MINISTRY OF HEALTH | JUMUIYA YA KAUNTI ZA PWANI | UNMC Global Center for Health Security | Kenya Vision 2030 | AfricaCDC Centres for Disease Control and Prevention | Amref International University

EAST AFRICA REGION GLOBAL HEALTH SECURITY SUMMIT 2025

SECURING HEALTH AND PROSPERITY, ONE COMMUNITY AT A TIME.

28TH - 30TH, JANUARY 2025
PRIDEINN PARADISE BEACH RESORT & CONVENTION CENTER,
MOMBASA - KENYA

EARGHSS2025 SUMMIT REPORT

EAST AFRICA REGION GLOBAL HEALTH SECURITY SUMMIT 2025

Held from January 28-30, 2025, in Mombasa, Kenya, the summit focused on strengthening preparedness and response mechanisms, improving health systems resilience, fostering regional cooperation, and leveraging technological innovations to address emerging health threats.

List of Abbreviations

Africa CDC	Africa Centre for Disease Control and Prevention
AfriCii	African Centre for Information and Communication Innovation
AHAIC	Africa Health Agenda International Conference
AI	Artificial Intelligence
AHA	Amref Health Africa
AMIU	Amref International University
AMR	Antimicrobial Resistance
AU	Africa Union
BIOVAX	Kenya BioVax Institute
CDC	Center of Disease Control
CHAI	Clinton Health Access Initiative
CHPF	Community Health Promotion Fund
CHW	Community Health Workers
COVID 19	Coronavirus disease
CS	Cabinet Secretary
DGMM	Data Governance Maturity Model
EA-RCC	Eastern Africa Regional Coordination Centre
EARGHSS	East Africa Region Global Health Security Summit
ECSA-HC	The East, Central, and Southern Africa Health Community
ECHO	Extension for Community Health Outcome
EU	European Union
FAO	Food Agriculture Organization
FIGO	The International Federation of Gynecology and Obstetrics
GCHS	Global Center for Health Security
GHS	Global Health Security
HAIs	Healthcare-associated infections.
HIV AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
HSS	Health System Strengthening
ICS	Incident Command Systems
IDI	Infectious Disease Institute, Makerere University
IDP	Internally Displaced People
IFRC	The International Federation of Red Cross and Red Crescent Societies
IGAD	Intergovernmental Authority for Development
ILRI	International Livestock Research Institute
IPC	Infection prevention and control
JEDS	Jumuiya Economic Development Secretariat
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KEMSA	Kenya Medical Supplies Authority
KMPDC	Kenya Medical Practitioners and Dentists Council
KVDB/VDB	Kenya Vision 2030 Delivery Board
LLM	Language Using Small Language Models
MOH	Ministry of Health
NPHI	National Public Health Institutes
OIE	Office International Des Epizooties
PHEOCs	Public Health Emergency Operations Centers
PPB	Pharmacy and Poisons Board Kenya
PPE	Personal protective equipment
PPP	Public Private Partnership
PS	Principal Secretary
SUDRO	Sustainable Development Response Organization
UHC	Universal Health Care
UNMC	University of Nebraska Medical Center
UN	United Nations
USA	United States of America
WHO	World Health Organization

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1.0 Executive Summary

The East Africa Region Global Health Security Summit (EARGHSS) 2025 brought together key stakeholders from government, academia, healthcare, industry, and international organizations to tackle critical health security challenges in the region. Held from January 28-30, 2025, in Mombasa, Kenya, the summit focused on strengthening preparedness and response mechanisms, improving health systems resilience, fostering regional cooperation, and leveraging technological innovations to address emerging health threats.

The summit emphasized several key areas for advancing health security in East Africa:

01. Strengthening Health Systems: A significant focus was placed on enhancing community-based healthcare, improving workforce training, and upgrading health infrastructure to better respond to health emergencies. Participants recognized the need to reduce disparities in healthcare access, particularly for rural and marginalized populations, by investing in inclusive, equitable healthcare models.
02. Pandemic Preparedness: Building robust National Public Health Institutes (NPHIs) for early detection and response to health threats was highlighted as a critical component of pandemic preparedness. Strengthening early warning systems and improving cross-border cooperation were seen as vital to ensuring timely and coordinated responses.
03. Innovation in Healthcare: The summit explored the transformative potential of Artificial Intelligence (AI), big data, and telemedicine in enhancing disease surveillance, predictive analytics, and access to care, especially in remote areas. There was strong agreement on the need to invest in digital health technologies to improve healthcare delivery across the region.
04. Public-Private Partnerships (PPPs): The role of PPPs in building resilient health systems was underscored. Collaboration between governments and private sectors, especially in enhancing supply chain resilience and local pharmaceutical manufacturing, was deemed essential for increasing preparedness and ensuring timely access to critical health supplies.
05. Health Equity & Inclusion: Ensuring health equity was identified as a priority, with discussions focused on addressing healthcare access disparities, particularly for vulnerable groups such as women, children, and people with disabilities. Participants agreed that health policies must be designed to meet the needs of these underserved populations, with a focus on mobile health clinics and community-based health systems.
06. Sustainable Financing: The summit highlighted the importance of sustainable financing to ensure long-term health security investments. Experts discussed innovative financial mechanisms, including public-private partnerships and risk-pooling solutions, as necessary to strengthen health systems and mobilize resources for health emergencies.

The summit concluded with a Call to Action urging regional policy harmonization, enhanced investments in health infrastructure, and stronger community engagement in health security efforts. The outcomes emphasized that a coordinated, holistic approach—integrating technological innovation, regional collaboration, and comprehensive health policies—is essential for building a more resilient health system in East Africa.

The commitments made during the summit laid the foundation for a more robust, interconnected, and inclusive health system, ensuring East Africa is better prepared to face future health challenges and achieve greater health security for its populations.

2.0 Introduction

2.1 Background

The East Africa Region Global Health Security Summit (EARGHSS) 2025 was convened in response to the ongoing challenges in global health security, particularly in the East African region. The COVID-19 pandemic underscored significant gaps in regional health systems, highlighting the urgent need for more resilient health infrastructures capable of effectively responding to future health crises.

2.2 Summit Purpose and Structure

The EARGHSS 2025 served as a critical forum for regional dialogue on health security, drawing from lessons learned during the COVID-19 pandemic. It was convened by the Kenya Vision 2030 Delivery Board, and Jumuiya Economic Development Secretariat (JEDS), and the Global Center for Health Security at the University of Nebraska Medical Center in collaboration with the Ministry of Health, the Eastern Africa Regional Coordination Centre (EA-RCC) of the Africa Centres for Disease Control and Prevention (Africa CDC), and Amref Health Africa.

The summit provided a vital platform to address the critical health security challenges facing the East African region. Its focus included fostering regional cooperation and building robust frameworks for pandemic preparedness, biosecurity, health system strengthening, health equity, and technological advancements in healthcare.

By bringing together stakeholders from academia, government, healthcare, innovation, and the private sector, the summit facilitated knowledge sharing, the development of strategic partnerships, and promoted a whole-of-community approach. This inclusive approach, incorporating non-health and non-government sector partners, broadened the scope of solutions and brought in fresh perspectives and resources from outside traditional health security institutions.

The discussions at the summit highlighted the transformative role of technology and innovation in advancing health security. Attendees actively engaged in developing actionable plans to enhance regional health systems and strengthen the ability of communities to address emerging health security threats.

2.3 Summit Objectives

The summit set out several core objectives, aiming to:

01. Strategic Partnerships: Establish and strengthen collaborations between public and private sectors to drive innovation and mobilize resources for regional health security. These partnerships are vital for addressing the multifaceted challenges posed by health crises and will enhance both regional and global health response capabilities.
02. Action Plans: Develop comprehensive, actionable plans focused on strengthening health systems and improving emergency preparedness. These plans will be tailored to the specific needs and challenges faced by countries in East Africa, ensuring that they are locally relevant and implementable.
03. Knowledge Sharing: Facilitate the exchange of best practices, case studies, and lessons learned from previous health emergencies. This knowledge-sharing will equip participants with insights that can guide and refine health security strategies, improving preparedness and response efforts across the region.

The EARGHSS 2025 set the stage for long-term collaboration, innovation, and practical solutions to advance health security in East Africa, with an emphasis on sustainability, resilience, and inclusivity in the region's health systems.

DAY 1: 28.01.25: WHOLE OF COMMUNITY APPROACH

The opening session of the East Africa Region Global Health Security Summit focused on the importance of a multi-sectoral approach to regional health security, drawing attention to the need for regional cooperation, local capacity building, and the integration of innovative technologies in health systems. Key themes discussed included strengthening health systems, fostering public-private partnerships, addressing climate change's impact on health security through a One Health approach, and the critical role of local manufacturing in enhancing health security.

Key Speakers and their Messages:

01. Dr. Emmanuel Nzai introduced and proposed the institutionalization of the proven triple helix collaborative partnership approach (Governments, Academia and Industry) drawing perspective from the implementation of Kenya Vision 2030, Kenya'srole in hosting of the headquarters of Africa CDC's Eastern Regional Centre (EA-RCC) and localization of global health security efforts.
02. Ms. Flora Chibule advocated for resilient health systems, enhanced infrastructure, and social health insurance, stressing the need for real-time pathogen detection and emergency response coordination.
03. Dr. James Lawler underscored the necessity of collaboration between governmental and non-governmental stakeholders to scale resources and improve health infrastructure.
04. Dr. Dele Davies highlighted the importance of biocontainment and preparedness drills, calling for education and public-private partnerships in combating pandemics.
05. Ms. Cynthia Kropac emphasized Kenya's mobile network and Safaricom's role in digital health data collection, stressing public-private partnerships for healthcare innovation.
06. Dr. Githinji Gitahi discussed health financing gaps in Kenya and advocated for investments in primary healthcare systems for better regional health responses.
07. Dr. Swarup Mishra stressed the importance of local vaccine manufacturing, proposing Kenya as a potential health hub for the region.
08. Ms. Mary Muthoni highlighted local manufacturing and supply chain management, along with community health data collection to tackle primary healthcare challenges.
09. Dr. Abdourahmane Diallo emphasized strengthening community health systems through information sharing and effective media communication during health emergencies.
10. Dr. Raj Tajudeen advocated for strong national public health institutions, local manufacturing, and the use of digital technologies for health surveillance.

Official Opening Keynote by Dr. Deborah Barasa:

Dr. Barasa discussed how past health emergencies exposed weaknesses in health systems, stressing the need for preparedness, collaboration, and innovation. She emphasized Kenya's commitment to local manufacturing and investing in health infrastructure to handle emergencies.

Key Recommendations:

01. Community Health Workforce Development: Invest in training and deploying community

Invest in training and deploying community health workers as first responders during health emergencies.

02. Local Manufacturing and Innovation: Prioritize local manufacturing to reduce dependency on imports, particularly for essential medical supplies.
03. Public-Private Partnerships: Foster collaborations to scale up resources for disease surveillance, vaccine development, and infrastructure.
04. Regional Health Initiatives: Enhance regional cooperation and establish centers of excellence for health training, research, and knowledge sharing.
05. Investment in Health Infrastructure: Focus on developing climate-resilient health infrastructure and adopting digital health tools.
06. Harmonization of Regional Policies: Align disease surveillance, reporting, and response mechanisms across the region for coordinated responses.
07. Emergency Response Funding: Establish national and regional emergency response funds for rapid mobilization during crises.
08. Community-Led Health Initiatives: Empower communities to take an active role in health promotion and emergency preparedness.
09. Health Diplomacy and Global Cooperation: Prioritize health diplomacy to ensure equitable resource allocation and support for health security.

Conclusion:

The session highlighted the need for a coordinated, multi-sectoral approach to health security, with a strong focus on regional collaboration, capacity building, and innovative technologies. Key recommendations stressed the importance of public-private partnerships, local manufacturing, and a One Health approach to tackle challenges posed by climate change, disease outbreaks, and health system weaknesses.

FIRESIDE CHAT SESSION: KEYNOTE ADDRESS: LESSONS FROM COVID-19 AND OTHER OUTBREAKS - BUILDING RESILIENT COMMUNITIES

Dr. Francis Kasolo, WHO Liaison Director, AU
Dr. Kasolo emphasized the importance of community-level coordination during health crises, noting the role of local leaders in influencing public behavior. He shared examples from Ghana and Ebola outbreaks to highlight the need for cultural sensitivity and accurate communication. He advocated for real-time monitoring of misinformation and stressed that community health services are crucial for managing outbreaks.

