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THEME:

Strengthening Eastern Africa's Health Security Through Regional Investment, Diplomacy and Cooperation

Eastern Africa's resilience against epidemics depends on strong regional cooperation, health security diplomacy, and community engagement. The recurring Ebola outbreaks in the DRC and Uganda reveal persistent weaknesses in cross-border surveillance, data sharing, and emergency response systems. Investing in regional health infrastructure, coordinated governance, and public awareness can significantly improve outbreak preparedness and response. Community sensitization remains essential for building trust, encouraging early reporting, and reducing misinformation. Additionally, integrating epidemic preparedness with efforts to combat transnational organized crime will strengthen border security and public health systems. A unified regional approach is critical for long-term stability and resilience.

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Investing in Regional Health Architecture to Strengthen Eastern Africa's Epidemic Preparedness.

Investing in regional health architecture remains central to strengthening Eastern Africa's epidemic preparedness and resilience amid recurrent infectious disease threats. The recent Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda, involving the Bundibugyo strain, underscores the persistent vulnerability of the region's fragmented health security systems. While national response capacities remain essential, recurrent outbreaks expose persistent gaps in cross-border surveillance, laboratory coordination, emergency response systems, and real-time health data sharing across Eastern African states.

These challenges demonstrate the urgent need for collective investment in regional public health infrastructure. This includes harmonized disease surveillance mechanisms, strengthened border health units, integrated laboratory networks, and interoperable digital reporting systems. It will ensure early detection and coordinated response to epidemics before they escalate into regional crises. Within this context, Kenya is strategically positioned to provide regional leadership, drawing on its demonstrated experience in epidemic response. This includes lessons

from COVID-19 response coordination, vaccination deployment, and emergency preparedness reforms.

To address persistent epidemic outbreaks, the establishment of a regional Ebola Research, Training, and Emergency Coordination Centre under the East African Community (EAC) framework is critical. The Centre can enhance research capacity, train frontline health workers, strengthen epidemic intelligence, and support coordinated outbreak management across member states. This can be done in collaboration with the Africa CDC and the World Health Organization. Such an institution would not only close critical preparedness gaps but also foster trust and enhance diplomatic coordination. It would also institutionalize health security as a core pillar of regional integration and sustainable development.

However, strengthening health security diplomacy in Eastern Africa requires sustained political commitment, predictable financing, and long-term institutional reforms. These need to move beyond reactive crisis management toward proactive risk reduction and resilience building.



Photo Credit: ILRI

Tuesday 2nd June 2026

Regional states must therefore prioritize investment in health workforce development, cross-border coordination frameworks, and community-level surveillance systems that ensure early warning signals are rapidly identified and acted upon.

Furthermore, partnerships with global health actors and development partners should be structured in a way that reinforces local ownership and regional autonomy rather than dependency. By embedding health security within broader peace and security architectures, Eastern Africa can transform epidemic preparedness into a strategic asset. One that supports stability, economic growth, and human security across the

region. Such progress will depend on sustained cooperation, shared accountability, and the political will to prioritize health as a central component of regional security and development agendas.



Photo Credit: EAC-Germany

Wednesday 3rd June 2026

Health Security Diplomacy Critical to Building Regional Cooperation in Eastern Africa

Health security diplomacy has become a critical pillar in strengthening regional cooperation in Eastern Africa. In particular, this has been the case in the context of recurrent infectious disease outbreaks such as Ebola. Recent Ebola outbreaks in the DRC and Uganda underline the increasing intersection between public health, diplomacy, and regional security. These outbreaks demonstrate that infectious diseases do not respect borders, and therefore require coordinated regional and international responses rather than isolated national interventions.

The COVID-19 pandemic further exposed structural weaknesses in global and regional health systems, including fragmented response mechanisms, unequal access to vaccines, and disruptions in global supply chains. In Eastern Africa, these challenges were compounded by limited coordination among states, inconsistent surveillance systems, and uneven public health capacities. As a result, preparedness and response efforts were often delayed, weakening trust among neighboring countries and undermining collective security.

