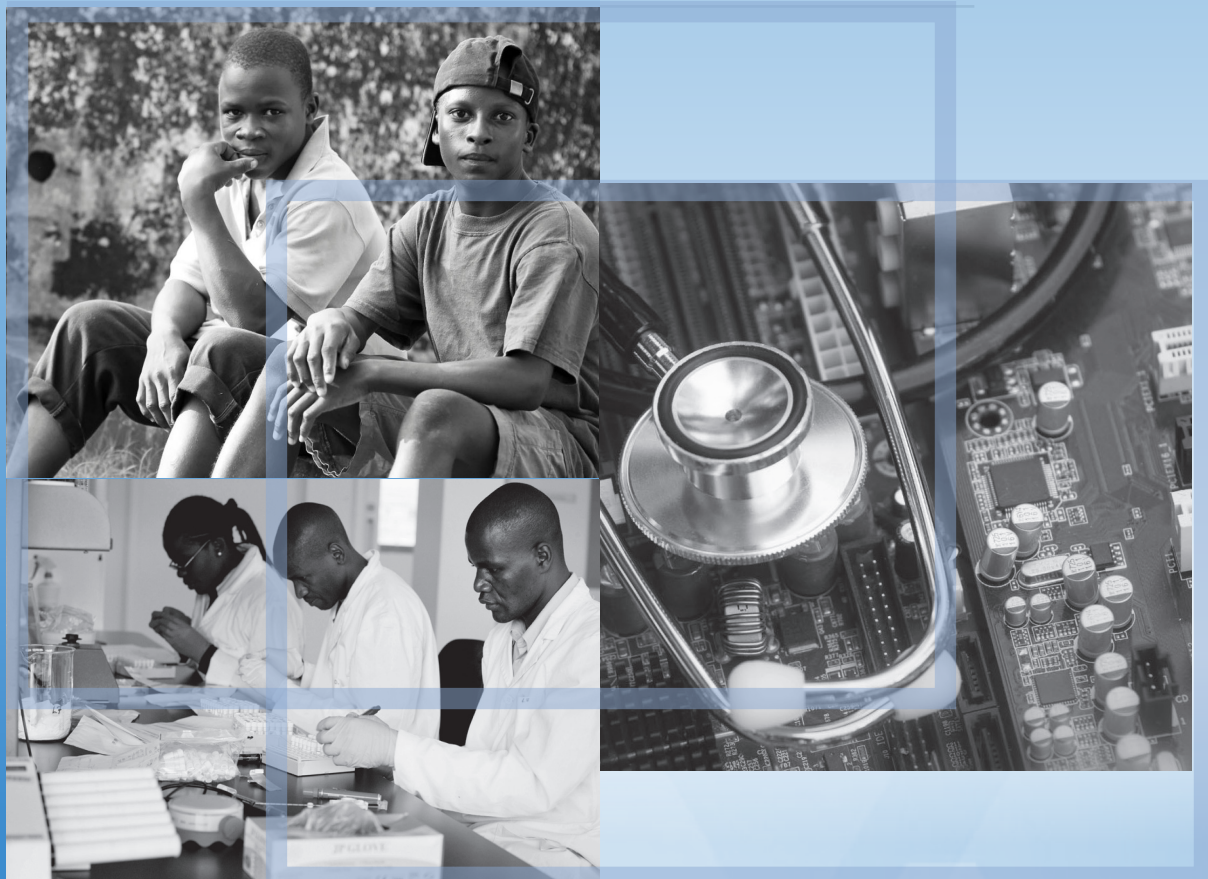




# 8<sup>th</sup> East African Health Scientific Conference (EAHSC)



## CONFERENCE REPORT

**THEME: East African Community Sustainable Development Goal on Health**  
Reflection and path ahead to 2030



Ministry of Health

## Introduction

The East African Health and Scientific Conference (EAHSC) is a bi-annual event organized by the East African Health Research Commission (EAHRC) and East Africa Community (EAC) Partner States. Its main objective is to promote the application of research as well as strengthen regional cooperation in health in line with Article 118 of the Treaty of Establishment of the EAC. Since the inception of EAHSC in 2006, there have been eight conferences held in different EAC Partner States including the just concluded conference, held between 17-19 November 2021 in Nairobi, Kenya.

