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Support to Pandemic Preparedness in the EAC Region Projekt

Arusha, Tanzania, 29.05.2019
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WHO: Ebola outbreak in Congo remains major threat to East Africa

Cross border disease outbreak simulation exercise reinforces preparedness in East Africa

The Citizen News Paper Monday 17 June, 2019

The Tanzanite Newspaper 13 June 2019

CONSULTATIONS ONLY WAY TO ADDRESS DISEASES, CROSS BORDER CRIMES

WHO tests preparedness for disease outbreak

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EAC Website: Addressing the challenge of cross border disease outbreaks using the ‘One Health’ Approach

https://www.eac.int/press-releases/147-health

East African Community Headquarters, Arusha, 21st May, 2019: The East African Community (EAC) Secretariat will convene a cross border field simulation exercise (FSX) at the Namanga border between the Republic of Kenya and the United Republic of Tanzania from 11th to 14th June 2019 as directed by the EAC Sectoral Council of Ministers of Health in 2015. The FSX aims to enhance the status of preparedness for and response to infectious disease outbreaks in the EAC, thereby making the region safe for the people and businesses in the region. While the majority of the estimated 250 participants will come from the two Partner States, stakeholders from the Republics of Burundi, Rwanda, South Sudan and Uganda and representatives from regional,
supra-regional and international institutions and organisations will also participate. Not all the participants will be at Namanga, but work from their usual work places in Dar Es Salaam and Dodoma, Arusha and Nairobi, Longido, Kajiado and in the border area. Only the EAC Secretariat will have its operations centre at the One Stop Border Post (OSBP).

Seventy-five percent of infectious diseases are transmitted between animals and humans. Outbreaks affect agriculture, trade and tourism and the lives and livelihoods of the people. Involving these sectors in prevention, response and mitigation reflects what is called the “One Health” disease management approach. The EAC region has experienced cases of Ebola, Rift Valley, Marburg and Crimean Congo Hemorrhagic fevers, Cholera, Polio and Plague among others. The current Ebola Virus Disease outbreak in the Democratic Republic of Congo, which has so far caused over 1,600 human cases and more than 1,000 deaths, remains a major threat to the health and socio-economic wellbeing of the people of East Africa. Therefore, the region needs to be prepared and the ongoing efforts to operationalize national and regional contingency plans need to be strengthened. In this regard, the planned cross-border Field Simulation Exercise aims to strengthen the capacities of all people involved in preventing and responding to infectious disease outbreaks across different professions and sectors of society.

An FSX is an interactive instrument to evaluate the status of preparedness for and response to disease outbreaks of organisations or other entities in the EAC region. It simulates a situation under real conditions which could occur at any time. The FSX allows participants to identify strengths and weaknesses and can facilitate practical corrective actions at all levels. It will be used to assess coordination and collaboration mechanisms, emergency response deployment, logistics and administrative processes, risk and crisis communication as well as emergency management and leadership. Findings from the FSX will be used to further improve preparedness and response capacities in the EAC region and beyond.

The scenario of the exercise will mimic a cross border disease outbreak, aggravated by environmental factors and with impact on humans and animals, agriculture, trade and tourism, and the economy as a whole. Early warning, infections and deaths in animals and human beings will prompt the reporting and activation of national and regional preparedness and response mechanisms emphasising the importance of the One Health approach and of appropriate risk and crisis communication as well as cross border collaboration.

Based on the recent need to prepare EAC Partner States for Ebola due to the current outbreak in DRC, the fictitious component will feature a virus that will mutate into a pathogen that can be transmitted between humans causing severe fever and bleeding resulting in increased numbers of cases and deaths. This will help in assessing and building EAC Secretariat’s and Partner States’ capacities to prepare and respond to an Ebola-like situation.

With this press release, the EAC Secretariat informs the public and especially the communities in the border area about the exercise. Around Namanga, selected health facilities, slaughter houses and farms on both sides of the border, military and police, the media and last but not least the public will participate in the FSX. The main focus will be on the One Stop Border Post as the main crossing point for people and goods between the two countries.

