

# EAC XB coordination meeting outcome 12-14 May, Mwanza 2022

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# EAC XB Meeting Mwanza, 12-14 May 2022

## Aim

To identify and address the gaps in strengthening cross-border preparedness and response and promote unifying regional standards and policies in accordance with IHR.

## Participants:

- EAC Partner States: representative from Ministry of water , MoPH-IHR focal person.
- EAC Partner States Country representative.
- EAC Secretariat
- IOM regional and Country offices from all EAC countries.
- US CDC
- WHO (World Health Organization): Nairobi Hub and COs
- GIZ Support to Pandemic Preparedness in the EAC Region Unit representative



# Common Gap identified by the MSs IHR FPs

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1. Coordination :
  - a. need to reinforce the multi-sectorial Coordination within the Country but also between Countries
  - b. Lack of effective collaboration between countries
2. Lack of timely Information sharing at all levels including between the countries
3. Lack of adequate funding/ investment on XB intervention by the Gov
4. Under infrastructure development at the Border space: Appropriate infrastructure, HR, technical expertise (Port health not always present at the PoEs)
5. Lack of surveillance at an unofficial ground crossing used by Border Population and animal mobility.
6. Needs of community-centred, adapted intervention.
7. Health Security-oriented approach rather than system strengthening approach.
8. Needs of regional harmonized approach: common SoPs, guidance, ToRs etc.

# Key recommendations

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## 1. **Governance and Coordination :**

- Support the Partner States to deliver on their global, continental, regional and bilateral commitment in the area of PoE IHR, preparedness and response and information sharing.
- Mapping and harmonize existing coordination mechanism and framework under an integrated approach (Multi sectorial and whole-of-society approach) including Re-activation and/or repurpose the existing of multi-sectoral cross- border committee to enhance on all hazard surveillance, preparedness and response.
- Joint resource mobilization prioritization and financial ownership through national budgetary process.
- Identify governance platform to assure regional decision making is owned and operationalize at country and local level
- Enhance i coordination between the relevant UN agencies to leverage on their respective comparative advantage.

# Recommendation (cont.)

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## 2. Infrastructure and capacity building:

- Investing in multi sectorial human resource development and capacity building through development of regional training curricula on cross border surveillance that can be operationalized at country level at cross borders.
- Infrastructure improvement and adapt the pre-existing OSBP to be all hazard sensitive infrastructure: including Port health, holding room and isolation space, appropriate wash, and sanitation facilities in line with EAC standards
- Harmonization and revision to develop regional SOP for surveillance, infrastructure, IPC, case management for PoE and create a regional standard setting for a minimum package of services

## 3. IHR core capacity at PoE

- Provide technical assistance and resources to Expand CEBS at border communities (including digitalization)
- Integrate PoE / Border health into OSBP include reinforcement of the infrastructure, surveillance , referral system

## 4. Research and digitalization

- Support the countries to localize their research and development capacity on public health preparedness
- Digitalization and expanding of the existing EAC pass functionalities to allow timely sharing of the information and reporting

# Recommendation (cont.)

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## **Geographic priorities :**

- Map the high-risk border areas in accordance with the national multi-hazard ( including DRC borders) and inclusion of Climate change and disaster prone-areas
- Map and assess of ground crossing including unofficial entry points, including the impact of the climate on the population movement trends.

## **Some Response mechanisms:**

- Reinforce Mobile services along the borders (clinic, lab, wash to serve moving populations); including the establishment of rapid response teams.
- Develop a multi-hazard rapid response plan including early warning systems, preparedness actions and a recovery/contingency plan.
- Build and reinforce the capacity of the members state to deliver on their PoE IHR core capacities.
- Regular SIMEX to test SoPs and policies in places.

ANY  
QUESTIONS?