Due to the ongoing COVID-19 pandemic, the 8<sup>th</sup> EAHSC was a hybrid conference - 90% virtual and 10% physical. English was the official language used during the conference. The main theme for the conference was "East African Community Sustainable Development Goal on Health: Reflection and path ahead to 2030". There were five sub-themes focusing on the following key areas: Reproductive, Maternal, Newborn, Child, and Adolescent Health; Infectious Diseases; Non-Communicable Diseases; Universal Health Coverage, and COVID-19 Pandemic.

The conference was officially opened by the Kenya Ministry of Health, Chief Administrative Secretary, Dr. Mercy Mwangangi, representing the Cabinet Secretary, Honorable Mutahi Kagwe. The closing ceremony was graced by Dr. Kevit Desai, Principal Secretary, State Department for East African Community Integration, Ministry of East African Community, and Regional development.

## Conference planning

Traditionally, the EAHSC is organized by a host partner state and the EAHRC on a rotational basis. The conference is organized at two levels namely the Regional Steering Committee (RSC) and the host country National Steering Committee (NSC). The Regional Steering Committee (RSC) comprises three nominated members from each of the six EAC Partner States and the secretariat is the EAHRC. The NSC is composed

of fifteen members drawn from various governments, research and academic institutions, and development partners.

For the 8<sup>th</sup> EAHSC, the NSC Chair was the Principal Secretary, Kenya Ministry of Health. The NSC commissioned several sub-committees that delivered on various roles during the planning process. These sub-committees are standard for all EAHSCs and included: scientific sub-committee; resource mobilization; administration and finance; communication (media, advertisement etc.); Information, Communication, And Technology (ICT), and audio-visual; protocol, security, welfare, and social events; procurement, and logistics; and international health exhibition and trade fair sub-committee. Each

### Key activities that were conducted as part of conference planning include:



#### Pre-conference

1. Inaugural meeting of the NSC
2. Formalization of the NSC sub-committees
3. Developed and sent out a call for abstracts
4. Conference publicity
5. Abstract review
6. Development of the conference programme
7. Procurement of conference venue, virtual conference hosting platform, printing of the conference programme and abstract book and related conference material
8. Training of moderators and rapporteurs
9. Management of protocol and communication as related to the conference



#### Post conference

10. Conference report writing and synthesis of issue briefs
11. Conference report writing
12. Presentation of draft conference report to the EAHRC Secretariat
13. Ratification of conference report by the NSC members.



◀ Opening Ceremony of the 8<sup>th</sup> EAHSC: Torch Lighting by Mr. Mbaruku, Secretary Administration representing PS, Ministry of Health with Dr. Novat Twungubumwe, Executive Secretary EAHRC and Prof. Charles Mbogo, the Conference Chair. 17 November, 2021.

of these sub-committees had terms of reference that were tailored to ensure that all aspects of the conference planning were covered.

## Conference proceedings

The conference was attended by more than 580 participants from across the six Partner States and beyond. All the six Partner States were represented in the conference in terms of abstracts, plenary, and symposium presentations. The conference had a rich scientific programme that comprised of a keynote speech delivered by Prof. Juma Shabani from the University of Burundi, and five plenary sessions that mirrored five sub-themes.

Further, the programme comprised 187 abstracts that were presented in 20 scientific sessions, 141 abstracts being oral presentations and 46 poster presentations. This is the highest

number of abstracts presented in the series of EAHSCs held so far. Lastly, three symposia were successfully held as follows:

- Universal Health Coverage (UHC) organized by the Kenya Medical Research Institute;
- Health technologies in Africa organized by the African Institute for Development Policy; and
- Weathering the pandemic storm: Building strong, sustainable, and equitable immunization systems in East Africa by PATH.

As expected, given the prevailing circumstances of the ongoing COVID-19 pandemic, the COVID-19 sub-theme had the most abstracts (35) presented, with all its sessions well attended. A summary of key messages as presented and discussed during the conference is presented in table 1.