Preparations for the Field Simulation Exercise are already ongoing and will be in full swing between 8th and 11th June 2019, ahead of the expected start of the FSX on 11th June 2019.

The exercise is planned and organized in a way that ensures minimal disruption of normal activities traffic at the OSPB and other simulation sites. All sites will be well marked and passengers will be informed about the exercise so that passers-by will know what is going on, when they see the military, ambulances and people in protective gear and can thus behave accordingly and contribute to the success of the exercise.
The cross-border field simulation exercise is supported by the “Support to Pandemic Preparedness in the EAC Region” project, which the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH implements on behalf of the German Government and the EAC. The World Health Organization is providing technical support throughout the planning and implementation of FSX in line with its mandate of implementing the International Health Regulations globally.

-ENDS-

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About the East African Community Secretariat:

The East African Community (EAC) is a regional intergovernmental organisation of five Partner States, comprising Burundi, Kenya, Rwanda, Tanzania and Uganda, with its headquarters in Arusha, Tanzania.

The EAC Secretariat is ISO 9001:2008 Certified
EAC to restrict cross border spread of livestock disease

THE East African Community is targeting to restrict cross border spread of diseases that have affected livestock trade in the region.
Kenya and Tanzania have secured 100 million shillings from the World Health Organization and the German Cooperation, GIZ to support long term contingent strategy for disease outbreaks which Senior Livestock Officer, EAC, Dr. David Balikowa says will help determine the two countries' disease preparedness capacity, challenges and how to address them. Early last year, Tanzania incinerated at least 5,000 chicks it said was imported illegally and carried the risk of spreading bird flu.

The move resulted in a diplomatic row between the two largest economies in the region. East Africa Community and other international stakeholders have identified cross border disease outbreaks such as Ebola, Rift Valley Fever and foot mouth as potential obstacle for intra-trade in the bloc.

The Kshs 100 million from the World Health Organization and the German Cooperation GIZ will support frequent simulation exercise in which the experts will be carrying out fictitious disease outbreak management exercise across the region.

EAC Senior Livestock Officer Dr. David Balikowa says Kenya and Tanzania still lack sufficient preparedness capacity when disease outbreaks strike and thus need to enhance capacity to boost the level of preparedness.

In the cross border simulation exercise, pandemic disease experts say it is important to use a multi-sectoral approach as the inter-border diseases have a significant impact on tourism, agriculture and manufacturing.

Stakeholders believe that Cross Border Simulation Exercise on disease outbreaks could not have come at a better time considering that the neighboring Democratic Republic of Congo is in the equation with the country struggling to contain the Ebola peril.
IPP Media: Nipashe; EAC yajipanga kudhibiti magonjwa ya mlipuko mpakani
Eagle Online: EAC to hold simulation exercise at Namanga border to prepare for cross border disease outbreaks


EAC to hold simulation exercise at Namanga border to prepare for cross border disease outbreaks

By George Mangula -
May 23, 2019

The East African Community (EAC) Secretariat will convene a cross border field simulation exercise (FSX) at the Namanga border between Kenya and Tanzania from June 11-14, 2019 as directed by the EAC Sectoral Council of Ministers of Health in 2015, according to the latest press release from the secretariat.

According to the press release, FSX aims to enhance the status of preparedness for and response to infectious disease outbreaks in the EAC, thereby making the region safe for the people and businesses in the region. An estimated 250 participants from Kenya, Tanzania, Burundi, Rwanda, South Sudan and Uganda and representatives from regional, supra-regional and international institutions and organisations will participate in the exercise. Experts say seventy-five percent of infectious diseases are transmitted between animals and humans. Outbreaks affect agriculture, trade and tourism and the lives and livelihoods of the people. “Involving these sectors in prevention, response and mitigation reflects what is called the “One Health” disease management approach,” officials say.
The EAC region has experienced cases of Ebola, Rift Valley, Marburg and Crimean Congo Hemorrhagic fevers, Cholera, Polio and Plague among others. The current Ebola Virus Disease outbreak in the Democratic Republic of Congo (DRC), which has so far caused over 1,600 human cases and more than 1,000 deaths, remains a major threat to the health and socio-economic wellbeing of the people of East Africa, says the press release.