Prof. Marleen Temmerman, Director of the Center of Excellence in Women and Child Health. Prof. Temmerman discussed factors like urbanization and climate change that accelerate disease spread. She praised Kenya's efforts in COVID-19 response but pointed out challenges such as vaccine equity and maternal health neglect. She emphasized the role of mobile diagnostics and digital health in improving healthcare, calling for stronger global collaborations and investments in local vaccine production to ensure equitable access to healthcare.

PANEL SESSION 1.1: THE ROLE OF THE PRIVATE SECTOR IN HEALTH EMERGENCIES IN THE REGION

Moderator: Dr. Amit N. Thakker, Chairman, Africa Health Business

Dr. Amit N. Thakker, Chairman, Africa Health Business, highlighted the importance of public-private partnerships (PPPs) in improving

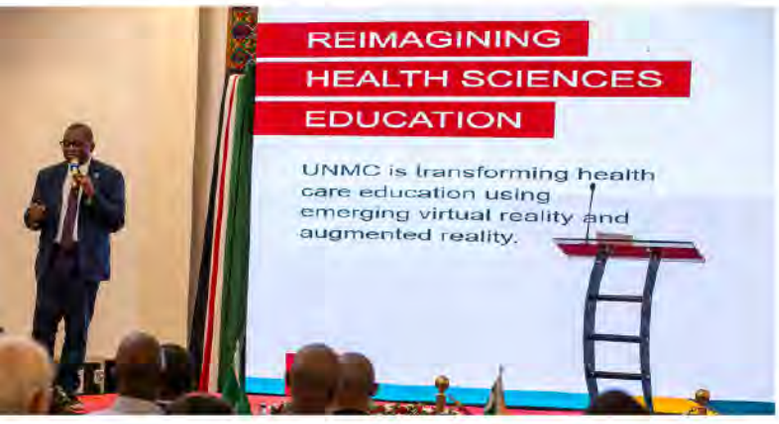
Africa's healthcare, noting that non-state actors provide 50% of services. He identified challenges such as reliance on imported products, weak supply chains, misinformation, and inadequate data management. His proposed Five S's framework for PPPs focuses on:

a. Services: Use of digital health technologies.
b. Supplies: Investment in local manufacturing.
c. Surveillance: Strengthening data collection.
d. Sustainability: Reducing financial barriers.
e. Structural Engagement: Building trust between sectors.

He called for national dialogues to strengthen PPP frameworks and encourage local R&D.

Panel Insights

01. Dr. Tim Theuri, President and CEO, Kenya Healthcare Federation, emphasized the importance of responsible private sector participation, harmonizing tax regimes, and investing in local pharmaceutical supply chains to ensure the availability of healthcare products.
02. Dr. Cecilia Wanjala, CEO, Biovax, stressed that PPP collaborations are crucial in health crises, pointing out challenges like trust deficits, lack of transparency, and the need for improved local manufacturing and diagnostics. She advocated policy reforms and investing in R&D to build Africa's healthcare infrastructure.



Conclusion

The private sector is vital to healthcare in Africa, but trust, regulatory gaps, and dependency on external sources remain key challenges. Recommendations include:

a. Establishing a PPP Framework with clear roles.
b. Prioritizing public health investment to support PPPs.
c. Encouraging local market acceptance of domestic health products.
d. Developing a regional private sector research organization.
e. Fostering trust and transparency between public and private sectors.

The session stressed the need for collective efforts to create a sustainable, resilient healthcare system.

PANEL SESSION 1.2: FOSTERING NATIONAL PUBLIC HEALTH INSTITUTES (NPHIS) FOR BETTER PANDEMIC PREPAREDNESS, SUSTAINABILITY, AND HEALTH SECURITY

Moderator: Dr. Patrick Osewe, Senior Director, Regenesys Africa

Panelist Insights

01. Dr. Patrick Osewe
Dr. Osewe discussed the importance of strengthening National Public Health Institutes (NPHIs) through political will, sustainable funding, and clear legal mandates. He emphasized the need for intersectoral collaboration, robust surveillance systems, and domestic vaccine manufacturing capabilities. He recommended focusing on human resources and leveraging technology for early health threat detection.
02. Dr. Claude Muvunyi, Director General, Rwanda Biomedical Center: highlighted Rwanda's success in integrating public health programs under the Rwanda Biomedical Centre. He stressed the importance of adaptable legal frameworks, intersectoral collaboration, and investing in data innovation.
03. Dr. Ammal Morega, emphasized the role of political will and clearly defined NPHI functions in successful health emergency responses. He focused on building national laboratory capacity and data management for evidence-based decision-making.
04. Dr. Syed S. Ahmed, shared lessons from India's vaccine manufacturing sector, stressing the need for careful planning, partner selection, and long-term commitment in public-private partnerships (PPPs).

Opportunities for Regional Collaboration

a. Joint procurement and research to address regional health challenges.

b. Sharing human resources and enhancing surveillance for coordinated responses.
c. Harmonized regulations for vaccine manufacturing and clinical trials.

Conclusion and Recommendations

The session emphasized a multi-faceted approach to strengthen public health systems:

01. Secure political will and sustainable funding for NPHIs.
02. Promote integration and intersectoral collaboration.
03. Invest in human resources and surveillance systems.
04. Explore strategic partnerships for local vaccine production.
05. Foster regional collaboration for shared resources and knowledge. Strengthening NPHIs, investing in workforce development, and enhancing regional collaboration are critical for improving pandemic preparedness and health security.

BREAKOUT SESSION 1.1: BIOSECURITY AND BIOTERRORISM IN THE EAST AFRICA REGION

Moderator: Dr. John Lowe, Director, Global Center for Health Security

The session focused on the growing global risks of biosecurity and bioterrorism, highlighting the need for regional collaboration and capacity building to address these threats. Key challenges include emerging pathogens, cyber biosecurity risks, insider threats, and the importance of community trust in health initiatives. The need for self-detection and self-reliance in biosecurity measures was also emphasized.

Panelists Insights

01. Dr. Col. Robert Gatata, Biovax, stressed the importance of investing in national preparedness for both natural outbreaks and deliberate biological attacks, requiring similar biosecurity measures.
02. Ines Mergler, Robert Koch Institute, highlighted the need for real-time data and collaborative surveillance to better manage emerging biosecurity threats.
03. Dr. Kizito Lubano, KEMRI, discussed insider threats and cyber biosecurity, stressing the importance of community trust and combating misinformation in health interventions.

Key Discussion Themes:

a. Regional Collaboration: Emphasized strengthening cooperation among East African nations, despite political and funding barriers.
b. Academia-Industry-Government Collaboration: Encouraged joint efforts in developing biosecurity measures, vaccines, and diagnostics.
c. Public-Natural Environment Interactions: Addressed the link between climate change and emerging biosecurity risks, advocating for a One Health approach.
d. Barriers to Collaboration: Identified infrastructure, political will, and trust as main obstacles, with the suggestion of shared regional pathogen surveillance databases.

Conclusion & Recommendations:

01. Collaboration Among Stakeholders: Strengthen partnerships between academia, industry, and government through regional frameworks and data-sharing platforms.
02. Government Action: Prioritize investments in biosecurity infrastructure and integrate biosecurity education into academic curricula.
03. Regional Agreements: Governments should support the creation of agreements for cross-border cooperation and rapid response to biosecurity threats.

The session underscored the need for a holistic approach to biosecurity, emphasizing regional collaboration, preparedness, and community engagement to mitigate growing biosecurity risks.

BREAKOUT SESSION 1.2: BIG DATA AND AI INTELLIGENCE IN AFRICAN HEALTHCARE

Moderator: Job Akuno, Senior Manager, AfriCii

This session focused on the transformative role of big data and AI in improving healthcare systems and emergency responses in Africa. Key topics included the importance of data sharing, addressing ethical concerns, and ensuring equitable access to AI technologies. Challenges like inadequate infrastructure, lack of skilled professionals, and fostering a strong data culture in health facilities were also discussed. The session concluded that while AI and big data offer significant potential, addressing ethical issues and ensuring inclusivity are essential for success.

Panel Insights:

01. Job Akuno emphasized the need for collaboration across governments, private sectors, and academia to build an innovative, ethical AI ecosystem for healthcare.
02. Harrison Muiru, Amref International University: highlighted Kenya's telehealth advancements and the importance of data standardization and interoperability.
03. Anthony Kioko, Software Engineering Manager: discussed the role of AI partnerships, the African diaspora, and the development of AI training programs tailored to Africa's needs.
04. Dr. Barry Kistnasamy, Compensation Commissioner for Occupational Diseases, South Africa, cautioned about AI's potential to perpetuate biases, stressing the need for accurate, representative data.

Conclusion and Recommendations:

01. Training and Capacity Building: Develop programs at various levels to enhance AI understanding.
02. Standardized Data Infrastructures: Facilitate smooth data exchange across healthcare systems.
03. Invest in Health Databases: Build databases reflecting local demographics and disease profiles.
04. Community Engagement: Involve communities in data collection and health surveillance.
05. Ethical Guidelines: Ensure AI usage follows clear frameworks on privacy, informed consent, and equitable access.
06. Public-Private Partnerships: Foster collaborations tailored to local healthcare contexts.

The session emphasized ethical practices, strong partnerships, and local solutions to maximize AI's impact on African healthcare. Addressing data governance and capacity building is crucial for success.

BREAKOUT SESSION 1.3: ROLE OF ACADEMIA AND RESEARCH IN GLOBAL HEALTH SECURITY (GHS)

Moderator: Dr. Duncan Irungu, Amref International University

This session explored the pivotal role of academia and research in strengthening global health security (GHS), focusing on capacity building, data surveillance, and evidence-based policies tailored to Africa's health challenges.

Panelists Insights

01. Prof. Tammary Rotich, Deputy Vice Chancellor, Academic and Student Affairs, AMIU, introduced the Triple Helix Model of collaboration between academia, government, and industry, emphasizing its role in creating effective health policies and innovations tailored to African needs, especially in pandemic preparedness and primary healthcare.
02. Prof. Gichangi Peter, Deputy Vice Chancellor, Academic, Research and Extension Technical University of Mombasa, stressed the need for community engagement in research, real-time

data collection, and collaboration with health ministries to address issues like genomic surveillance and antimicrobial resistance.

03. Prof. Anne Kihara, President, FIGO, highlighted the importance of secondary data analysis and youth mentorship in research, advocating for localized solutions and continuously updated academic curricula to meet emerging health challenges.

Conclusions and Recommendations

01. Collaboration for Innovation: Strengthen academia-government-industry partnerships through the Triple Helix Model to develop context-specific solutions.
02. Local Data Generation: Prioritize local data to tailor digital health technologies and AI to Africa's specific health challenges.
03. Community Engagement: Ensure research leads to practical solutions and address community misconceptions to improve health interventions.
04. Capacity Building: Focus on mentorship and youth engagement to prepare the next generation of global health leaders, while regularly updating academic curricula.
05. Surveillance and Policy Integration: Develop advanced surveillance systems and integrate findings into policy, particularly in areas like genomic surveillance and antimicrobial resistance.

The session concluded with a call for increased sector collaboration and local research capacity to address Africa's unique health challenges and ensure better preparedness for future global health security threats.

PANEL SESSION 1.3: CURRENT AND FUTURE CHALLENGES AND THREATS TO HEALTH SECURITY

Moderator: Dr. Martin Muchangi, Director of Climate and Health, Amref Health Africa

This session explored the evolving health security landscape, focusing on emerging infections, climate change, urbanization, and other global factors. It emphasized the need for a collaborative, interdisciplinary approach to address health security challenges, including pathogen management, cybersecurity, biosecurity, and data security.

Panelists Insights

01. James Lawler, Assoc. Director, Global Center for Health Security, UNMC Emerging Infections and Climate Change: Urbanization and climate change were identified as significant drivers of emerging infections in Africa, increasing disease spread due to closer human-wildlife interactions and environmental shifts.
02. Karoline Oberlander, Robert Koch Institute The Signature Initiative (Simba): Simba focuses on biosafety, surveillance systems, and regional collaboration to reduce biological threats. It supports Africa CDC in strengthening biosecurity and mitigating climate-related risks.
03. Col. Robert Gitata, Biovax Ethical and Security Implications of Biotechnology: Advances in biotechnology pose ethical risks, especially if misused by malicious actors. The importance of secure data management and cybersecurity in health research was highlighted.
04. Kizito Lubano, KEMRI, KEMRI's Role in Health Security: The Kenyan Medical Research Institute (KEMRI) plays a key role in bioinformatics, AI, and diagnostics. However,

challenges like funding, talent retention, and data utilization need to be addressed for better health outcomes.

International Collaboration and Synthetic Biology: The panel stressed the importance of international collaborations for enhancing global preparedness and managing the ethical challenges posed by rapidly advancing synthetic biology.