**Table 1:** Key messages by theme and sub-themes at the 8<sup>th</sup> EAHSC, 2021

Section	Key Messages
<b>Theme</b>	
Accelerating Attainment of the Sustainable Development Goal (SDG)3: Efficient Ways	<p>SDG 3 aims to “ensure healthy lives and promote well-being for all at all ages.” It has 13 targets and 28 indicators.</p> <p>The SDGs were conceived as a package of interventions and hence are closely related. For instance, when planning for SDG 3, countries should also plan for SDG 2 which is closely related as it speaks on nutrition, a critical component for good health.</p> <p>Within the EAC, Partner States need to do the following as a way forward:</p> <ol style="list-style-type: none"> <li>Evaluate the impact that COVID-19 has had on the implementation of the SDG 3 and lessons learnt.</li> <li>Develop policies, strategic plans and action plans required to achieve the various targets. These should be monitored and updated to achieve the overall goal.</li> <li>Develop programmes for training of human resource for health.</li> <li>Promote regional doctoral training programmes in priority areas of SDG 3.</li> </ol>
<b>Sub-themes</b>	
Reproductive, maternal, newborn, child, and adolescent health	<ol style="list-style-type: none"> <li>Routine monitoring of the growing child throughout the various facets of life for the first two decades of life is a key strategy for redesigning child and adolescent programming so that the shift is from surviving to thriving and transformation.</li> <li>Mother-to-child transmission rate of human immune-deficiency virus (HIV) has been shown to increase when there is mixed feeding for babies less than 6 months, low immunity in the mothers and HIV exposed infants not taking prescribed antiretroviral prophylaxis.</li> <li>Risk factors that result in maternal mortality following a caesarean delivery are modifiable.</li> <li>Women’s views and responsiveness of perceived quality of childbirth care are among important indicators of quality service-provision. How a woman perceives a health facility’s responsiveness influences her selecting it as a facility of choice for delivery.</li> <li>As part of supporting adolescents as they navigate through this critical life stage, they require: <ol style="list-style-type: none"> <li>Health facilities that offer adolescent and youth friendly services.</li> <li>Constructive parent-adolescent communication as it has been demonstrated to reduce sexual debut and promote safe sexual practices. This has the potential to reduce teen pregnancies and exposure to sexually transmitted infections including HIV infection.</li> </ol> </li> </ol>



Infectious diseases	<ol style="list-style-type: none"> <li>1. Partner States should strengthen diagnostics capacity and encourage routine genomic surveillance through real-time diagnostics technique for example gene drive technology.</li> <li>2. There is need for surveys that address the knowledge attitudes practices and perceptions regarding infectious diseases as a way of information sharing.</li> <li>3. There is need for integration of other health services (HIV services, diabetes management) in designated TB facilities due to stigmatization of patients in non-TB clinics.</li> <li>4. Regulatory bodies should pay attention to the structured barriers that impede optimal antibiotic use through monitoring the spatial distribution of pharmacies.</li> <li>5. One health approach is critical in understanding holistically the drivers of transmission institute appropriate intervention measures for neglected zoonotic diseases.</li> </ol>
Non-communicable diseases	<ol style="list-style-type: none"> <li>1. Besides body mass index, waist circumference and waist to height ratio can be used as predictors of type 2 diabetes.</li> <li>2. There is need to ensure drug availability and send reminders to diabetic patients as part of improving adherence to medications.</li> </ol>
Universal Health Coverage	<ol style="list-style-type: none"> <li>1. Mobile network operators, digital and online repository platforms all play a vital role to description of epidemics, health-related risks and their potential spread, vaccine coverage, resource allocation and scaling up which is important in health information management and decision-making towards attainment of the UHC and SDGs.</li> <li>2. County healthcare workers and communities have valuable experiential knowledge about their local health landscape hence the need to involve them during priority setting, resource allocation and health financing which are key factors in enabling a cross-sectoral collaboration and sound coordination to facilitate UHC and SDGs.</li> <li>3. The four identified strategies; self-driven interventions, social support, law enforcement and rehabilitation are effective in the management and control of drug and substance abuse.</li> </ol>
COVID-19	<ol style="list-style-type: none"> <li>1. Knowledge on COVID-19 existence is high, however, social distancing has been the intervention most poorly implemented due to socio-economic reasons.</li> <li>2. A major impact of the pandemic has been loss of jobs and livelihoods. Work related pressures have also been documented among health workers.</li> <li>3. Assessment of adverse effects and community involvement on vaccine acceptance is key in increasing vaccine acceptance/coverage in the East African region.</li> <li>4. Creation of new testing centers, and upgrading of existing laboratory infrastructure which resulted in increased testing were the measures implemented by Partner States to improve laboratory quality management systems.</li> <li>5. In the EAC setting, pharmacies are majorly a first point of call for those developing COVID-19 like symptoms. This practice is a major risk factor for antimicrobial resistance (AMR).</li> </ol>