“Therefore, the region needs to be prepared and the ongoing efforts to operationalize national and regional contingency plans need to be strengthened. In this regard, the planned cross-border Field Simulation Exercise aims to strengthen the capacities of all people involved in preventing and responding to infectious disease outbreaks across different professions and sectors of society.”

An FSX is an interactive instrument to evaluate the status of preparedness for and response to disease outbreaks of organisations or other entities in the EAC region. It simulates a situation under real conditions which could occur at any time. The FSX allows participants to identify strengths and weaknesses and can facilitate practical corrective actions at all levels.

It will be used to assess coordination and collaboration mechanisms, emergency response deployment, logistics and administrative processes, risk and crisis communication as well as emergency management and leadership. Findings from the FSX will be used to further improve preparedness and response capacities in the EAC region and beyond.
China.org.cn: East Africa to launch exercise to prepare for infectious disease outbreaks

NAIROBI, May 22 (Xinhua) -- The East African Community (EAC) is set to launch a cross-border disease preparedness exercise in Namanga, a border town between Kenya and Tanzania in June.

EAC said that cross-border Field Simulation Exercise (FSX) aims to enhance the status of preparedness and response to infectious disease outbreaks in the region.

"We want to make the region safe for the people and businesses in the region by addressing the challenge of cross-border disease outbreaks using the ‘One Health Approach’," the bloc said in a statement issued in Nairobi.

The EAC will conduct the process during June 11-14 following a directive by the EAC sectoral council of ministers of health in 2015.

The EAC region has experienced cases of Ebola, Rift Valley fever, Marburg and Crimean-Congo hemorrhagic fever, cholera, polio and plague in recent past.

The current Ebola virus disease outbreak in the Democratic Republic of Congo (DRC), which has so far caused over 1,600 human cases and more than 1,000 deaths, remains a major threat to the health and socio-economic wellbeing of the people in East Africa.

"We need to prepare and put in place efforts to operationalize national and regional contingency plans," the statement said.

According to the EAC, 75 percent of infectious diseases are transmitted between animals and humans and affect agriculture, trade, tourism and livelihoods of the people.

It said that the "One Health" disease management approach is aimed at involving these sectors in prevention, response and mitigation. Enditem
KBC: EAC to restrict cross border spread of livestock diseases

EAC to restrict cross border spread of livestock diseases

WRITTEN BY: Brian Itava

https://www.kbc.co.ke/eac-cross-border-livestock-diseases/

The East African Community is targeting to restrict cross border spread of diseases that have affected livestock trade in the region.

Kenya and Tanzania have secured 100 million shillings from the World Health Organization and the German Cooperation, GIZ to support long term contingent strategy for disease...
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The move resulted in a diplomatic row between the two largest economies in the region. East Africa Community and other international stakeholders have identified cross border disease outbreaks such as Ebola, Rift Valley Fever and foot mouth as potential obstacle for intra-trade in the bloc. The Kshs 100 million from the World Health Organization and the German Cooperation GIZ will support frequent simulation exercise in which the experts will be carrying out fictitious disease outbreak management exercise across the region.

EAC Senior Livestock Officer Dr. David Balikowa says Kenya and Tanzania still lack sufficient preparedness capacity when disease outbreaks strike and thus need to enhance capacity to boost the level of preparedness.

In the cross border simulation exercise, pandemic disease experts say it is important to use a multi-sectoral approach as the inter-border diseases have a significant impact on tourism, agriculture and manufacturing.

Stakeholders believe that Cross Border Simulation Exercise on disease outbreaks could not have come at a better time considering that the neighboring Democratic Republic of Congo is in the equation with the country struggling to contain the Ebola peril.
5/23/2019 Kipimo tahadhari ya ebola kufanyika Namanga

The Guardian The Guardian On Sunday Nipashe Nipashe Jumapili Financial Times SW EN

Mwanzo Habari Biashara Michezo & Burudani Maoni Ya Mhariri Safu Makala
ROMANA MALLYA
DAR HABARI (/SW/SECTION/HABARI)

Nipashe

Kipimo tahadhari ya ebola kufanyika Namanga
KIPIIMO cha tahadhari cha ugonjwa wa ebola kinatarajia kufanyika katika mpaka wa Tanzania na Kenya ulio po
Namanga kwa muda wa siku nne kuanzia Juni 11, mwaka huu.