Effective outbreak management in the region therefore requires more than emergency medical interventions. It demands a shift toward coordinated governance frameworks that prioritize harmonized surveillance systems, real-time data sharing, and institutionalized cross-border cooperation. Such coordination ensures that outbreaks are detected early, contained rapidly, and managed collectively. This reduces the risk of widespread transmission across porous borders.

Historical experiences also demonstrate the importance of health diplomacy in strengthening global solidarity and response capacity. For instance, Kenya's deployment of 170 health workers to Liberia and Sierra Leone during the 2014–2016 Ebola epidemic highlighted the role of regional actors in supporting global health emergencies. This intervention not only contributed to containment efforts but also reinforced Kenya's position as a key player in international health diplomacy and emergency response cooperation.

Within this context, the EAC has a strategic opportunity to deepen regional health security through collective action.

In conclusion, health security diplomacy is not merely a technical issue but a strategic necessity for regional stability. By investing in institutional cooperation, harmonized policies, and shared preparedness mechanisms, Eastern Africa can move toward a more resilient and integrated health security architecture. One that is capable of responding effectively to future epidemics and global health threats. Sustained investment in Africa CDC and regional surveillance networks together with cross border trust building will significantly improve outbreak response speed coordination and long term resilience across Eastern Africa region.



Photo Credit: ECSA Health Community



Photo Credit: VOA Editorials

Investment in Community Sensitization is Central to Effective Ebola Governance in Eastern Africa

Investment in community sensitization is central to effective Ebola governance in Eastern Africa because outbreak control is fundamentally dependent on informed, trusted, and actively engaged communities. Unlike purely biomedical interventions, Ebola response systems rely heavily on early detection, timely reporting, and behavioral compliance at household and village levels. In most outbreaks, the first signals of infection emerge within communities rather than formal surveillance systems, making public awareness a foundational pillar of epidemic preparedness and response.

Effective sensitization strengthens community-level surveillance by encouraging individuals to recognize symptoms early, report suspected cases promptly, and seek medical attention without delay. This reduces transmission chains and improves case management outcomes. Equally important, sustained community engagement helps address resistance to public health interventions such as isolation, vaccination campaigns, contact tracing, and safe burial practices. In Eastern Africa, where Ebola outbreaks have periodically affected the wider Great Lakes region, mistrust of government messaging and fear-driven misinformation have at times slowed response efforts. Continuous sensitization mitigates these challenges by building familiarity with health protocols before outbreaks occur.

Community sensitization is also critical for building trust in institutional responses, including cross-border preparedness

initiatives such as isolation facilities, emergency treatment units, and surveillance coordination mechanisms. When communities understand the purpose and functioning of such facilities, they are more likely to support their implementation rather than resist them due to fear or misinformation. Trust is further reinforced when sensitization is delivered through local leaders, community health volunteers, religious institutions, and grassroots networks rather than relying solely on centralized government communication.

Moreover, effective risk communication reduces stigma associated with Ebola, which often discourages individuals from reporting symptoms or seeking treatment. By normalizing preventive behaviors and clarifying transmission pathways, sensitization improves compliance with public health directives and encourages collective responsibility. This is particularly important in densely populated border regions where mobility increases the risk of rapid cross-border spread.

Regional governments in Eastern Africa should therefore prioritize sustained investment in community engagement strategies and strengthen decentralized health communication systems. They should also integrate risk communication into broader health security frameworks. Building resilient local health systems ensures that communities are not passive recipients of interventions but active partners in outbreak prevention and control.

Friday 5th June 2026

Epidemic Preparedness and the Transnational Organized Crime Threat in Eastern Africa

Eastern Africa's Ebola outbreak in the DRC highlights the urgent need to integrate epidemic preparedness with responses to Transnational Organized Crime (TOC) networks. These networks are increasingly exploiting health emergencies as strategic opportunities. In many parts of the region, porous borders, weak surveillance systems, and crisis-driven mobility create permissive environments for illicit activity. These conditions enable the smuggling of counterfeit medicines, falsified medical supplies, and unregulated cross-border movement of people and goods. This is a threat as it can accelerate disease transmission and undermine public health containment efforts. In this sense, epidemics in fragile borderlands are not only biomedical events but also security challenges shaped by governance weaknesses and transnational illicit economies.