**Scientific Session 6:**  
**HIV/TB (2). Ms. Jacqueline Mutai - Moderator,**  
**Dr. Konongoi Limbaso - Rapporteur and Alex Ndegwa - ICT Support, 17 November 2021.**

## Issue briefs

There were several topics that recurred throughout the conference. The scientific sub-committee compiled briefs on the following three areas:

1. Antimicrobial Resistance.
2. COVID-19.
3. Universal Health Coverage.

**Table 2:** Summary of evidence briefs developed post the 8<sup>th</sup> EAHSC, 2021

Topic	Key messages
Antimicrobial Resistance	<ol style="list-style-type: none"> <li>1. The national action plans (NAPs) require practical implementation informed by the finance budgets.</li> <li>2. Implementation of laws and policies governing antibiotic prescriptions and dispensing.</li> <li>3. Leverage on the resources available for UHC to manage AMR.</li> </ol>
COVID-19	<ol style="list-style-type: none"> <li>1. Continuous surveillance, monitoring, documentation of vaccine adverse effects to inform community sensitization efforts to increase uptake and vaccine coverage.</li> <li>2. Partners states should strengthen laboratory infrastructure, processes, and procedures to inform better preparedness for epidemic and pandemic responses.</li> <li>3. There is need for consistent public health education while addressing psychosocial issues arising from measures to contain virus transmission.</li> </ol>
Universal Health Coverage	<ol style="list-style-type: none"> <li>1. Countries should involve all players (including the community) for UHC to be successful.</li> <li>2. Governments should take lead in implementation of UHC.</li> <li>3. Information and technology platforms have a key role in supporting information for action in successful rollout of UHC and SDGs.</li> </ol>

## Key conference recommendations

**Table 2:** Key conference recommendations by theme and sub-theme

Section	Key conference recommendation
Theme	Partner States should:
Accelerating Attainment of the sustainable development goal (SDG) 3: Efficient Ways	<ol style="list-style-type: none"> <li>a). Evaluate the impact that COVID-19 has had on the implementation of the SDG 3 and document lessons learned on mitigation of effects.</li> <li>b). Develop policies, strategic plans and action plans required to achieve the various targets under SDG 3. These should be monitored and updated to achieve the overall goal.</li> <li>c). Develop programmes for training of Human resource for health</li> <li>d). Promote regional doctoral training programmes in priority areas of the SDG 3.</li> </ol>
<b>Sub-themes</b>	
Reproductive, maternal, newborn, child, and adolescent health	<ol style="list-style-type: none"> <li>1. Family and community-centred strategies and policies are key to monitoring children beyond five years to adulthood. Partner States should strive to provide adolescent and youth friendly services as this is core to improving health seeking behaviour of adolescents.</li> <li>2. Rolling out user friendly feedback mechanisms at health facilities is an intervention that Partner States should implement for better healthcare service delivery.</li> </ol>

Infectious diseases	<ol style="list-style-type: none"> <li>1. Regulatory bodies should enforce rational use of drugs by monitoring the implementation of national action plans on antimicrobial resistance (AMR).</li> <li>2. Partner States should advocate for accreditation of health laboratories as a key foundation for resilient laboratory systems. Diagnostic capacity for diseases needs to be reviewed regularly and upgraded to incorporate high through-put technology, infrastructure, and human resource.</li> <li>3. Partner States to advocate and facilitate multi-sectoral partnerships in line with the one-health principle as a tool for addressing public health threat.</li> <li>4. Partner States should advocate for use of health technologies as a strategy in strengthening infectious disease control strategies. Innovative approaches such as maintenance of genomic databases should be explored.</li> </ol>
Non-communicable diseases	<ol style="list-style-type: none"> <li>1. Partner States should work towards optimal access and availability of medication for management of non-communicable diseases.</li> </ol>
Universal Health Coverage	<ol style="list-style-type: none"> <li>1. A participatory approach in the development of online repository systems for evidence-based decision-making towards the attainment of UHC and SDGs should be adopted.</li> <li>2. Governments and non-state actors should aim at building local knowledge repositories that support process innovations, an essential component in supplementing national guidelines for coordinating global health policy solutions to improve health for all.</li> <li>3. Cross-sectoral planning, collaboration, coordination, and strategies are pivotal in ensuring a sustainable UHC financing.</li> </ol>
COVID-19	<ol style="list-style-type: none"> <li>1. Well targeted psychosocial support should be planned, facilitated, implemented, monitored, and evaluated across Partner States as part of mitigating against the mental health effects arising from social and economic consequences of pandemics.</li> <li>2. Scale up of COVID-19 vaccine implementation efforts should be advocated for by all Partner States. Further, efforts should be made towards self-reliance as a region on vaccines manufacture.</li> </ol>

## Implementation of recommendations

It is proposed that the recommendations be implemented and monitored in a structured manner as provided by the East African Community Secretariat and a review conducted before the 9<sup>th</sup> East African Health and Scientific Conference.