23 MAY 2019


"Lengo ni kujua namna nchi zetu zilivyojipanga kukabiliana na magonjwa ya milipuko ikiwamo ebola," alisema. Alisema wanafahamu kuwa kila nchi ina mikakati yake ya kukabiliana na magonjwa, lakini kitakachofanyika siku hiyo ni kuongeza ulewaa
zaidi pamoja na kuangalia changamoto ambazo zinahitaji ufumbuzi kabla ya magonjwa kujitokeza. "Unawaomba watu wanaosafiri na kupita wa Namanda wasiwe na wasiwasi siku hiyo kwa sababu tunachokifanya ni kujua nguvu yetu ya kukabiliana na magonjwa na changamoto zake," alisisitiza. Alisema siku hiyo wanatarajia kuwa na watu 250 na huduma hiyo itatolewa kwa nchi hizo.


Ugonjwa wa ebola husababishwa na virusi vya ebola ambavyo huambukiza kwa njia zifuatazo; kuguza damu au majimaji kutoka kwa mtu a liyeambukizwa ugonjwa huo. Kugusa maiti ya mtu aliyeambukizwa kwa ugonjwa huo. Kugusa wanyama (mizoga na wanyama wazima) walioambukizwa kama vile sokwe na swala wa msituni.

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Wakati mtu anapoambukizwa hawi dalili za ugonjwa huo zinapozungumizo kuonekana ni kati ya siku mbili hadi 21 na mara nyingi dalili huanza kuonekana kati ya siku ya nane hadi ya kumi baada ya kuambukizwa, zikijidhihirisha kama dalili za malaria au homa.

Dalili za ebola zinatajwa kuwa ni pamoja na homa, kichefuchefu na kutapika, kuarisha, vidonda vya koo, kuumwa kichwa, maumivu ya misuli, kusumbuliwa na tumbo, kuchoka, kukosa hamu ya kula ambazo zinaweza kujitokeza zote kwa pamoja, ingawa mgonjwa anaweza kuwa na dalili moja au mbili kati ya hizo.

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The East African: High-risk EA weighs using trial Ebola vaccine to avert DRC spread


SUNDAY MAY 26 2019

Nurses working with the WHO prepare to administer an experimental vaccine following an Ebola outbreak in northwestern Mbandaka, DR Congo on May 21, 2018. AFP PHOTO | JUNIOR KANNAH
In Summary

- East African Community ministers of health say they are alive to the risks, and are now considering using an experimental Ebola vaccine.
- Uganda, Burundi and Rwanda are at high risk, while parts of South Sudan and Tanzania that are close to border towns are considered to be at medium risk.
- WHO has recommended “compassionate” use of the vaccine known as rVSV-ZEBOV, which scientists say has proven to be safe and well tolerated.
- The vaccine, however, is still under trial and is currently not in the market.

By ELIZABETH MERAB
More by this Author

Even as Ebola response teams struggle to contain the disease outbreak in the Democratic Republic of Congo, East African Community ministers of health say they are alive to the risks, and are now considering using an experimental Ebola vaccine. In the recent past, Ebola treatment centres in DRC have come under repeated attack while response workers have been unable to move about in outbreak hotspots.

Now the six countries, especially those bordering DRC’s North Kivu and Ituri Provinces, where the Ebola outbreaks have escalated, are pulling out all stops to ensure that they are able to respond effectively should there be a confirmed case. Uganda, Burundi and Rwanda are at high risk, while parts of South Sudan and Tanzania that are close to border towns are considered to be at medium risk.

Explaining the decision to use the vaccine, Acting Head of the Health Department at the East African Community Secretariat in Arusha, Dr Michael Katende said using Ebola vaccine is good for frontline districts and workers. “Since it is the most promising candidate, it is better to have something that is giving you some protection than have nothing at all,” he said.