Conclusions and Recommendations:

01. Sustainable Funding: Ensure secure, long-term funding for health security initiatives, exploring partnerships with international organizations and foundations.
02. Retention of Skilled Talent: Invest in retaining healthcare professionals through better salaries, working conditions, and career development.
03. nvestment in Human Capital: Continue to invest in training and mentorship programs to build a diverse, skilled workforce in public health and infectious disease research.
04. Robust Data Infrastructure: Build secure, interoperable data platforms for better decision-making and timely responses to health threats.
05. Ethical and Responsible Research: Develop clear ethical guidelines for emerging technologies like synthetic biology to prevent unintended health risks.
06. Enhanced Surveillance Systems: Invest in surveillance systems capable of detecting and responding to emerging infectious diseases.
07. Climate Change and Health Security: Integrate climate change considerations into health security planning to protect public health against climate-related risks.
08. Collaboration Across Sectors and Borders: Strengthen regional and international collaborations to share resources, knowledge, and best practices in health security.

DAY 2: 29.01.2025: FOCUS ON BUILDING RESILIENT HEALTH SYSTEMS

Keynote Address: H.E. Uhuru Kenyatta on Strengthening Health Systems and Ensuring Future Resilience

H.E. Uhuru Kenyatta emphasized the need for Africa to strengthen its health systems and prepare for future pandemics. Reflecting on Kenya's COVID-19 response, he highlighted key measures like the National Emergency Response Committee, health infrastructure upgrades, communication strategies, and economic stimulus packages. Kenya's local production of medical supplies and rapid expansion of ICU capacity played a vital role in the crisis.

Key Points:

01. COVID-19 Response: Kenya improved health infrastructure, expanded ICU beds, and involved the public and private sectors in managing the pandemic.
02. Vaccine Access: Africa faced challenges with vaccine access, but the African Union's efforts and local collaborations helped mitigate this.
03. Self-Reliance for Future Health Security: Kenyatta emphasized the need for Africa to focus on research, vaccine manufacturing, and local resilience to avoid dependence on external aid and ensure long-term health security.

Conclusion:
President Kenyatta stressed that Africa must prioritize self-reliance, research, and local health infrastructure to secure a resilient future against health crises.

PANEL SESSION 2.1: INNOVATIVE TECHNOLOGIES: TRANSFORMING HEALTH SECURITY

Moderator: Boniface Hhalbano, Amref GHS Lead

The panel explored the role of innovative technologies in enhancing health security, focusing on tools like genomic sequencing, telehealth, wearable devices, blockchain, and predictive weather systems. These technologies improve disease surveillance, prediction, and patient management. However, challenges such as infrastructure gaps, siloed innovations, and data privacy concerns hinder broader adoption, especially in low-resource settings. The need for improved mobile connectivity, digital learning networks, and integration of technology into primary healthcare and animal health was emphasized.

Panelists Insights:
01. Boniface Hhalbano, Amref GHS Lead: Discussed the potential of technologies in improving health security and the barriers, including infrastructure and data privacy issues, to their adoption in low-resource areas.
02. Dr. Caroline Kisia, CEO, Project ECHO Africa: Highlighted the importance of mobile connectivity and satellite internet for emergency preparedness. She presented the ECHO model as a solution to equip healthcare workers through virtual training and real-time knowledge sharing.
03. Dr. Barry Kistnasamy, Compensation Commissioner for Occupational Disease, South Africa: Focused on technologies for primary healthcare, AMR monitoring, and pathogen identification, stressing the importance of regional collaboration to address health threats.

Conclusions and Recommendations:
01. Technological Potential: Technologies like genomic sequencing, wearable devices, and blockchain can greatly enhance health systems, but adoption is hindered by infrastructure issues, siloed innovations, and data privacy concerns.
02. Cross-Sector Collaboration: Strong collaboration across sectors is necessary to overcome barriers and ensure equitable access to these technologies, especially in low-resource settings.
03. Research Institutions' Role: Universities and research institutions must continue advancing health technologies and training healthcare professionals to drive Africa's health security agenda.
04. Public-Private Partnerships: Collaboration with industry is key to scaling health technologies and ensuring their reach.
05. Government Support: Governments should create policies that enable technology adoption, fund research, and ensure equitable access in underserved regions.
06. Regional Collaboration: Strengthening intergovernmental sharing of technologies will improve regional health security.
07. Ethical Data Use: Ensuring secure and ethical data practices is critical for public trust and the long-term sustainability of health technologies.

BREAKOUT SESSION 2.1: ROLE OF COMMUNITY HEALTH WORKERS (CHWS) IN HEALTH SYSTEMS STRENGTHENING (HSS)

Moderator: Dr. Judith Kose, Regional Programme Lead, Africa CDC

The session highlighted the pivotal role of Community Health Workers (CHWs) in disease prevention, health promotion, and healthcare

delivery, particularly in underserved regions. Despite their contributions, CHWs face challenges such as resource limitations and lack of standardized training. Sustainable solutions like government funding, public-private partnerships, and technology-driven policymaking are key to enhancing CHW effectiveness. Additionally, strengthening Emergency Operations Centers (EOCs) and National Public Health Institutes (NPHIs) can improve crisis response and preparedness.

Panelists Insights:

01. Dr. Judith Kose, Africa CDC: Emphasized CHWs' role in bridging the gap between communities and healthcare facilities, highlighting the need for sustainable solutions and strong policy frameworks for their support.
02. Dr. Abrar Abdelrahim, SUDRO: Discussed Sudan's use of CHWs during the COVID-19 pandemic, focusing on capacity building and mobile clinics for emergency response.
03. Jackson Musembi, Amref Health Africa: Highlighted AMREF's training of 3,000 CHWs and their role in vaccine distribution and community engagement during the pandemic.
04. Dr. Anisa Omar, Former Kilifi County CEC for Health: Focused on strategies for retaining CHWs, including training, integration into health systems, and fair remuneration.
05. Rukia, Community Health Worker, Kenya: Shared challenges faced by CHWs, particularly in sexual and reproductive health, GBV, and the need for policy review to support vulnerable populations.

Discussion Highlights:

01. Regional Collaboration: Strengthening partnerships between academia, industry, and government is essential for scaling CHW programs. Integration of climate health knowledge into CHW training and collaboration with environmental organizations were also highlighted.
02. Barriers: Issues like lack of standardized training programs, political obstacles, and inadequate tech infrastructure were identified as barriers to effective regional collaboration. Public-private partnerships were seen as crucial for scaling programs.

Conclusions and Recommendations:

01. Strengthen Stakeholder Collaboration: Enhance cooperation between academia, industry, and government to scale CHW programs.
02. Standardize Training: Establish standardized CHW training and career pathways to ensure consistent quality.
03. Policy Support: Advocate for CHW integration into national health systems with proper budget allocations and policy backing.
04. Promote Public-Private Partnerships: Facilitate collaboration to build capacity and ensure sustainability of CHW programs.
05. Diversified Funding: Develop varied funding sources, including community-based financing, to support CHWs.
06. Incentivize CHWs: Provide incentives and recognition for CHWs through awards and community engagement.
07. Enhance Technology: Leverage telemedicine and digital tools to improve CHW engagement and monitoring.
08. Climate Health Training: Equip CHWs with knowledge on climate-related health risks and foster collaboration with environmental organizations for sustainable health interventions.

The session concluded with a recognition of CHWs' critical role in health service delivery, stressing the need for sustainable funding, policy support, and collaboration among stakeholders to maximize their impact.

BREAKOUT SESSION 2.2: REGIONAL MANUFACTURING SOLUTIONS FOR HEALTH SECURITY

Moderator: Dr. Bernard Olayo, World Bank

The session focused on the growing role of local manufacturing in addressing Africa's health challenges, particularly considering the COVID-19 pandemic. Key examples, such as Revital Healthcare's production of auto-disable syringes during the crisis, and Kenya Biovax Institute's plan for local vaccine production, showcased the continent's potential for self-sufficiency. The session explored the opportunities and challenges associated with regional manufacturing, stressing the importance of technology transfer, investment, and regulatory support to build sustainable solutions.

Panelist Insights

01. Dr. Bernard Olayo, World Bank: Highlighted the critical role of local manufacturing, using Revital Healthcare's success to emphasize the continent's potential for independent health solutions.
02. Roneek Vora, Director of Revital Healthcare: Discussed Revital's contribution to overcoming supply shortages during the pandemic and the role of government policies in fostering local manufacturing.
03. Dr. Cecilia Wanjala, Acting CEO of Kenya Biovax Institute: Presented the institute's plans for vaccine manufacturing, stressing the need for workforce training and regulatory frameworks to support local production.
04. Brian Kabuya, Managing Director, East African Medical Vitals: Addressed the challenges of securing financing and the importance of regional cooperation to achieve economies of scale.
05. Wesley Rono, Africa CDC: Emphasized the need for harmonized regulatory standards and a supportive environment to foster local manufacturing across Africa.

Key Challenges & Opportunities:

The session identified major barriers to local manufacturing, including financing access, complex regulations, and technology transfer. However, there are significant opportunities, such as leveraging Africa's growing population and resources to drive self-sufficiency in health product production.

Demand-Side Framework:

A critical takeaway was the importance of a stable demand framework to build consumer confidence and ensure consistent market access for locally produced goods, especially in early production stages.

Regional Collaboration:

Panelists stressed the need for regional cooperation and trade agreements to reduce market fragmentation and enable local manufacturers to achieve economies of scale.

Conclusions and Recommendations:

01. Policy Frameworks: Governments should create policies, including subsidies and tax incentives, to make local manufacturing more competitive.
02. Investment in Training: Establish partnerships with educational institutions to address technical skill shortages in pharmaceutical manufacturing.
03. Regional Collaboration: Encourage regional trade agreements to improve market access and foster economies of scale.
04. Enhanced Financing: Development finance institutions should tailor financial products to meet the unique needs of local manufacturers, including grants for technical assistance.

BREAKOUT SESSION 2.3: TRANSFORMING INFECTION PREVENTION AND CONTROL

Moderator: Dr. Rodgers Ayebare, Infectious Disease Institute, Makerere University, Uganda

This session focused on transforming Infection Prevention and Control (IPC) strategies to reduce disease spread in health systems and

communities. It highlighted the need for a proactive, multi-faceted approach, integrating community engagement, technology, and cross-sector collaboration to strengthen IPC frameworks.

Panel Insights:

01. Dr. Meshack Ndirangu, Kenya Country Director, Amref Health Africa Emphasized the importance of community health promoters in early disease detection and the need for cross-border collaborations in East Africa to prevent disease spread.
02. Dr. Lucy Mazyanga, Director, EA Regional Coordination Center, Africa CDC: Discussed gaps in implementing IPC strategies and the need for innovations in genomic sequencing, biosensors, and telemedicine for faster detection and response.
03. Dr. Eva Mwai, Managing Director, NorthStar: Stressed the need for logistics innovations and real-time data tracking, as well as cross-border disease surveillance for timely responses.
04. Abdullah Wairaga, IDI, Makerere University Focused on the critical role of healthcare worker training and the importance of IPC programs in academic institutions.
05. Dr. Gome Lenga, Head of Medical Services, Kenya Ports Authority: Highlighted the need for standardized IPC protocols at regional levels and the potential of local manufacturing for IPC commodities.

Key Challenges:

01. IImplementation Gaps: Many countries struggle to implement effective IPC strategies despite available solutions.
02. Capacity Building: Insufficient training for healthcare workers, particularly at the community level.
03. Delayed Responses: Slow outbreak responses lead to poor containment and outcomes.
04. Data Gaps: Lack of synchronized, real-time data for surveillance, particularly at borders.
05. Cross-Border Collaboration: Limited resource and data sharing between countries hinders effective responses.
06. Behavior Change Resistance: Difficulty in engaging the public in preventive behaviors.
07. Sustainability of Innovations: Lack of long-term sustainability for new technologies.

Key Strategies & Solutions:

01. Strengthen Community Health Systems: Empower health promoters for early detection and rapid response.
02. Build PHC Resilience: Invest in primary healthcare, AI, and antimicrobial resistance detection.
03. Promote Cross-Border Collaboration: Establish regional partnerships for data sharing and coordinated responses.
04. Improve Disease Surveillance: Implement real-time data collection and analysis, especially at borders.
05. Invest in Healthcare Worker Training: Equip workers with the skills for outbreak detection and management.
06. Foster Innovation: Support sustainable implementation of technologies like AI and telemedicine.
07. Drive Behavior Change: Launch public health campaigns to promote prevention.
08. Adopt a Multi-Sectoral Approach: Involve all sectors—government, private, academia, and communities—in IPC efforts.
09. Evidence-Based Decision Making: Ground interventions in scientific evidence and data.
10. Proactive Approach: Shift from reactive responses to proactive disease prevention.

