



# **State of the EAC Health Sector Amidst the COVID-19 Crisis**

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## **Context**

On 11 March 2020, the World Health Organization (WHO) declared the new coronavirus COVID-19 outbreak as a global pandemic. The COVID-19 burden has been asymmetrically distributed. The EAC region has reported an estimated 7.3% of the cases and 4.4% of the deaths reported in Africa. The report seeks to document the interventions put in place to flatten the curve of COVID-19 transmission, examine the impact of COVID-19 on health outcomes, and describe interventions to mitigate the socioeconomic impact.

# The problem

The first case in the East African region was reported on 13 March 2020. As the pandemic continues to evolve, the EAC member states face severe constraints in their health systems. Furthermore, several EAC states put in place early and stringent measures to flatten the curve of COVID-19 transmission, including lockdowns and cross-border restrictions. Beyond the impact on the health sector, the pandemic also impacted income and livelihoods for population groups such as the elderly, women and informal sector workers. Policy makers face challenges in balancing public health measures to flatten the curve considered in the context of increasing vulnerabilities at household levels.

## Background

The EAC countries have recorded several achievements in improving health metrics and disease burden estimates. However, critical gaps remain in terms of financing, quality, and resilient health system. Most EAC states health financing per capita is still below the recommended threshold, which is compounded by limited public health resources. The average number of beds in EAC countries is below the average 1.8 beds per 1,000 inhabitants in Africa, and the shortage of healthcare workers also exacerbates risk of deaths during outbreaks. The COVID-19 pandemic also exposed critical gaps and required contingency plans such as EAC contingency plan for epidemics and other events of public health concern 2018-2023. The COVID-19 pandemic containment measures caused unprecedented economic and social disruption at national and regional levels.

## Research results

Based on available data, Kenya has recorded the highest number of confirmed COVID-19 cases in the EAC region at 163,238 (66.2%), followed by Uganda at 42,308 (17.1%), Rwanda at 25,586 (10.4%), South Sudan at 10,637 (4.3%), and Burundi at 4,149 (1.7%). Tanzania's last report on 29 April 2020 indicated 509 confirmed COVID-19 cases and 21 deaths. The first case in the East African region was reported on 13 March 2020, and most countries put in place early and stringent public health measures to flatten the curve of COVID-19 transmission, including lockdown restrictions, quarantining travellers, isolating close contacts of confirmed cases, rigorous contact tracing, mandatory use of face masks, and expanding testing and treatment capacities. Individual countries took different approaches to reducing the impact of the pandemic.

## Implications for policy makers

The findings in this report show the widespread impact of the COVID-19 pandemic on the EAC member states, and the level of preparedness for each member state. These implications are expected to persist as the pandemic continues to evolve, and recovery will require support of the groups and sectors most affected in order to address key challenges within countries and across the region. The EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other events of Public Health Concern 2018–2023 provides a basis for integrating strategic lessons from recent epidemics into COVID-19 ongoing response and recovery plans. The regional plan can guide the pooling of resources, such as a pool of rapidly deployable health experts with experiences from previous outbreaks.

Currently, the measures taken by individual countries to tackle COVID-19 vary, yet there are cross-border activities that can be leveraged to complement individual's country effort. Policy makers should explore the possibility of coming up with one stop measure for the EAC countries going forward. There are six key responses and recommendations that EAC countries can target with support from stakeholders: *(1) there is a need to further strengthen and support the core capacities of public health systems to detect and respond to all disease outbreaks, (2) cascaded contingency plans are needed at district and other subnational levels, with adequate funds, (3) logistical contingency plan should be in place with deployment mechanisms for emergency logistics, (4) regional pooled procurement plan can increase access to essential products and vaccines during outbreak. There is a need to establish a supranational laboratory in the region beyond small BSL2-3 with capacity to test and control quality of country laboratories, (5) use of technology and digital solutions which can significantly benefit the epidemic response, and (6) integration of community engagement into the response and containment strategies for outbreak.*

These measures are easy to *harmonize and standardize* across EAC member states in addition to data sharing while strengthening the six building blocks. It is important to reflect on the socioeconomic implications across the region. Policy makers should maintain measures to support the most affected segment of the population, including the youth, elderly, people living with disability, women, and the informal sector.



## Mission

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