Ebola is a virus that causes severe bleeding and organ failure and can lead to death. The disease is primarily spread by animal or insect bites or stings. Humans may spread the virus to other humans through contact with bodily fluids such as blood. Initial symptoms include fever, headache, muscle pain and chills. Later, a person may experience internal bleeding resulting in vomiting or coughing blood.

With more than 1,100 dead, Congo’s Ebola outbreak is only getting worse. The World Health Organisation has recommended “compassionate” use of the vaccine known as rVSV-ZEBOV, which scientists say has proven to be safe and well tolerated. The vaccine, however, is still under trial and is currently not in the market.

Expanded access
Compassionate use (also called expanded access) provides a pathway for patients with life-threatening conditions to gain access to unapproved investigational drugs, biologics and medical devices. As the Ebola outbreak rages on in the DRC and the WHO and other organisations face increasing pressure to respond, there are questions over whether it is time to declare a public health emergency of international concern.

Dr Katende said that in the region, the drug will be given to frontline districts and people at high risk of contracting the virus, like healthcare workers. But Dr Katende said that not all countries will have access to the drug currently given out in quotas, as it is not only costly and will need a donor partner, but also because the available doses have been prioritised based on the country’s risk of an outbreak. “Because it is a trial vaccine and the number of doses produced are limited, the quota system is being used. In DRC, the vaccine is being dispersed in quotas. Over and above these doses, countries have to pay or find a donor partner to help them pay for the dose,” said Dr Katende.

He added that interested countries will have to submit and follow the ethical approval and requirements for using a trial drug. This is because in the first few days after vaccination, many vaccines experience a mild acute-phase reaction fever, headache, muscle and joint pains for a short duration.

**DRC epidemic**

However, Dr Katende said the benefits outweigh the risks, especially at a time when the ongoing Ebola outbreak in DRC is considered the second deadliest in history, after the haemorrhagic fever killed 11,310 people across three countries in West Africa from 2013 to 2016. The epidemic attracted worldwide attention. Since no specific drugs or treatments were available at the time, vaccination was considered the most promising and effective method of controlling the epidemic.
East Africa to launch exercise to prepare for infectious disease outbreaks

Source: Xinhua| 2019-05-23 00:30:41|Editor: Shi Yinglun


NAIROBI, May 22 (Xinhua) -- The East African Community (EAC) is set to launch a cross-border disease preparedness exercise in Namanga, a border town between Kenya and Tanzania in June.

EAC said that cross-border Field Simulation Exercise (FSX) aims to enhance the status of preparedness and response to infectious disease outbreaks in the region.

"We want to make the region safe for the people and businesses in the region by addressing the challenge of cross-border disease outbreaks using the 'One Health Approach'," the bloc said in a statement issued in Nairobi.

The EAC will conduct the process during June 11-14 following a directive by the EAC sectoral council of ministers of health in 2015.

The EAC region has experienced cases of Ebola, Rift Valley fever, Marburg and Crimean-Congo hemorrhagic fever, cholera, polio and plague in recent past.

The current Ebola virus disease outbreak in the Democratic Republic of Congo (DRC), which has so far caused over 1,600 human cases and more than 1,000
deaths, remains a major threat to the health and socio-economic wellbeing of the people in East Africa.

"We need to prepare and put in place efforts to operationalize national and regional contingency plans," the statement said.

According to the EAC, 75 percent of infectious diseases are transmitted between animals and humans and affect agriculture, trade, tourism and livelihoods of the people.

It said that the "One Health" disease management approach is aimed at involving these sectors in prevention, response and mitigation.
Kenya to hold ebola outbreak drill

As of May 21, a total of 1,866 confirmed and probable Ebola cases had been reported in DR Congo.

In Summary
• It will bring together about 250 participants comprising public health officials, veterinary experts and military

• Officials assure public that currently, the five East African countries are free of Ebola

Kenya plans to hold a major drill in Namanga to prevent the spread of the deadly ebola, which has killed at least 1,200 people in the Democratic Republic of Congo.

The simulation will be carried out jointly with Tanzania from June 11-14. The DRC shares a border with Tanzania, Uganda, Burundi and Rwanda.