Conclusions and Recommendations

A holistic, multi-sectoral approach is critical to enhancing IPC in Africa. By integrating innovative technologies, fortifying healthcare systems, strengthening cross-border

01. collaborations, and empowering local communities, Africa can build resilience, improve outbreak preparedness, and safeguard public health.
02. Collaboration: Foster partnerships between

governments, regional organizations, the private sector, and NGOs to strengthen IPC efforts.

03. Policy Development: Governments must prioritize policies that support the effective implementation of IPC strategies.
04. Local Manufacturing: Encourage local production of IPC commodities to ensure a sustainable supply during outbreaks.
05. Regional IPC Collaboration: Establish regional IPC audit organizations to facilitate rapid learning and address gaps in practices.

BREAKOUT SESSION 2.4: MENTAL HEALTH AND PSYCHOLOGICAL SUPPORT (MHPSS) IN RESILIENT COMMUNITIES AND EMERGENCY RESPONSE

Moderator: Dr. Dama Masha, Kilifi County

This session focused on integrating mental health into health security frameworks, promoting sustainable mental health services, and addressing psychosocial support needs in communities. The discussion highlighted community-based interventions, the importance of policy advocacy, and the need for multi-sectoral partnerships to address mental health challenges.

Key themes included:

a. Mental Health and Global Health Security: Mental health is critical in crisis response, with trauma, depression, and stress often overlooked. Public education campaigns are needed to combat stigma, like early HIV/AIDS awareness campaigns.
b. Community-Based Approaches: Mental health should be integrated into primary healthcare. Training community health workers and engaging local leaders (elders, religious leaders, youth organizations) in mental health support can reduce stigma and increase access.
c. Youth Mental Health: Integrating mental health education into school curriculums, training counselors, and offering peer support are vital. Activities like sports and community engagement can help young people address stress and trauma.
d. Mental Health in Crisis Situations: Refugees and displaced persons often experience severe mental distress, requiring specialized psychosocial support. Mental health should be integrated into national emergency response plans.
e. Funding and Policy: Mental health services are often underfunded and reliant on short-term donor funding. Governments should allocate dedicated mental health budgets and include mental health in national health insurance schemes.

Conclusions and Recommendations:

A multi-sectoral approach is essential to integrating mental health into health security. By strengthening community engagement, increasing funding, and enhancing regional collaboration, mental health can be effectively incorporated into emergency response frameworks, improving resilience and supporting vulnerable populations.

01. Collaboration: Strengthen partnerships between academia, government, and the private sector to advance mental health policies and interventions.
02. Policy Development: Governments should prioritize mental health in national budgets and emergency response plans and integrate mental health services into health insurance schemes.
03. Youth and Education: Integrate mental health education into school curricula and ensure access to counseling and emotional resilience programs for youth.
04. Community Engagement: Expand training for community health workers and school counselors in mental health and engage local leaders to reduce stigma and promote mental health awareness.
05. Research and Innovation: Establish regional mental health research hubs to collect data and drive evidence-based policies. Use digital health solutions and AI to expand mental health services.

BREAKOUT SESSION 2.5: CRISIS MANAGEMENT IN PUBLIC HEALTH EMERGENCIES - FLEXIBLE COMMAND CONTROL AND COORDINATION OF PHEOCS

Moderator: Dr. Ambrose Talisuna, WHO Afro

This session focused on improving crisis management in public health emergencies, emphasizing flexible command structures, real-time data sharing, communication, and resource allocation. Key challenges such as contingency funding, regional collaboration, and sustainability were discussed alongside solutions like AI integration, community engagement, and public-private partnerships.

Panelist Insights

01. Dr Henry Kyobe Bossa, Uganda Ministry of Health, emphasized flexible command structures, rapid assessments, and the role of scientific advisory committees.
02. Dr. Elizabeth Gonese, Regional Coordinator, Health Security, Epidermic Preparedness and Response, IFRC: Advocated for pre-established crisis communication structures and bidirectional information flow.
03. Dr. Hillary Limo, MOH Kenya: Recommended a "whole-of-society" approach and empowering community health promoters.
04. Dr. Fredrick Ouma, NPHI Kenya: Highlighted the need for improved information sharing, data use, and AI in crisis management.

Key Discussions:

a. Regional Collaboration Barriers: Competing priorities, data-sharing concerns, and limited funding for preparedness.
b. Innovative Ideas: Strengthening local capacities, standardizing emergency operation centers (EOCs), and leveraging AI for outbreak modeling.
c. Public-Natural Environment Nexus: Addressed climate change and health system strengthening as part of emergency preparedness.

Conclusion and Recommendations

01. Collaboration: Standardize Emergency Operation Centers (EOCs) across East Africa and implement formalized data-sharing agreements.
02. Policy Development: Institutionalize contingency funds for emergency preparedness and strengthen decentralized health emergency response units.
03. Invest in AI: Prioritize AI-driven surveillance and response mechanisms to improve crisis management and decision-making.
04. Training and Capacity-Building: Develop training programs for emergency response personnel and promote cross-sector collaborations for better preparedness and response.
05. Policy-Level Recommendations:

a. Allocate funds for emergency preparedness and invest in AI-driven surveillance technologies.
b. Enhance data protection policies while facilitating data-sharing practices during crises.
c. Encourage regional adoption of Ethiopia's Public Health Emergency (PHE) response center model.

Effective crisis management in public health emergencies requires a focus on preparedness, real-time data sharing, and enhancing local response capacities. The integration of National Public Health Institutes (NPHIs) ensures autonomy and reduces political interference in emergency response. Strengthening collaboration across sectors, especially between government, academia, and the private sector, is crucial for improving crisis management efforts.

BREAKOUT SESSION 2.6: ENHANCING DIAGNOSTICS AND LABORATORY SYSTEMS FOR COMMUNITY HEALTH, OUTBREAK SURVEILLANCE, AND RESPONSE

Moderator: Antony Jaccodul, Founder and CEO, Keton Consulting

This session focused on strengthening diagnostic capacities in East Africa for effective outbreak surveillance and response. Emphasis was placed on improving diagnostic infrastructure, fostering regional collaboration, and developing sustainable health systems.

Panelist Insights:

01. Dr. Claude Muvunyi, DG, Rwanda Biomedical Centre: Shared Rwanda's efforts in enhancing diagnostic systems, including modern equipment, training, and improving surveillance, with a focus on regional collaboration and rural diagnostics.
02. Dr. Ida Mbuthia, Healthcare Access Lead, Africa Roche, Kenya, Advocated for sustainable laboratory systems, emphasizing the training of personnel and creating robust networks between central, regional, and local health systems.

Key Discussions

a. Regional Collaboration: Strengthening partnerships to overcome political, economic, and infrastructure challenges. Shared regional databases for surveillance were proposed as a solution.
b. Academia-Industry-Government Partnerships: Collaboration in developing diagnostic tools, bioinformatics, and public health policies was highlighted.
c. Environmental and One Health: Discussed the impact of climate change on health, requiring integrated approaches to human, animal, and environmental health.

Innovative Solutions

a. Digital Technology: Leveraging technology for regional data-sharing and establishing joint health platforms.

Conclusion and Recommendations

01. Strengthening diagnostic systems, improving surveillance, and fostering regional collaboration are essential for effective public health response in East Africa.
02. Collaboration: Establish regional biosecurity frameworks, promote data-sharing, and foster multi-sector partnerships.
03. Role of Amref Health Africa: Facilitate training and capacity building in diagnostics and advocate for advanced technologies in community health systems.
04. Policy-Level Recommendations:

a. Invest in diagnostic infrastructure and surveillance systems.
b. Integrate One Health approaches into national health systems.
c. Establish regional agreements for rapid emergency responses.

PLENARY SESSION: MINISTERIAL SESSION ON FINANCING HEALTH SECURITY AND EMERGENCY PREPAREDNESS

Moderator: Dr. Patrick Osewe, Senior Director, Regenesys Africa

The session highlighted Africa's urgent need for sustainable financing solutions to strengthen health security, particularly in pandemic preparedness and response. The heavy reliance on donor funding (70-80%) and limited domestic allocations complicates health financing, with fragmented mechanisms across sectors. Key proposals included innovative funding models such as partnerships with private sectors like Ethiopian Airlines, which could contribute a portion of ticket sales to a pandemic fund.

The discussion also emphasized creating dedicated health security funds at national, regional, and continental levels, like Kenya's health insurance model. Public-private partnerships, cross-border financing, and emergency preparedness budget lines were identified as key strategies to improve the effectiveness and speed of health responses. Streamlining financial logistics and establishing regional insurance mechanisms were highlighted as solutions to logistical and funding delays during health crises.

Panelist Insights:

01. Timothy Kuria, Head of Industry, KCB: Stressed the importance of transparency and evidence-based proposals to secure financing from banks. He highlighted the potential of public-private collaborations, such as those seen with the Green Climate Fund.
02. Dr. Sultan Matendechero (MOH, Kenya): Advocated for increased investment in preventive health initiatives, leveraging both domestic and international resources to reach the 15% health financing target.
03. Dr. Patrick Osewe (Regenesys Africa): Called for a dedicated health security fund, salary-based health insurance contributions, and improved cross-border financial mechanisms. He also stressed the need for clear, bankable projects to attract private sector and multilateral investments.
04. Dr. Mohammed Elduma, Social Development Division, IGAD (virtual)

Conclusions and Recommendations:

01. Africa's health financing landscape needs comprehensive, innovative strategies to address current challenges, reduce reliance on donor funding, and build sustainable systems to prepare for future health crises.
02. Establish a dedicated health security fund to pool resources for emergencies and strategic health interventions.
03. Explore alternative funding mechanisms, such as surcharges on airline ticket sales or private sector partnerships.
04. Increase domestic resource mobilization by allocating more national budgets to health.
05. Foster public-private partnerships to finance health initiatives and improve cross-border collaboration.
06. Streamline proposal development to secure funding and facilitate quick disbursement during health emergencies.
07. Implement emergency preparedness budget lines and improve procurement and inventory management to avoid delays in responses.
08. Promote transparency and accountability in health financing to build trust and attract further investment.
09. Encourage continuous dialogue among stakeholders to share best practices and ensure effective resource mobilization.

BREAKOUT SESSION 2.7: HEALTH EQUITY AND ACCESS – ADDRESSING INEQUITY AND PROTECTING VULNERABLE POPULATIONS

Moderator: Professor Stephen Rulisa, Professor of Obstetrics and Gynecology, University of Rwanda

The session focused on the urgent need to address health disparities, particularly for marginalized populations. It highlighted the role of social determinants of health (SDOH), including income, education, and housing, and the necessity for multi-sectoral collaboration to reduce these inequities. Community engagement and culturally sensitive communication were emphasized as vital for improving healthcare access.

Panelists Insights:

01. Addah Alela, Project Manager, Community Health Promotion Fund, discussed transportation as a key barrier to healthcare access, with only 20% of vulnerable populations able to reach services. She also highlighted the need for tailored educational programs to bridge literacy gaps, especially in sexual reproductive health and maternal care.
02. Onesmus Musau, Senior Technical Advisor for HIV and TB, LVCT, stressed the importance of evidence-based policies to address SDOH and financial barriers to healthcare. Sustainable financing models, such as microfinance and social protection programs, were suggested to reduce these barriers.
03. Professor Nada Fadul, Assistant Dean and Professor of Medicine, UNMC, emphasized the need for community involvement in health decision-making and the value of rapid diagnostic testing (RDTs) in resource-limited areas to improve early disease detection and

management.

Conclusions and Recommendations

01. Tackle SDOH: Collaborate across health, education, housing, and economic sectors to reduce health disparities.
02. Improve Healthcare Access: Address transportation barriers and expand infrastructure in underserved areas.
03. Promote Sustainable Financing: Increase funding for health programs and develop microfinance initiatives to reduce financial barriers.
04. Engage and Empower Communities: Involve communities in decision-making and create culturally sensitive health education programs.
05. Enhance Cultural Sensitivity: Design health interventions that respect local cultures and improve trust.
06. Leverage Public-Private Partnerships: Strengthen collaborations with organizations like Amref Health Africa to implement community-driven health programs.
07. Expand Community-Based Diagnostics: Promote rapid diagnostic tests (RDTs) for quicker disease detection and management in resource-limited settings.
08. Invest in Health Education: Improve health literacy to help communities make informed decisions and access services.