Criminal networks further intensify these

vulnerabilities by exploiting outbreak-related fear and uncertainty. They spread misinformation that undermines trust in health authorities, disrupts compliance with public health measures, and creates space for parallel illicit markets. During outbreaks, these actors also profit from humanitarian disruption by selling fake treatments, diverting emergency supplies, and inflating prices for essential goods.

The COVID-19 pandemic demonstrated the scale and adaptability of these networks. Despite border closures and intensified enforcement, TOC actors rapidly reconfigured their operations by shifting into digital drug markets, expanding into falsified medical products, and rerouting disrupted global supply chains. They increasingly relied on encrypted communication platforms, online marketplaces, and decentralized courier systems, demonstrating high operational agility in response to crisis conditions.

Friday 5th June 2026

This adaptability reveals a structural governance challenge. Public health emergencies often expand the operational space for organized crime rather than constrain it. As a result, policy responses must move beyond routine inter-agency coordination toward more integrated and anticipatory governance frameworks that treat health security and organized crime as interconnected threats. A central priority is the real-time fusion of health surveillance data with customs intelligence and financial tracking systems, enabling authorities to identify converging risks across disease outbreaks and illicit trade flows.

This should be complemented by the deployment of AI-enabled anomaly detection systems capable of identifying irregular movements of goods, people, and financial

transactions across borders. Such systems can enhance early warning capabilities by detecting patterns consistent with both epidemic spread and criminal exploitation. In addition, joint epidemic–crime rapid response units should be established and embedded in high-risk border corridors across Eastern Africa. These units would integrate public health specialists, customs officers, and security agencies to enable rapid detection, verification, and disruption of both outbreak transmission chains and associated criminal networks. Strengthening such integrated mechanisms is essential for building resilient border governance systems capable of responding to both biological and security threats simultaneously.



Photo Credit: Good Governance Africa

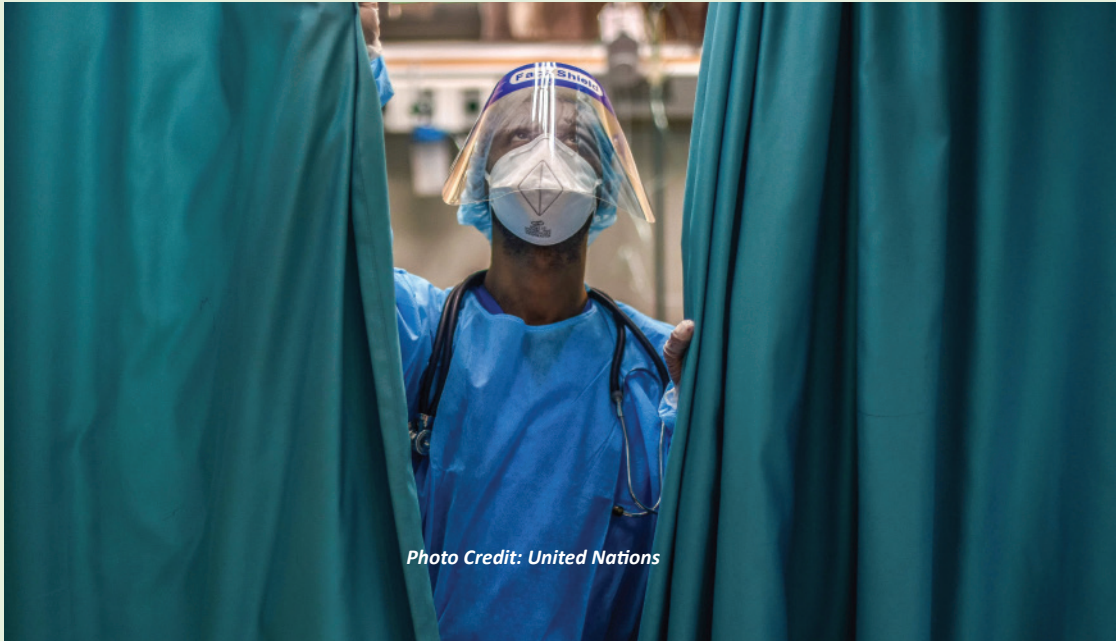


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