The drive will assume the outbreak of a fictitious, highly infectious virus, which causes severe fever and bleeding, resulting in increased number of cases and deaths.

Officials assured the public that the five East African countries are free of Ebola and there is increased surveillance at border points.
"All sites will be well-marked and passengers will be informed about the exercise so that passersby will know what is going on, when they see the military, ambulances and people in protective gear and can thus behave accordingly and contribute to the success of the exercise," EAC acting head of health Dr Michael Katende said.

"This will help in assessing and building EAC secretariat’s and partner states’ capacities to prepare and respond to an ebola-like situation."

The exercise is coordinated by the East African Community and supported by several partners, including the World Health Organization.

It will bring together about 250 participants who will comprise public health officials, veterinary experts and the military.

"The exercise allows participants to identify strengths and weaknesses and can facilitate practical corrective actions at all levels," Katende said.

"It will be used to assess coordination and collaboration mechanisms, emergency response deployment, logistics and administrative processes, risk and crisis communication as well as emergency management and leadership."

EAC Senior Livestock Officer Dr David Balikowa said they will take a One Health approach, where vets and human doctors work together during an outbreak.

Early this week, the Rwandan army held an ebola simulation drive to ensure preparedness of any emergency outbreak from Congo.

This was the second simulation exercise tested Rwandan military medical service personnel and other stakeholders on the readiness and general conduct during a probable Ebola outbreak in Rwanda.

Estimates by health officials indicate that as of May 21, a total of 1,866 confirmed and probable Ebola Virus Disease cases had been reported, of which 1,241 died in seven main hotspot areas in Eastern DR Congo.
TRADE MARK EAST AFRICA

EAC TO HOLD SIMULATION EXERCISE AT NAMANGA BORDER TO PREPARE FOR CROSS BORDER DISEASE OUTBREAKS

According to the press release, FSX aims to enhance the status of preparedness for and response to infectious disease outbreaks in the EAC, thereby making the region safe for the people and businesses in the region. An estimated 250 participants from Kenya, Tanzania, Burundi, Rwanda, South Sudan and Uganda and representatives from regional, supra-regional and international institutions and organisations will participate in the exercise.

Experts say seventy-five percent of infectious diseases are transmitted between animals and humans. Outbreaks affect agriculture, trade and tourism and the lives and livelihoods of the people. “Involving these sectors in prevention, response and mitigation reflects what is called the “One Health” disease management approach,” officials say.

The EAC region has experienced cases of Ebola, Rift Valley, Marburg and Crimean Congo Hemorrhagic fevers, Cholera, Polio and Plague among others. The current Ebola Virus Disease outbreak in the Democratic Republic of Congo (DRC), which has so far caused over 1,600 human cases and more than 1,000 deaths, remains a major threat to the health and socio-economic wellbeing of the people of East Africa, says the press release.

“Therefore, the region needs to be prepared and the ongoing efforts to operationalize national and regional contingency plans need to be strengthened. In this regard, the planned cross-border Field Simulation Exercise aims to strengthen the capacities of all people involved in preventing and responding to infectious disease outbreaks across different professions and sectors of society.”

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The scenario of the exercise will mimic a cross border disease outbreak, aggravated by environmental factors and with impact on humans and animals, agriculture, trade and tourism, and the economy as a whole. Early warning, infections and deaths in animals and human beings will prompt the reporting and activation of
national and regional preparedness and response mechanisms emphasising the importance of the One Health approach and of appropriate risk and crisis communication as well as cross border collaboration. Based on the recent need to prepare EAC Partner States for Ebola due to the current outbreak in DRC, the fictitious component will feature a virus that will mutate into a pathogen that can be transmitted between humans causing severe fever and bleeding resulting in increased numbers of cases and deaths. This will help in assessing and building EAC Secretariat’s and Partner States’ capacities to prepare and respond to an Ebola-like situation.