The session emphasized the need to address health inequities, with transportation, socio-economic factors, and limited health education identified as key barriers. A multi-sectoral approach to tackling SDOH and empowering communities through engagement and culturally sensitive strategies was highlighted as essential for improving health outcomes. By implementing these strategies, stakeholders can foster greater equity in healthcare and improve outcomes for marginalized populations.

BREAKOUT SESSION 2.8: BUILDING RESILIENT SUPPLY CHAINS FOR HEALTH EMERGENCIES

Moderator: Dr. Rabera Kenyanya, Head of Technical Operations, Biovax

This session focused on strengthening regional collaboration and improving supply chain resilience in East Africa. Key themes included the importance of local manufacturing for secure access to health products, policy reforms for domestic production, and digitalization for supply chain transparency. Experts emphasized collaboration between governments, industry, and academia to overcome logistics and procurement challenges. The session also highlighted the crucial role of diagnostics and laboratory systems in community health and outbreak response.

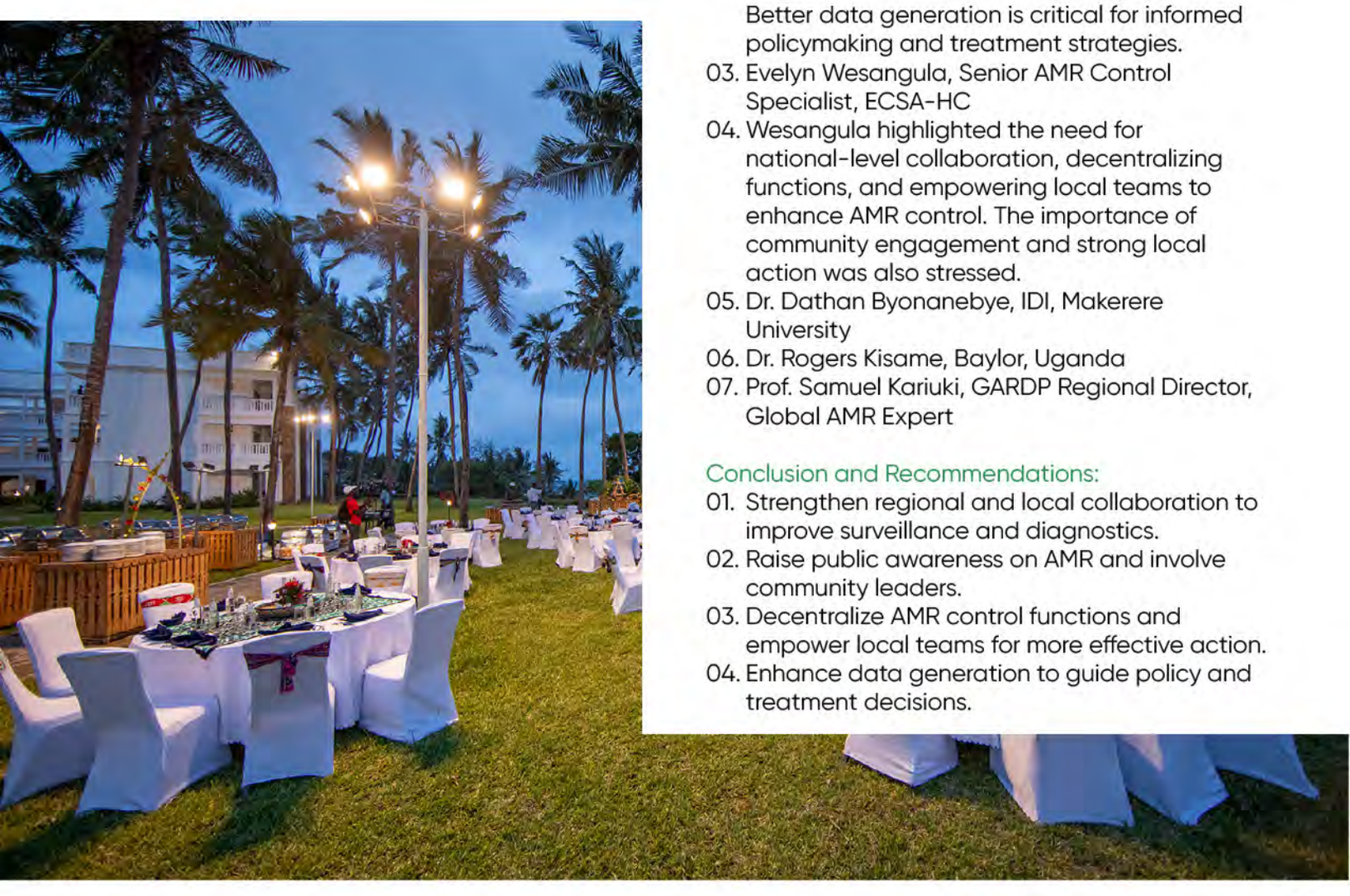
Panelists Insights

01. Dr. Githinji discussed Kenya's 2019 parallel inclusion regulation, which allows faster access to patented medical products. He stressed the importance of policy alignment across East Africa to reduce supply chain bottlenecks.
02. Dr. Waqo Ejersa, CEO, KEMSA, advocated for local manufacturing to improve supply security and economic growth. He also highlighted the need for procurement law reforms, digital tracking, and improved local production to reduce dependency on imports.
03. Dr. Isha Anand, Human Resource & Finance Committee Chair, Pharmacy and Poisons Board, Kenya, emphasized incentivizing local manufacturing and aligning national policies to support procurement, financing, and supplier payments. She also stressed the need for regional collaboration to achieve Maturity Level 3 (ML3) regulatory standards.

Conclusions and Recommendations:

01. The session concluded with recommendations for enhanced collaboration among stakeholders, a focus on local manufacturing, and the adoption of digital solutions to streamline supply chain processes.
02. Regional Collaboration: Harmonize regulatory frameworks across countries for smoother cross-border trade and strengthen the African Medicines Agency's (AMA) role in coordinating efforts.

03. Local Manufacturing: Governments should prioritize local manufacturing, reduce import reliance, and invest in regional production hubs to ensure health security and economic growth.
04. Digitalization: Implement national digital platforms for end-to-end supply chain tracking to improve efficiency, transparency, and accountability.
05. Policy Reforms: Governments should amend procurement laws to favor local manufacturers, support regional production, and fast-track ML3 accreditation for global product quality standards.
06. Public-Private-Academia Partnerships: Strengthen collaboration for research, technology transfer, and workforce capacity building in diagnostics and pharmaceuticals.
07. Climate Change & One Health: Build resilient supply chains that account for climate risks and encourage sustainable practices within the One Health framework.



BREAKOUT SESSION 2.9: ANTIMICROBIAL RESISTANCE AND HEALTHCARE-ASSOCIATED INFECTIONS: COUNTERING AN EMERGING THREAT

Moderator: Isaac Ntwiga

The session focused on antimicrobial resistance (AMR) and healthcare-associated infections (HAIs), emphasizing the urgent need for better surveillance, diagnostics, and governance to tackle these issues.

Panelists Insights

01. Dr. Sultan Matendechero, Deputy Director General, MOH, Kenya
02. A major challenge is the lack of microbiology testing and the inappropriate use of antibiotics. There is a call for stronger multi-sectoral collaboration, improved public awareness, and community engagement. Better data generation is critical for informed policymaking and treatment strategies.
03. Evelyn Wesangula, Senior AMR Control Specialist, ECSA-HC
04. Wesangula highlighted the need for national-level collaboration, decentralizing functions, and empowering local teams to enhance AMR control. The importance of community engagement and strong local action was also stressed.
05. Dr. Dathan Byonanebye, IDI, Makerere University
06. Dr. Rogers Kisame, Baylor, Uganda
07. Prof. Samuel Kariuki, GARDP Regional Director, Global AMR Expert

Conclusion and Recommendations:

01. Strengthen regional and local collaboration to improve surveillance and diagnostics.
02. Raise public awareness on AMR and involve community leaders.
03. Decentralize AMR control functions and empower local teams for more effective action.
04. Enhance data generation to guide policy and treatment decisions.

DAY 3 30.01.2025 BUILDING SUSTAINABLE PREPAREDNESS

Keynote Address: East Africa as a Model for Sustainable Health Security, Dr. Francis Kasolo, WHO Director to the AU

Dr. Francis Kasolo, WHO Director to the AU, highlighted East Africa's potential to lead in sustainable health security despite challenges like disease outbreaks and health system weaknesses. He pointed to progress in outbreak detection, informed by lessons from COVID-19. Key challenges include healthcare worker shortages, inadequate funding, and high out-of-pocket expenses, but the region has the highest life expectancy in Africa (65.1 years) and improvements in health financing and workforce.

Dr. Kasolo emphasized the need for strong governance, financing, and public-private partnerships. He also shared successful examples like Uganda's improved Ebola response and the importance of pandemic preparedness. Strategic actions include strengthening health systems, sourcing supplies locally, and integrating human, animal, and environmental health. Leadership and cross-sector collaboration are essential, though barriers like lack of local manufacturing and financial misalignment need addressing. Ultimately, East Africa can lead in health security through resilient systems and collaboration, with strong leadership and effective implementation.

PANEL SESSION 3.1: ONE HEALTH: LINKING HUMAN, ANIMAL, AND ENVIRONMENTAL HEALTH FOR A SECURE FUTURE

The One Health approach, emphasizing the interconnectedness of human, animal, and environmental health, has gained global attention as a unified strategy to tackle health challenges, including zoonotic diseases and climate change. Key insights and discussions included:

Key Points:

01. One Health Approach: An integrated model addressing health across human, animal, and environmental sectors.
02. Climate Change: Disrupts disease patterns and food safety, requiring health systems to adapt.
03. Policy Engagement: Success depends on political support, evidence-based research, and funding.
04. Food Safety: Informal markets pose risks; strengthening protocols and education is critical.
05. Capacity Building: Community engagement and healthcare worker training are vital for implementation.
06. Future Directions: Continued collaboration, research, and community engagement are essential to address food security, climate change, and public health challenges.

Panelists Insights

01. Eric Fevre (International Livestock Institute) emphasized the growing integration of environmental health in One Health frameworks, highlighting the role of the Quadripartite alliance and the forthcoming Lancet One Health Commission Report.
02. Dr. James Lawler (University of Nebraska) discussed the need for adaptive health systems to manage the impacts of climate change and the importance of building resilient, anti-fragile health systems.
03. Dr. Mohammed Elduma (IGAD) stressed actionable steps, such as integrating One Health in training programs, using meteorological data for surveillance, and training healthcare workers on climate-sensitive diseases.
04. Dr. Martin Muchangi, AMIU

Barriers to Regional Collaboration:

01. Lack of Investment by Policymakers: A disconnect exists between advocacy for One Health and policymaker recognition of its benefits.
02. Illiteracy in the Health Workforce: Insufficient training on climate-health interconnections limits One Health's effectiveness.

nnovative Ideas for Collaboration:

01. Education and Training Programs: Initiatives like Columbia University's course on health and climate change exemplify the need for accessible knowledge dissemination.
02. Sector Integration: Expanding One Health to include agriculture and environmental management offers holistic solutions.
03. Key Collaborative Sectors: Public health, environmental agencies, agriculture, research institutions, and government agencies must work together for effective policy and health strategies.

Regional-Local Collaboration:

01. Community Sensitization: Educating the public on food safety and environmental health impacts is crucial for behavior change.
02. Market-Level Engagement: Public health officers should monitor food markets for hygiene standards.
03. Children's Education: Integrating environmental issues and One Health principles into children's education ensures long-term sustainability.
04. Environmental Health Issues: Addressing bushmeat consumption and deforestation is vital to reduce disease transmission.

Conclusions and Recommendations:

01. Successful implementation of One Health requires bridging gaps in policymaking, workforce training, and fostering cross-sector collaboration. Proactive strategies will lead to improved health outcomes in East Africa and beyond.
02. Policy Integration: Advocate for One Health inclusion in national health and food safety policies.
03. Capacity Building: Expand training for healthcare professionals on climate-health intersections.
04. Community Education: Raise awareness on food safety and the health impacts of climate change.
05. Strengthen Food Safety Systems: Develop stricter regulations and involve communities in food safety monitoring.

PANEL SESSION 3.2: FINANCIAL INSTRUMENTS FOR SUSTAINABLE HEALTH PREPAREDNESS

Moderator: Dr. Tim Theuri, CEO of the Kenya Health Federation

This session focused on diverse financial instruments essential for sustainable health preparedness, ensuring resilience, rapid response, and equitable healthcare. Key mechanisms discussed included public-private partnerships, health bonds, insurance models like catastrophe bonds and pandemic risk insurance, as well as digital solutions such as blockchain and crowdfunding for transparent fund management.

