒			▒		50,000
1.4.2	Conduct sensitization/ trainings for media practitioners and stakeholders at national level (partner states to	▒			▒		350,000
	Sub-total						**2,200,000**
2	**Ensure access to Infection prevention and Control (IPC) materials, Laboratory supplies and Equipment by the EAC Organs and institutions, and the EAC Partner states (Procurement and supply of supplies and equipment) ***						

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2.1	Personal protective equipment						7,796,520
2.2	Disinfection Consumables / Biohazardous Waste Management						1,185,516
2.3	Laboratory Test Equipment and Reagents						31,334,970
2.4	others laboratory equipment						83,007
2.5	sanitizers (5 liter containers)						180,000
2.6	Dispensers						30,000
2.7	Hand held thermometers						10,000
2.8	Digital Temperature scanners at key border points						360,000
2.9	Support procurement and supply of pharmaceutical products and relevant health technologies for treatment of COVID-19 patients						30,000,000
	Sub-total						**70,980,013**
3	**Strengthen capacity for COVID -19 surveillance and reporting**						
3.1	**Strengthen capacity for COVID -19 surveillance and reporting at all key border points, and build knowledge safety measures, existing prevention and control strategies and relevant regional guidelines.**						
3.1.1	Training of all the Airport, Stakeholders on COVID -19 Preventive measures, surveillance and personal protection, including on proposed COVID- 19 regional plan*						320,000

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No.	Activity						Amount
3.1.2	Build capacity of laboratory staff on safe sample handling	▓	▓				600,000
3.1.3	Training of sea port management Stakeholders, COVID -19 Preventive measures, surveillance and personal protection, including on proposed COVID-19 regional plan*	▓	▓				300,000
3.1.4	Training of Immigration, Port Health, Standards, Agriculture, Police and other relevant security agencies, and border points staff on the COVID -19 tracking system for the truck, cargo plane and ship crew	▓			▓		300,000
3.1.5	Training of key Railway management staff and Stakeholders on COVID -19 Preventive measures, surveillance and personal protection, including on proposed COVID- 19 regional plan*	▓	▓				500,000
3.1.6	**Training of Customs, Immigration, Port Health, Standards, Agriculture, Police and other relevant security agencies, and border points staff on the COVID -19 tracking system for the truck, cargo plane and ship crew**						880,000
3.2	Conduct CAPSCA Technical Support/Assistance Visits at all the Major EAC International Airports to monitor and evaluate the implementation of the Airport Public Health Emergency Preparedness Plan	▓	▓	▓			240,000
3.3	Implement a regional tracking system for crew members for trucks, cargo planes, vessels and trains, in the region		▓	▓			60,000
	Sub total						**3,200,000**
4	**Regional Coordination of the response**	▓					
4.1	**Conduct a rapid assessment on the preparedness and response capacity for the EAC region (personnel, facilities, lab capacity, capacity gaps)**	▓					

4.1.1	Rapid assessment on the preparedness and response capacity for the EAC region (personnel, facilities, lab capacity, capacity gaps)						12,000
4.1.2	Conduct a rapid assessment on the available capacity for mass production of Disinfectant, masks and other key PPEs in the EAC region						300,000
4.2	Convene a regional Emergency COVID -19 meeting with all EAC Partner States, Civil Aviation authorities, portal health and other relevant stake holders to assess preparedness and response, and propose regional measures to be implemented jointly						1,000
4.3	Conduct Monitoring and Evaluation missions to 10 selected sites in the cross border points to assess the Implementation of the EAC Regional COVID-19 Response Plan						500,000
4.4	Coordinate key actors and stakeholders to ensure access to key medical products, including essential reproductive health supplies such as Condoms, Family planning products etc.						20,000
4.5	Protective Gear for border security (airports, sea ports, gazette borders) Polythene protective wear to aid rescue security in rescue of patients; Face masks, gloves, sanitizers and disinfectants.						2,100,000
4.6	Spot checks by EAC Joint Health-Security team on the situations on the ground especially the - OSBPs, Air & Sea Ports						200,000
4.7	Re-Production & Integration of the INTERPOL standardized Guidelines for circulation to uniformed forces as part of EAC Educational Material on Covid-19 for both security services						300,000
4.8	Development of Guidelines, strategies and key documents for COVID -19 response in the region						20,000