## Reflections – conference planning and coordination

The 8<sup>th</sup> East African Health and Scientific Conference was held during a period that was courted with several challenges key among them: unprecedented times of the COVID-19 pandemic, rescheduling of the conference to November from March, when the conference is traditionally held; and a restructuring of the East Africa Health Research Commission secretariat resulting in new staff. This was the first conference in the series of EAHSCs to be held virtually. Key messages derived from the reflection of the NSC are:

1. A strong scientific sub-committee that guided the other sub-committees led to a successful conference.
2. Phased approach to conference planning with timely activation of sub-committees was key in ensuring that all were involved at the right time.

3. Joint sub-committee meetings – for example scientific and ICT sub-committee meetings led to a cohesive way of planning for the conference.
4. Regular appraising of NSC members, sub-committees and the EAHRC ensured that conference planning was all inclusive and areas for action that require follow-up were quickly identified.
5. For future conferences, the EAHRC secretariat should be incorporated in all key sub-committees right from the start.
6. Early resource mobilization is key. Additionally, the conference budget is heavily dependent on the conference programme which can only be well determined once abstract review has been done and a tentative program developed. It is important to incorporate this in the Gantt chart when determining actual conference budget finalization and forwarding.
7. It is better to be over prepared in terms of protocol, welfare, and hospitality.
8. Teamwork and goodwill go a long way as a lot was achieved with minimal budget.

## Funding

This conference was funded both by the host country and the East Africa Health Research Commission. Additionally, there were in-kind contributions from the Ministry of Health – Republic of Kenya and its partners. Total financing was USD 235,288, with contributions from the host country amounting to USD 134,100 and from the East Health Research Commission amounting to USD 101,188.



**Closing Ceremony of the 8<sup>th</sup> EAHSC:**  
Switching off the torch by Dr. Kevit Desai, PS Ministry of East African Community and Regional Development with Dr. Novat Twungubumwe the Executive Secretary EAHRC, Prof. Charles Mbogo, the Conference Chair and Dr. David Kariuki, Chair NSC Secretariat, 19 November 2021



## Acknowledgements

1. Guests of Honour – Opening and Closing Ceremonies
  - a. Cabinet Secretary, Ministry of Health, Sen. Mutahi Kagwe
  - b. Chief Administrative Secretary, Ministry of Health, Dr. Mercy Mwangangi
  - c. Principal Secretary, State Department of East African Community Integration, Ministry of East Africa and Regional Development, Dr. Kevit Desai
2. National Steering Committee Chair – Principal Secretary, Ministry of Health Susan Mochache
3. National Steering Committee members & sub-committees
4. National Steering Committee Secretariat
5. Conference Chair - Prof Charles Mbogo
6. Ministries, Departments and Agencies
  - a. Ministry of Health
  - b. Ministry of East African Community and Regional Development
  - c. Ministry of Foreign Affairs
  - d. Ministry of Interior and Coordination of National Government
  - e. Kenya Medical Research Institute
  - f. Nairobi Metropolitan Services
7. Keynote speaker: Prof. Juma Shabani
8. Plenary speakers: Prof. Peter Waiswa, Prof. Elijius Lyamuya, Prof. Osondu Ogbuaji, Dr. Yvonne Kayiteshongav, Prof. Matilu Mwau, and Dr. Novat Twungubumwe.
9. Conference Presenters
10. East Africa Health Research Commission Secretariat
11. MoH(K)Partners:
  - a. Aga Khan University Hospital,
  - b. African Medical Research Foundation
  - c. African Institute for Development Policy
  - d. Jomo Kenyatta University of Agriculture & Technology
12. Conference Moderators & Rapporteurs
13. Conference delegates
14. Conference venue (Safari Park Hotel)

This report has been developed by members of the scientific sub-committee and the National Steering Committee secretariat led by Prof. Charles Mbogo and Dr. David Kariuki respectively on behalf of the National Steering Committee Chair, Principal Secretary, Ministry of Health. The design of this report was supported by the African Institute for Development Policy.



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