Key Points:

a. Financial Mechanisms: Governments can enhance funding through health taxes, national emergency funds, and performance-based budgeting. Multilateral organizations support through pooled funds, debt swaps, and blended finance.
b. Pandemic Preparedness: Investing in systems before pandemics strike is crucial for saving lives and ensuring long-term health security.
c. Role of Finance: As the cornerstone of preparedness, it is vital to mobilize resources, secure funding, and leverage financial institutions for pandemic resilience.

Panelist Insights:

01. Dr. Bernard Olayo, World Bank, emphasized the need for substantial investment in pandemic preparedness, citing the World Bank's $1 billion project across 10 African countries to boost manufacturing, procurement, and local factories.
02. Mr. John Okullo (KCB Bank) advocated innovative financing methods, including bonds to raise capital for preventive health initiatives, disease surveillance, and strengthening health systems. He highlighted the importance of collaboration with public sectors and insurance funds to facilitate the flow of cash.
03. Dr. Francisco Songane stressed the importance of private sector collaboration and expanding platforms for resource coordination to avoid redundancy.
04. Prof. Ann Kihara focused on community-level interventions, particularly empowering women during pandemics, ensuring equitable access to resources, and addressing gender disparities in financing.

Conclusions and Recommendations:

01. Collaboration: Strengthen partnerships between private and public sectors, ensuring effective fund utilization.
02. Innovative Financing: Utilize bonds, insurance funds, and grants to finance health preparedness.
03. Community Engagement: Invest in building the capacity of clinicians and community health workers and focus on empowering women in decision-making.

PANEL SESSION 3.3: BUILDING TRUST AND HEALTH LITERACY: THE ROLE OF RISK COMMUNICATION AND COMMUNITY ENGAGEMENT IN HEALTH EMERGENCY PREPAREDNESS

Moderator: Erick Achola, Amref Health Africa

This workshop highlighted the importance of trust, effective communication, and community engagement in health emergency preparedness and response. Key themes included the need for culturally relevant health literacy, the role of media in engaging youth, and innovative solutions for building trust during crises.

Key Insights:

a. Trust in Health Emergencies: Trust is essential for effective health responses. Engaging communities and co-creating solutions is key.
b. Culturally Relevant Health Literacy: Health communication should be tailored to local contexts and delivered through appropriate channels.
c. Youth Engagement: Social media platforms like TikTok and WhatsApp can effectively engage youth in health literacy and emergency response efforts.

Panelists Insights

01. David Nieuwe emphasized that trust is built through consistent and reliable engagement. He advocated for the use of both quantitative and qualitative methods to measure trust and recommended collaboration among stakeholders.
02. Prof. Anne Kihara stressed the need for evidence-based, culturally relevant communication. She emphasized the role of women in household healthcare decisions and the importance of using media for timely, accurate information dissemination

Regional Collaboration: Stronger health and trade networks are needed across East Africa to pool resources for health infrastructure and medication.

Innovative Ideas:

a. Digital Solutions: Mental health apps and virtual training platforms can enhance community engagement.
b. Leveraging Community Structures: Engage local leaders, such as religious figures, for more effective outreach and trust-building.

Conclusions and Recommendations:

01. Effective health emergency preparedness and response depend on trust-building, culturally relevant communication, and sustained community engagement. Leveraging digital innovations, media, and local structures is key to enhancing health literacy and ensuring equitable access to resources.
02. Policy-Level Integration: Institutionalize crisis communication strategies as part of routine public health work. Ensure accountability and evidence-based policymaking.
03. Strengthen Partnerships: Collaborate across national, regional, and global stakeholders (Academia-Industry-Government) to foster innovation and resource pooling for health security.
04. Youth and Media Engagement: Utilize digital platforms and social media to engage youth and disseminate critical health information.

BREAKOUT SESSION 3.1: TRAINING AND WORKFORCE DEVELOPMENT IN HEALTH SECURITY

Moderator: Dr. Wycliff Nyamongo Onkoba, Amref International University Adjunct Faculty

The session focused on strengthening public health training, fostering regional collaboration, and addressing health security challenges in East Africa. Experts from academia, government, industry, and international organizations explored innovative strategies to build capacity and enhance health system resilience. Discussions covered the critical role of community health workers in underserved areas, the integration of digital tools like eLearning and m-learning for training, and the importance of sustainable partnerships among stakeholders.

Key Barriers:

a. Resource Constraints: Limited resources hinder effective training and collaboration.
b. Fragmented Policies: Lack of cohesive regional policies prevents coordinated efforts.
c. Limited Communication: Poor communication between sectors complicates collaborative initiatives.

Proposed Solutions:

a. Harmonized Training Programs: Create standardized, region-specific training curricula to ensure consistency in healthcare delivery across East Africa.
b. Digital Learning Platforms: Expand the use of digital tools to provide continuous training and facilitate data collection for healthcare workers.
c. Context-Specific Strategies: Tailor training programs to meet local needs and incorporate feedback from field experiences.

Panelists Insights

01. Dr. Martin Matu, ECSA Health Community, emphasized the need for ongoing capacity-building initiatives and collaboration with partners to enhance community health programs.
02. Dr. Alida Ngwije CHAI, Rwanda, discussed the influx of pandemic-related funding and the communication gap between scientists and the public, highlighting the need for clearer health messaging.
03. Dr. Rabera Kenyanya, Biovax Institute, Shared insights on supporting local vaccine manufacturing and the necessity of skills transfer for healthcare workers.
04. Prof. Doreen Alaleit, Seed Global, Uganda, addressed mental health challenges among healthcare workers and the importance of culturally sensitive training methods.
05. Dr. Sospeter Kimani, Jhpiego, identified barriers to collaboration and proposed solutions such as harmonized training programs and integrated approaches involving academia, government, and industry.

Key Points:

01. Community Health Workers: Vital for promoting health education and ensuring community engagement. Standardized training programs are needed to improve their effectiveness.
02. Training Programs: Should be adaptable to local contexts, incorporating feedback and addressing gaps in knowledge, particularly in infectious disease management.
03. Mental Health of Healthcare Workers: The psychological toll on healthcare workers must be addressed by providing support systems during training and on the job.
04. Collaboration: Effective regional collaboration requires harmonized training programs, better communication, and shared resources among stakeholders.

Conclusions and Recommendations:

01. The session underscored the critical need to strengthen public health training and foster collaboration among stakeholders to address health security challenges effectively. The following key recommendations emerged:
02. Harmonize Training Programs: Develop consistent training curricula across East Africa to improve workforce mobility and ensure standardized care.
03. Leverage Digital Tools: Invest in digital learning platforms to provide continuous, accessible training for healthcare workers, especially in remote areas.
04. Support Community Health Workers: Prioritize training and mentorship for community health workers, equipping them with necessary resources to engage effectively with communities.
05. Integrate Mental Health: Include mental health support in training programs to help healthcare workers manage stress and challenges during health crises.
06. Strengthen Partnerships: Foster collaborations between academia, government, industry, and international organizations to develop comprehensive public health initiatives.
07. Invest in Monitoring and Evaluation: Establish robust frameworks to assess the effectiveness of training programs and ensure they meet evolving health needs.

By implementing these recommendations, East Africa can build resilient health systems better equipped to respond to health emergencies and improve long-term health security.

Breakout Session 3.2: Regulatory and Policy Alignment for Health Emergency Preparedness and Response

Moderator: Dr. Serah Muteru, General Manager of Regulatory Affairs, BioVax Institute,

Panel:
Prof. Stephen Rulisa
Dr. David Kariuki, CEO, KMPDC
Dr. Dama Masha

This session addressed key concerns around aligning regulatory frameworks to improve preparedness and response during health emergencies. The discussions focused on the need for faster regulatory processes, regional collaboration, and innovative policy reforms to enhance health security. The role of public-private partnerships, regulatory flexibility, and the involvement of academia in bridging the gap between research, industry, and government was emphasized.

Key Discussions:

a. Regulatory Flexibility: Panelists emphasized the importance of expedited approval processes during emergencies. Dr. Fred Siyoi highlighted the balance between speed and safety, particularly for vaccines and medicines.
b. Public-Private Partnerships: The role of partnerships in ensuring timely access to health products was discussed. The need for streamlined regulatory mechanisms to prevent bottlenecks during emergencies was raised.
c. Ethical Concerns: Dr. David Kariuki addressed ethical challenges in emergency use authorizations, stressing the need for clear guidelines to prevent exploitation.
d. Academia's Role: Prof. Stephen Rulisa advocated closer collaboration between research institutions and regulatory bodies to fast-track innovations without compromising safety.

Key Questions Raised:

a. How can regulatory systems ensure quick access to health products while maintaining confidentiality and security of proprietary information in public-private collaborations?
b. Can expedited review processes used during COVID-19 continue without compromising safety or clinical trial integrity?
c. How can East African countries coordinate regulatory frameworks to support vaccine manufacturing and medical product production locally?

Critical Areas of Focus:

a. Regional Collaboration: The importance of harmonizing regulations across East African countries to avoid bottlenecks in regulatory processes and facilitate local vaccine and medical product production.
b. Flexible Regulatory Frameworks: The need for regulatory bodies to be dynamic and adaptable to new health threats while ensuring safety and efficacy.

Conclusions and Recommendations:
The session concluded that regulatory alignment and collaboration between regulatory bodies, academia, and industry are crucial for effective health emergency responses. Ultimately, the session emphasized that a more coordinated and responsive regulatory system is key to enhancing Africa's health sovereignty and ensuring timely access to essential health products during health emergencies

The key recommendations include:

01. Regional Harmonization: Develop a unified regulatory framework across East Africa to expedite the approval of health products during emergencies.
02. Flexible Processes: Establish adaptable frameworks for emergency approvals that allow for fast-track processes without compromising safety.
03. Public-Private Partnerships: Strengthen collaboration between governments, private sector, and research institutions to ensure timely access to life-saving products.
04. Capacity Building: Institutions should advocate stronger regulatory frameworks and facilitate capacity-building efforts for regional regulatory bodies to enhance efficiency and response times.
05. Health Sovereignty: Prioritize long-term regional collaboration to enable Africa to produce and distribute its own vaccines and medical products efficiently.

PANEL DISCUSSION 3.3: THE ROLE OF MILITARY AND LAW ENFORCEMENT IN PREPAREDNESS AND RESPONSE

Moderator: Dr. James Lawler, Associate Director, UNMC Global Center for Health Security

Panel:
Col. Robert Gatata, Head of Facility Readiness, ICT and Security, BioVax Institute
Dr. Douglas Nasio, Asst. Dir. PH, MOH, Kenya

This panel focused on the role of the military and law enforcement in pandemic preparedness and response, emphasizing logistics, security, coordination with civilian authorities, and the intersection of military expertise with public health. While military involvement has historically been met with resistance due to concerns about overreach and human rights violations, the 2014 Ebola outbreak highlighted the necessity of military support in health crises. The panel examined the military's strengths in logistics and security, while also addressing concerns about public trust and the ethical implications of military-led health interventions.

Key Discussion Points:

a. Military's Strengths: The military's ability to provide logistical support, rapid mobilization, and secure transport during health emergencies was highlighted. Col. Robert Gatata emphasized that the military should focus on operational support rather than directly leading healthcare efforts.
b. Incident Command System (ICS): Mr. Douglas Nasio explained how ICS facilitates rapid decision-making and coordination among agencies during pandemics like Ebola and Mpox, where military leadership is crucial in ensuring order and resource deployment.
c. Proactive Role in Preparedness: Ms. Angela Gitua argued for a shift from reactive to proactive military involvement in health security, focusing on early preparedness rather than just crisis response. She also pointed to risks, such as the militarization of public health efforts and violations of human rights during lockdown enforcement.
d. Coordination and Communication: The panel discussed the need for joint training programs to bridge the gap between military personnel and public health officials, emphasizing the importance of effective communication and community engagement to avoid public resistance.

Ethical and Public Perception Challenges:

a. The involvement of military forces in health crises can raise concerns about militarization, excessive use of force, and public distrust, particularly in communities with negative experiences with security forces. The 2014 Ebola outbreak and the COVID-19 lockdowns demonstrated how force-based enforcement can backfire and hinder public health goals.
b. Panelists emphasized that military forces must be trained in public health communication to avoid alienating communities and must operate within legal and ethical frameworks to ensure that human rights are respected.

