Eastern Africa National Networks of AIDS and Health Service Organization and Member Networks Position statement on COVID-19 Response in East Africa

Dated: 5th June 2020

Introduction

As the COVID-19 pandemic continues to challenge the whole world and put progress against HIV, TB, Malaria, SRHR and other health issues at risk, there is need for unity in the fight against it . Prevention interventions, contact tracing, case finding, access to medicines, treatment adherence, human rights protection, community engagement and other important aspects of effective disease response must be maintained. Since the onset of COVID-19, Civil Society (CS) and Community Groups (CG) have had concerted efforts with other health partners to address these challenges that affect health service provision within East Africa countries. The world Health Organization (WHO) declared the new Corona Virus (COVID19) a pandemic in March 2020 and the world was locked up in panic and fear for COVID19 person to person transmission. In order to curb the Corona Virus outbreak, States and governments across the world announced stringent measures including full lockdown such as stay at home, border and airport closure. The East African Community (EAC) partner states have put in place stringent measures including isolation, quarantine and lockdown to control the spread of this disease. Civil society also acknowledge the efforts put in place by the EAC partner states and what has been achieved so far according to the press release for East Africa dated *30th April, 2020:" EAC Unveils COVID-19 Response Plan[1]* to reinforce measures to protect and prevent further spread of the novel coronavirus pandemic within the region. Among the key interventions proposed in the plan were; strengthening sensitization programmes and awareness creation on COVID-19, ensure access to Infection, Prevention and Control (IPC) materials, laboratory supplies and equipment by the EAC Organs and Institutions, and the EAC Partner States, to strengthen the region's 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, building regional capacity to support Partner States on surveillance, monitoring and coordination of preparedness and response to the pandemic; research and development, and resource mobilization, procured nine (9) mobile laboratories to be distributed at various boarders capable of diagnosing Ebola and COVID-19.

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[1] https://www.eac.int/press-releases/147-health/1721-eac-unveils-covid-19-response-plan (Accessed 4th June 2020)

Despite of the restrictions imposed by individual partner states, these have posed barriers for vulnerable populations across East Africa Countries to access health, justice, social protection and income including limited or total lack of access to health and other essential services which is a violation to human rights. Key issues that have affected the East African communities in the wake of COVID19 pandemic include; Gender based violence against women (GBV), violence against sex workers at the borders and central markets whose clients happen to be truck drivers, women and young girls living with HIV now live in fear of visiting the health facilities to access the most needed services like the HIV prevention, treatment care and support, maternal health services and other reproductive health and contraceptive services so as to remain healthy due to the soaring numbers of people with COVID 19 at the same healthy facilities. Brutality by the security operatives especially beyond curfew times in different countries is equally a major human rights violation challenge. Vulnerable and marginalized community are not able to access health services and even food relief to keep surviving. Vulnerability to COVID-19 among truck drivers transporting cargo and goods across borders have been exposed to stigma and discrimination due to the way they are handled at border posts. Cases have been reported where truck drivers after waiting at border posts for almost a week tested positive and were denied entry and returned to their countries further stigmatizing them.

It is in this regard the Eastern African National Networks of AIDS and Health service Organizations in collaboration with its member Organizations from EAC Partners states are calling on EAC Partner States to:

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

2. Combat all forms of stigma and discrimination including those based on, social contacts, profession (healthcare workers), and those directed towards marginalized groups that prevent them from accessing care. The World Health organization (WHO) in its guidelines on social Stigma associated with COVID-19, updated on 24th February 2020, calls on Governments, Media and Local organizations to effectively combat COVID-19 cautiously avoiding fueling fear and stigma and showing empathy with the infected.

3. Create a favorable environment for truck drivers to get tested and treated in the host countries where the test occurred without any form of stigma and discrimination. An EAC Secretariat press release of April 2020 on EAC Administrative guidelines to facilitate movement of goods and services during the COVID-19 pandemic urges partner states to, among others, treat drivers and crew tested for COVID-19 and found positive in the host partner state where the test was carried out and urged not to repatriate infected drivers and crew to the country of origin to avoid the spread of COVID-19.

4. Civil Society and community collaboration with government to support in efforts to revamping community-based saving initiatives and entrepreneurship which will be critical in the phase of reconstruction that will ensure effective participation of Civil Society and communities in the planning and implementation of programs to fight COVID-19 and HIV and AIDs.

5. Development of harmonized COVID19 policies and strategies across East Africa that promotes human rights and are gender responsive.

6. Ensure access to free and quality COVID19 screening, testing and care for the most vulnerable and hard to reach communities especially those around the border towns. These services should respond to the spirit of the East Africa Community with one border post recognizing that diseases know no borders.

7. Investment of time and resources in assessment of the effects of COVID19 on the society in EA, including; livelihood impacts at community level, redeploying income regeneration strategies for vulnerable people who have lost jobs, small to and medium entrepreneurs.

8. Countries work to support each other to ensure no country is left behind, sharing information, knowledge, resources and technical expertise.

9. Support and protect health care workers through provision of PPE to all health centers especially the referral health centers that are managing COVID19 cases join and support efforts that build resilient sustainable systems for Health.

10. Countries to continue observing WHO standard guidelines to limit the spread of COVID-19 that include but not limited to social distancing, hand hygiene especially for countries that ae not in lock downs.

11. Engage affected communities from the beginning in all response measures to build trust, ensure suitable and effective, and avoid indirect or unintended harms and ensure the frequent sharing of information. Empowered communities are key to an effective response. Communities also play a key role in the response itself. Community leaders, including leaders of faith-based organizations, CS to play a role in disseminating accurate information, in preventing panic and in confronting stigma and discrimination. To do this they must have access to transparent and accurate information as well as have meaningful dialogue with government in decision making processes.

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