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4.8.1	Development of a Regional strategy to ensure access to COVID-19 medical products, approved technologies and key IPC supplies in the region						20,000
4.8.2	Develop guidelines for fast-tracking decision-making t ensure timely support and action for COVID- 19						50,000
4.8.3	High level advocacy for local production of PPEs and disinfectants						200,000
4.9	Facilitate movement of surge capacity and medical counter measures across borders to support in responding to the pandemic if need arises						3,000,000
4.10	**Support law enforcement agencies to ensure enforcement and adherence to set Polices, guidelines with regards to COVID -19**						
4.10.1	radio programmes to increase awareness among border communities for both protection and supporting of government officials to respond to emergency calls and checks						120,000
4.10.2	support mobility of officers including intelligence gathering and sharing on illegal activities that promote further local transmission of COVUD-19 along the illegal border crossings (along the porous border point)						1,800,000
4.11	Support Cross border coordination meetings including sharing of information and skills						180,000
4.12	**Coordinating free movement of goods and services in the region**						
4.12.1	Facilitate the movement of goods and services in the EAC region under Customs and Trade						900,000

4.12.2	Harmonization of Entry/Exit Immigration Forms to include Health Components						60,000
4.13	**Strengthening productive capacity of the EAC region**						
4.13.1	Sensitize and build the capacity of the importers, manufacturers and traders to respond to the demands of COVID 19 by developing guidelines and key documents						180,000
4.13.2	Negotiate and provide mechanisms for competitive financing for local manufacturers to boost their production and buy new machinery and parts						200,000
4.13.3	Provide stimulus packages for manufactures to enable them boost production						3,000,000
4.13.4	Collaborate with Partner States to facilitate access to inputs by farmers to enable them continue farming activities during and post COVID-19 period.						1,500,000
4.13.5	Programme on Post Harvest Handling (PHH) management to upscale best practices including drying of perishable products (including fruits and vegetables) and providing crucial information on Market Access to farmers.						1,000,000
4.13.6	Sustain regional food security through QUICK Revival of the Regional Food Balance Sheet (RFBS) and immediate Introduction of the Regional Consolidated Harvesting Calendar						500,000
4.13.7	Sensitize Partner States to establish where none existing and expand Strategic Food Reserves to include livestock, poultry and fish products for preparedness and rapid response to food security challenges in times of pandemic such as COVID-19 or disasters						2,500,000
	Sub total						18,663,000

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5	**Regional capacity to support partner states on surveillance, monitoring and coordination of preparedness and response to pandemic**						
5.1	Establish an Emergency Operations Centre (EOC)at the EAC Secretariat to serve as a monitoring and coordination center						0
5.1.1	Procure screens with electrical and all support facilities to safeguard the information and facilitate sharing (including installation)						150,000
5.1.2	Implement a tracking system for Corona Virus disease contacts especially the truck, ship and cargo plan crew						600,000
5.1.3	develop operating systems / partner with a provider for software and hard ware						40,000
5.1.4	Technical support services						90,000
5.2	Support for Data and Information **Sharing for Covid-19 outbreak by** implementing the Digital Covid-19 Surveillance Tracker at both the EAC Secretariat and the Partner States' Ministries responsible for Health including supporting for infrastructure (hardware and software) upgrade"						500,000
5.3	**Communication Support to the EAC ADHOC Regional Coordination Committee**						
5.3	Communication Support to the EAC Regional RCC						
5.3.1	Communication services (internet to facilitate online meetings)						48,000
5.3.2	communication hand sets						8,000
5.3.3	Modems						1,000
5.3.4	Zoom online meeting services (registration licenses)						1,200
5.3.5	Airtime						90,000
	Sub total						1,437,000

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6	**Research and development**						
6.1	Synthesize research findings on COVD-19, develop policy briefs and share to EAC PS						50,000
5.2.	To generate local knowledge and evidence on COVID-19 by conducting research on COVID-19						-
6.2	To generate local knowledge and evidence on COVID-19 by conducting research on COVID-19						
6.2.1	Profile of the circulating strain of COVID-19 in EAC region						75,000
6.2.2	Clinical characteristics in COVID-19 tested persons people in EAC region						45,000
6.2.3	Clinical trial on efficiency of potential medicines of COVID-19 disease (medium- and long-term activity)						75,000
	Sub total						**245,000**
7	**Resource mobilization**						
7.1	Developing resource mobilization tools - strategy, advocacy materials						120,000
7.2	Engagement of partners post COVID -19 to mobilize support to address / mitigate impact of pandemic						200,000
	Sub Total						**320,000**
	Grand Total						97,045,012

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