Conclusions and Recommendations:

The session concluded that military involvement in health security is necessary but must be carefully managed to avoid overreach and maintain public trust. Key recommendations included:

01. Strengthen Military-Civilian Collaboration: Establish permanent multi-agency coordination structures for joint preparedness and response, ensuring clarity in the roles of military and civilian agencies.
02. Ethical Oversight and Transparency: Develop standard operating procedures (SOPs) for military involvement in health crises, ensuring transparency and ethical enforcement.
03. Proactive Military Engagement: Shift the focus from military-led crisis response to military-supported preparedness, leveraging military logistics and infrastructure to strengthen public health systems before emergencies arise.
04. Training and Capacity Building: Enhance joint training for military, health, and humanitarian workers in pandemic response, risk communication, and ethical enforcement.
05. Community Trust and Communication: Train military personnel in public health messaging and engage with civil society organizations, local leaders, and faith-based groups to build community trust and acceptance of military involvement.

Ultimately, the panel emphasized the importance of balancing military strength with ethical practices, transparency, and effective community engagement to ensure the success of military-supported health responses in future crises.

Way Forward: Collaborative Strategies for Future Health Security – Summary of Key Outcomes and Next Steps

Moderator: Dr. Amit Thakker, Executive Chairman, Africa Health Business

The session outlined actionable strategies for advancing health security, drawing on insights from the summit to guide future efforts. The discussion emphasized collaboration across sectors, regional partnerships, and the integration of lessons from past health crises to build resilient health systems.

Key Outcomes and Strategic Actions:
Prof. Tammary Rotich, Deputy Vice Chancellor, Amref International University

Prof. Rotich underscored the importance of academia and research in health security, emphasizing the need for robust networks to address obstacles such as a shortage of healthcare personnel, limited funding, and weak

health systems. A holistic approach, integrating health systems, health security, and universal health coverage (UHC), is essential. She identified four pillars for resilient health systems: access capacity, quality capacity, demand capacity, and resilience capacity. To bridge gaps in healthcare infrastructure, she advocated for strengthening early outbreak detection, improving access to essential services, and boosting resilience. She also highlighted the upcoming Africa Health Agenda International Conference (AHAIC) in Kigali, Rwanda (March 2–5, 2025), focused on addressing socio-ecological dynamics in health.

Dr. Lucy Mazyanga, Executive Director, Africa CDC Eastern RCC

Dr. Mazyanga emphasized that health security investments should be viewed as integral to achieving UHC. She outlined strategic actions for resilience, such as:

a. Strengthening national health system resilience.
b. Developing cross-border surveillance guidelines.
c. Implementing the One Health approach (integrating human, animal, and environmental health).
d. Promoting local manufacturing of medical supplies to reduce dependency on imports.

She stressed the need for strong leadership, policy coherence, and regional collaboration, particularly between government, private sector, and global partners.

Dr. James Lawler, GCHS, University of Nebraska Medical Center

Dr. Lawler emphasized the importance of prevention and preparedness, likening health security efforts to fire prevention. He recommended the creation of a regional health security framework involving all stakeholders, including the private sector, to ensure coordinated responses to health security challenges. His insights from the Global Centre for Health Security focused on the critical need for preemptive measures and stronger preparedness frameworks.

Mugo Kibati, Managing Director, Telkom, Kenya

Mr. Kibati highlighted the need for biosecurity and biodefense in global health security. He recommended comprehensive assessments of national health systems, the development of standardized cross-border surveillance guidelines, and the promotion of regional manufacturing to build self-reliance in medical supplies. He also advocated for enhanced collaboration between the public and private sectors, as well as innovative financing models to reduce health expenditure.

Conclusions and Recommendations:

The session highlighted the need for ongoing leadership and collaboration to turn East Africa into a model for health security. Strong, unified efforts across sectors, especially regional cooperation, are essential for building health security resilience. Prioritizing UHC and a collaborative approach will ensure that Africa is better prepared for future health crises and can foster long-term stability and growth.

In conclusion, achieving health security in East Africa requires sustained commitment, collaborative strategies, and investments in resilient health systems. The region must leverage both public and private sector resources to create a robust framework for addressing future health

Challenges.

01. Strengthen Collaborative Frameworks: Foster partnerships across government, private sector, and academia to create synergies that address health security challenges.
02. Focus on Prevention and Preparedness: Shift focus from reactive crisis management to proactive planning and prevention, leveraging the private sector's expertise in logistics and health security.
03. Invest in Resilient Health Systems: Build capacity in health systems, ensuring they can respond to future health crises effectively and sustainably.
04. Promote Local Manufacturing: Invest in regional manufacturing capabilities to reduce reliance on imports and enhance self-reliance in medical supplies.
05. Prioritize One Health: Integrate human, animal, and environmental health considerations to create a comprehensive approach to health security.
06. Support Evidence-Based Approaches: Encourage evidence-based practices tailored to the African context, addressing data ethics, collection, and management infrastructure.

ANNEX 1: COMMUNIQUE: EAST AFRICA REGION GLOBAL HEALTH SECURITY SUMMIT (EARGHSS) 2025

Communiqué

East Africa Region Global Health Security Summit: Mombasa, Kenya 30th Jan 2025

Preamble

We, the Nine (9) participating Member States of the CDC Eastern Africa Regional Coordinating Centre (EA-RCC)-(Union of Comoros, Federal democratic republic of Ethiopia, Republic of Kenya, Republic of Madagascar, Republic of Mauritius, Republic of Rwanda, Republic of South Sudan, United Republic of Tanzania and Republic of Uganda) ,in a meeting held from 28th to 30th January 2025 at the first East Africa Region Global Health Security Summit, which included representatives from multilateral organizations, non-governmental organizations, academia, and the private sector, (see Annex 1) gathered in Mombasa to address the critical and urgent challenges to health security in the region.

Mindful that the AU Eastern Africa Region is home to more than 400 million people and faces unique challenges due to its diverse health and environmental dynamics.
Recognizing that health security is a member state responsibility with a shared regional, continental and global responsibility, and requires strengthening collaboration, innovation, and resilience to safeguard the health and well-being of all people in Eastern Africa and beyond.

Acknowledging:

a. The growing impact of health emergencies like Ebola virus disease, HIV/AIDS, malaria, tuberculosis, Mpox, and Marburg virus disease on vulnerable populations in Eastern Africa and the urgent need to improve disease surveillance, response, health systems, and workforce capacity in epidemiology, research, and local medical production.
b. The Resource and financial gaps that highlight the need for sustainable, innovative and predictable financing, partnerships, and multisectoral collaboration for health security.
c. The critical role of all stakeholders—global and regional bodies, private sector, academia, government, civil society, and communities—in strengthening health security and response
d. The work of the Africa CDC and its Eastern Africa Regional Coordinating Centre (EA-RCC), WHO and partners to enhance health security by coordinating surveillance, preparedness, response, and health system strengthening across Eastern Africa.
e. That Africa's dependence on imported vaccines, diagnostics, therapeutics, and health

a. products exposes the region to significant vulnerabilities.

Reaffirming:

a. That Universal Health Coverage is crucial to global health security and that there is a need to honor commitments from regional and continental forums, including the 2017 AU Declaration, 2016 Malabo Declaration, Lusaka Declaration on Public Health Emergency Operation Centres and Agenda 2063
b. The importance of equitable resource allocation, timely disease surveillance, and robust
c. health systems as cornerstones for effective emergency preparedness and response,
d. That Health security relies on addressing interconnected factors like climate change, migration, culture, crises, conflict, and global movement, which drive disease spread.

Commit to:

Strengthening Regional Health Coordination and collaboration:

a. Coordinate stakeholder efforts across all 14 AU Eastern Africa region Member States and enhance Africa CDC's role in health prevention, preparedness, response and health system strengthening.
b. Enhance collaboration among AU Eastern African countries, regional economic communities, and partners for improved information-sharing, resource pooling, and coordinated responses.

Strengthening health systems to deliver primary health care for Universal Health coverage

a. Enhance national and regional capacities for disease surveillance, early warning systems, and rapid response mechanisms.
b. Invest in workforce development through training, capacity-building, and retention of healthcare professionals in workforce development and recognition.
c. Build resilient health infrastructure for heath security
d. Ensure that health systems are resilient and accessible to all populations, particularly vulnerable groups, during health emergencies

Promote Innovative, sustainable and predictable Financing:

a. Mobilize domestic resources through innovative financing including collaboration with financial institutions.
b. Engage partners and advocate for sustained health security funding in Eastern Africa for health emergency preparedness, response, and health system strengthening.
c. Establish contingency funds for prompt and effective response for public health emergencies

Address Emerging and Existing Threats:

a. Prioritize strategies to combat emerging threats such as antimicrobial resistance, climate-induced health crises and emerging infectious diseases.

Leverage Innovation and Technology:

a. Embrace digital health solutions to improve disease monitoring, data analytics, and service delivery.
b. Ensure equitable access to vaccines, therapeutics, and diagnostics through innovative procurement and distribution strategies.

Local Manufacturing for Health Products:

a. Enhance local manufacturing of vaccines, medicines, and medical devices, with the goal of producing 60% of the continent's health products
b. To support stakeholders especially private sector for sustainable local manufacturing across the region
c. Establish an environment that facilitates buy in of local health products and technologies
d. To strengthen public private partnerships Coordination mechanisms

Advocate for Representation:

a. Advocate for equitable representation and resource allocation that address the unique health challenges faced by African nations.
b. Advocate for stronger health security policies by prioritizing IHR, regional integration, and policies focused on equity, sustainability, and self-reliance

Promote Research for health security

a. Strengthen health security through research and innovation, investing in diagnostics, telemedicine, and preparedness tools.
b. Partner with academia, international researchers, and the private sector to enhance regional research capacity and tackle Africa-specific health challenges.

Impact Accountability

a. To ensure follow through of the Summit's actions, a technical team to be formed by Kenya Vision 2030 Board and Eastern Africa CDC RCC to translate the summit's actions into implementation including:

i. The EARGHSS report to be presented and advance implementation at the Agenda International Conference, Kigali March 2025.
ii. Launch of calls for applications of the Africa GHS fellowship.
iii. GHS hackathon; and
iv. Joint grant writing.

b. Advance the conceptualization and structuring of the Eastern Africa Global Health Security Fund
c. Advance the partnership with University of Nebraska, Global Centre for Health Security to establish Africa Centre for Global Health Security.

Conclusion:

We, the member states and participants at the 2025 East Africa Region Global Health Security Summit, with the support of Africa CDC, WHO and partners reaffirm our shared responsibility to promote, provide and protect health in our region. We commit to translate these pledges into action by fostering collaboration, strengthening national and regional institutions, and advocating for sustained investments in health systems. Together, we can build a resilient, healthy future for Eastern Africa and the world.

Endorsed at the East Africa Regional Health Security Summit, Mombasa, Kenya, 30th January 2025.

ANNEX 2: SUMMIT PROGRAMME

DAY 1
28.01.2025: WHOLE OF COMMUNITY APPROACH EMPHASIZES THE COLLABORATIVE EFFORTS REQUIRED FOR HEALTH SECURITY, INVOLVING ALL SECTORS OF THE COMMUNITY.

0900 - 0910	Welcome and Introduction	Welcome to EARGHSS 2025
0910 - 1020	Plenary session	Official Opening Remarks
1020 - 1035	Plenary session	Official Opening Keynote Remarks: Regional health security priorities and the role of the summit in shaping future strategies.
1130 - 1200	Plenary Session	Keynote Address: Lessons from COVID-19: Building Resilient Communities. Broaden the conversation
1200 - 1315	Panel Discussions	Panel 1.1: The role of private sector in Health emergencies – lessons learned from COVID and recent health emergencies
1315 - 1415	Lunch Break	
1400 - 1545	Breakout Sessions	Session 1.1: Engineering resilient communities – critical infrastructure and high reliability in emergency response
		Session 1.2: Biosecurity and Bioterrorism in the East Africa region.
		Session 1.3: Role of military and law enforcement/security services in preparedness and response
	Side event	Role of private sector in COVID-19 response, lessons learnt and opportunities for future engagement in public health emergencies
1615 – 1730	Panel discussion	Panel 1.2: Current and Future challenges and threats to health security

DAY 2
29.01.2025: FOCUS ON BUILDING RESILIENT HEALTH SYSTEMS CENTERS THE DAY AROUND IMPROVING HEALTH SYSTEMS, A VITAL AREA FOR ACHIEVING EFFECTIVE HEALTH SECURITY.

0830 - 0915	Plenary Session	Keynote Address: Strengthening Health Systems: Bridging Public Health and Healthcare Delivery
0915-1000	Panel Discussions	Panel 2.1: Innovative Technologies: Transforming Health Security Kick off with Demo of Hackathon project
1020-1140	Breakout sessions	Session 2.1: The Role of Community Health Workers in Strengthening Health Systems.

		Session 2.2: Regional Manufacturing Solutions for Health Security
		Session 2.3: Big data and artificial intelligence in African healthcare: unlocking data for health and health emergencies
1140 - 1300	Breakout Sessions	Session 2.4: Mental health and Psychosocial support-MHPSS in resilient communities and emergency response
		Session 2.5: Transforming infection prevention and control: novel approaches for reducing risk of disease spread in health systems and communities
		Session 2.6: Enhancing diagnostics and laboratory systems for community health, outbreak surveillance, and response
1315 - 1415	Lunch Break	
1400 - 1630	Ministerial Session	Investing in resilience: Financing Health Security and Emergency Preparedness for a safer future
1510 - 1645	Workshops	Workshop 2.1: Health Equity and Access: Strategies for addressing inequity, protecting vulnerable populations, and raising the floor of community health
		Workshop 2.2: Building resilient supply chains for health and health emergencies
		Workshop 2.3: Antimicrobial resistance and Health care associated Infections: countering an emerging threat.

DAY 3
30.01.2025: BUILDING SUSTAINABLE PREPAREDNESS EMPHASIZES THE IMPORTANCE OF LONG-TERM PREPAREDNESS STRATEGIES FOR FUTURE HEALTH SECURITY CHALLENGE

0900 - 0930	Plenary Session	Keynote Address: East Africa as a Model for Sustainable Health Security
0930 - 1030	Panel Discussions	Panel 3.1: One Health: Linking human, animal, and environmental health for a secure future.
1040 - 1130	Panel Discussions	Panel 3.2: Financial Instruments for Sustainable Health Preparedness
1130 - 1220	Panel Discussion	Panel 3.3: Building trust and health literacy: the role of Risk communication, Community engagement in health emergency preparedness and response
1220 - 1320	Plenary session	Communique
1300 - 1400	Lunch Break	
1400 - 1515	Breakout Sessions	Session 3.1: Training and Workforce Development in Health Security

		Session 3.2: Regulatory and Policy Alignment for Health Emergency Preparedness and Response
		Session 3.3: Crisis Management in Public Health Emergencies: Flexible Command Control and Coordination of PHEOCs
1525 - 1615	Panel Discussions	Panel 3.4: Way Forward: Collaborative Strategies for Future Health Security, summary of Key Outcomes and Next Steps
1615 - 1655	Declaration adoption and Ministerial Photo Session	
1655 - 1730	Plenary Session	Official Closing Remarks
END OF EARGHSS 2025		

ANNEX 3: LIST OF PARTICIPATING PARTIES

ORGANIZING COMMITTEE

01. **Emmanuel Nzai:** Vision 2030 Delivery Board
02. **Stephen Rulisa, MD, PhD:** University of Rwanda
03. **Tamarry Rotich, PhD:** AMREF University
04. **James Lawler, MD, MPH:** Global Center for Health Security, UNMC
05. **Vicky Nakibuuka, MPA, MPH:** Global Center for Health Security, UNMC
06. **Jocelyn Herstein, PhD, MPH:** Global Center for Health Security, UNMC
07. **Sharon Chepkoech,** Summit Delivery Lead
08. **Heri Mwagonah,** Summit Director

HOST COUNTRY ORGANIZING COMMITTEE

01. **Dr. Debrah Baraza,** CS Ministry of Health Kenya
02. **Mary Muriuki, PS** Ministry of Health Kenya
03. **Dr. Sultan Matendechero,** Ministry of Health Kenya
04. **Dr. Grace Ikahu,** Ministry of Health Kenya
05. **Dr. Stephen Muleshe,** Ministry of Health Kenya
06. **Adan Harakhe,** Ministry of Health Kenya
07. **Naomi Mutie,** Ministry of Health Kenya
08. **Dr. Esther Muinga,** Ministry of Health Kenya
09. **John Ndungu,** Ministry of Health Kenya
10. **Dr. Emmanuel Nzai,** Vision 2030 Delivery Board
11. **Dr. Lucy Mazyanga,** Africa CDC Eastern Africa RCC
12. **Dr. Judith Kose,** Africa CDC Eastern Africa RCC
13. **Lucy Mbuvi,** Africa CDC Eastern Africa RCC
14. **Prof Tammary Rotich,** Amref International University
15. **Elizabeth Khisa,** Amref International University
16. **Donna Mokeira,** Amref International University
17. **Dr. Kamene Kimenye,** Kenya National Public Health Institute
18. **Dr. Amit Thakker,** Africa Health Business
19. **Amb. George Kwanya,** Ministry of Foreign Affairs Kenya
20. **Catherine Githinji,** Ministry of Foreign Affairs Kenya
21. **Ken Kiathe,** Ministry of Interior & National Administration Kenya
22. **Reuben Kemboi,** Ministry of Interior & National Administration Kenya
23. **Dr. Neema Mohamed,** Mombasa County Government
24. **Dr. Fatma Mohammed,** Mombasa County Government
25. **Sharon Chepkoech,** Summit Delivery Lead
26. **Heri Mwagonah,** Summit Director

PARTICIPATING COUNTRIES

01. Kenya
02. Ethiopia
03. South Africa
04. Mozambique
05. Uganda
06. Rwanda
07. Zimbabwe
08. Union of Comoros
09. Burkina Faso
10. Federal Republic of Somalia
11. Zanzibar
12. Nigeria
13. Republic of South Sudan
14. Federal republic of Germany
15. United States of America
16. Republic of Djibouti
17. Republic of Madagascar
18. Republic of Mauritius
19. Tanzania

PARTICIPATING ORGANIZATIONS

01. Office of the 4th President, Republic of Kenya
02. Ministry of Health Kenya
03. Africa CDC
04. World Health Organization
05. Kenya BioVax Institute
06. Food and Agriculture Organization of the United Nations
07. Amref Africa
08. Safaricom PLC
09. UNMC, Global Center for Health Security
10. Kilifi County Government
11. Vision 2030 Delivery Board
12. Aga Khan University Hospital
13. Africa Health Business
14. Kenya Healthcare Federation
15. Regenesys Africa
16. Rwanda Biomedical Centre.
17. Johns Hopkins Bloomberg School of Public Health
18. Kenya BioVax Institute
19. Kenya Medical Research Institute
20. AfriCii
21. Smart Applications International
22. National Department of Health, South Africa
23. Amref International University
24. Technical University of Mombasa
25. The International Federation of Gynecology and Obstetrics
26. Project ECHO Africa
27. SUDRO
28. World Bank
29. Revital Healthcare
30. East African Medical Vitals
31. Infectious Disease Institute, Makerere University
32. AMREF Africa
33. North Star Alliance
34. Kenya Ports Authority
35. WHO Afro
36. NPHEOC-Uganda
37. The International Federation of Red Cross and Red Crescent Societies
38. NPHI Kenya
39. Keton Consulting
40. Roche
41. KCB Kenya
42. University of Rwanda
43. Community Health Promotion Fund
44. LVCT
45. Kenya Medical Supplies Authority
46. Pharmacy and Poisons Board, Kenya
47. East Central and Southern Africa Health Community
48. International Livestock Research Institute
49. IGAD
50. Africa Public Health Foundation
51. Clinton Health Access Initiative
52. Seed Global
53. Jhpiego
54. Telkom, Kenya

LIST OF SPEAKERS AND PANELISTS

1	H.E Uhuru Kenyatta	4th President, Republic of Kenya
2	Dr. Deborah Barasa	Cabinet secretary, Ministry of Health Kenya
3	Dr. Raj Tajudeen	Africa CDC
4	Dr. Abdourahmane Diallo	WHO
5	Dr. Francis Kasolo	WHO
6	Ms. Mary Muthoni	Ministry of Health Kenya
7	Dr. Swarup Mishra	Kenya BioVax Institute
8	Dr. Githinji Gitahi	Amref Africa
9	Ms. Cynthia Kropac	Safaricom PLC
10	Dr. Dele Davies	UNMC, Global Center for Health Security
11	Dr. John Lowe	UNMC, Global Center for Health Security
12	Dr. James Lawler	UNMC
13	Dr Lucy Mazyanga	Africa CDC
14	Ms. Flora Chibule	Deputy Governor Kilifi County, Kenya
15	Dr. Emmanuel Nzai	Vision 2030 Delivery Board
16	Prof. Marleen Temmerman	Aga Khan University Hospital
17	Dr. Amit N. Thakker	Africa Health Business
18	Dr. Tim Theuri	Kenya Healthcare Federation
19	Dr. Cecilia Wanjala	Kenya BioVax Institute
20	Dr. Patrick Osewe	Regenesys Africa
21	Dr. Claude Mambo Muvunyi	Rwanda Biomedical Centre.
22	Dr. Syed S. Ahmed	Johns Hopkins Bloomberg School of Public Health
23	Dr. Col. Robert Gatata	Kenya BioVax Institute
24	Dr. Kizito Lubano	Kenya Medical Research Institute
25	Job Akuno	AfriCii
26	Harrison Muiru	Smart Applications International
27	Dr. Barry Kistnasamy	National Department of Health, South Africa
28	Anthony Kioko	USA
29	Dr. Duncan Irungu,	Amref International University
30	Prof. Tammary Rotich	Amref International University
31	Prof. Peter Gichangi	Technical University of Mombasa
32	Prof. Anne Kihara	The International Federation of Gynecology and Obstetrics (FIGO)
33	Dr. Martin Muchangi	Amref Health Africa
34	Boniface Hhalbano	Amref Health Africa
35	Dr. Caroline Kisia	Project ECHO Africa
36	Dr. Judith Kose	Africa CDC
37	Dr. Abrar Abdelrahim,	SUDRO
38	Dr. Anisa Omar	Kilifi County
39	Jack Musembi	Amref Health Africa
40	Dr. Bernard Olayo	World Bank
41	Roneek Vora	Revital Healthcare
42	Brian Kabuya	East African Medical Vitals
43	Wesley Rono	Africa CDC
44	Dr. Rodgers Ayebare	Infectious Disease Institute, Makerere University
45	Dr. Meshack Ndirangu	Amref Health Africa
46	Dr. Eva Mwai	North Star Alliance

47	Dr. Gome Lenga	Kenya Ports Authority
48	Dr. Dama Masha	Kilifi County Government
49	Dr. Ambrose Talisuna,	WHO Afro
51	Dr Elizabeth Gonese	IFRC
52	Dr. Hillary Limo,	Ministry of Health Kenya
53	Dr. Fredrick Ouma	NPHI Kenya
54	Antony Jaccodul	Keton Consulting
55	Dr. Ida Mbuthia	Roche
56	John Okulo	KCB Kenya
57	Dr. Sultan Matendechero	Ministry of Health Kenya
58	Prof. Stephen Rulisa	University of Rwanda
59	Addah Alela	Community Health Promotion Fund
60	Onesmus Musau	LVCT
61	Professor Nada Fadul	UNMC, Global Center for Health Security
62	Dr. Rabera Kenyanya	Kenya BioVax Institute
63	Dr. Waqo Ejersa	Kenya Medical Supplies Authority
64	Dr. Isha Anand,	Pharmacy and Poisons Board, Kenya
65	Isaac Ntwiga	Amref Africa
66	Dr. Evelyn Wesangula	East Central and Southern Africa Health Community
67	Prof. Eric Fevre	International Livestock Research Institute
68	Dr. Mohammed Elduma	IGAD
69	Dr. Francisco Songane	Africa Public Health Foundation
70	Erick Achola	Amref Health Africa
71	David Nieuwe	Amref Health Africa
72	Dr. Wycliff Onkoba	Technical University of Kenya & Adjunct Faculty AMIU
73	Dr. Martin Matu	East Central and Southern Africa Health Community
74	Alida Ngwije	Clinton Health Access Initiative
75	Prof. Doreen Alaleit	Seed Global
76	Sospeter Kimani	Jhpiego
77	Dr. Serah Muteru	Kenya BioVax Institute
78	Mr. Douglas Nasio	Ministry of Health Kenya
79	Dr. Mathew Muturi	Food and Agriculture Organization of the United Nations
80	Arithi Mutembei	Food and Agriculture Organization of the United Nations
81	Mugo Kibati	Telkom, Kenya
82	Ms. Angela Gitua	
83	Abdullah Wainaga	

SUMMIT PARTICIPANTS SUMMARY

No	Category	Participants Per Day	Total
1	On Attendance Delegates	Day 1. 385	
		Day 2. 310	
		Day 3. 300	
2	YouTube	253	253
3.	Facebook	1037	1037
4	Exhibitors	12	12
5	Zoom	157	157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East African Region Global
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