The cross-border field simulation exercise is supported by the “Support to Pandemic Preparedness in the EAC Region” project, which the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH implements on behalf of the German Government and the EAC. The World Health Organization is providing technical support throughout the planning and implementation of FSX in line with its mandate of implementing the International Health Regulations globally.
Cross Border Filed Simulation Exercise kicks off at Namanga

East African Community Headquarters, Arusha, Tanzania 11th June, 2019: The Field Simulation Exercise (FSX) organized by the EAC Secretariat in collaboration with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and the World Health Organization (WHO) through the “Support to Pandemic Preparedness in the EAC Region” (PanPrep) has started at Namanga border between the Republic of Kenya and the United Republic of Tanzania.

The main objective of the four-day exercise is to assess coordination mechanisms, command and control systems and information sharing channels between multiple sectors and countries; (e.g. activation of the EAC emergency structure, incident management systems and relevant emergency operations centre.

Addressing the participants at the official opening of a large scale cross border field simulation exercise (FSX) the Minister for Health, Community Development, Gender, Elderly and Children, United Republic of Tanzania who was also a guest of honor Hon Ummy Ali Mwalimu said that the FSX takes into account lessons learned by the East African experts who were deployed to West Africa between 2014 and 2016 to help fight the biggest Ebola Virus Disease outbreak, the world has ever seen.
She reminded audience that the EAC region has experienced various outbreaks of Ebola, Rift Valley, Marburg and Crimean Congo Hemorrhagic fevers, Cholera, Polio and Plague among others, which are cross the border in nature. Hon Mwalimu informed the meeting that for the first time the concept of risk and crisis communication is also applied in this FSX.

Hon Mwalimu disclosed to the participants that the FSX implements a decision taken by the Sectoral Council of Ministers of Health in 2015. It follows the One Health approach that involves key disciplines and sectors of society which are affected by an outbreak and can contribute to preventing and responding to it. Up to 75% of infectious diseases of public health concern are transmitted between animals and humans.

She emphasized that the outbreaks affect not only the lives and livelihoods of people, but also agriculture, trade and tourism as important revenue streams in the region. It is therefore important to involve these sectors in prevention, response and mitigation through this multi-disciplinary and multi-sectoral disease management approach”, stated Hon Mwalimu.

On his part, the EAC Deputy Secretary General, Hon Christophe Bazivamo informed the meeting that FSX allows participants to identify strengths and weaknesses and can facilitate practical corrective actions at all levels. It is also used to assess coordination and collaboration mechanisms, emergency response deployment, logistics and administrative processes, risk and crisis communication as well as emergency management and leadership”. He said the findings from the FSX will be used to further enhance preparedness and response capacities in the EAC region and beyond”.

The Deputy Secretary General informed the participants that the scenario of FSX is mimicking across border disease outbreak, aggravated by environmental factors and with impact on humans and animals, agriculture, trade and tourism, and the economy as a whole. Early warning, infections and deaths in animals and humans prompt the reporting and activation of national and regional preparedness and response mechanisms emphasizing the importance of the One Health approach and of appropriate risk and crisis communication as well as cross border collaboration.

He disclosed to the meeting that around Namanga, selected health facilities, slaughter houses and farms on both sides of the border, military and police, the media and last but not least the public are participating in the FSX. Both, Kenya and Tanzania will activate the mobile laboratories for the first time. The main focus of the exercise will be on the One Stop Border Post as the main crossing point for people and goods between the two countries.

-ENDS-

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EAC Cross-Border simulation reveals critical lessons for pandemic preparedness and response

Posted in Health


East African Community Headquarters, Arusha, 17th June, 2019: The East African Community (EAC) Secretariat successfully concluded a three-day cross-border Field Simulation Exercise, conducted on the Kenya – Tanzania border at Namanga One Stop Border Post (OSBP), with critical results and lessons for pandemic preparedness and response.

Over 250 participants from both countries, besides those from Burundi, Rwanda, South Sudan and Uganda took part in the exercise. The exercise was conducted based on a scenario of an outbreak of a disease that impacts both human and animal lives and their livelihoods, including agriculture, tourism, security, trade and the economy as a whole. The exercise created an opportunity in which participants were able to identify strengths and weaknesses and facilitate practical corrective actions at all levels.

During the Simulation Exercise, community members in Kenya and Tanzania participated in events based on an evolving scenario designed to evoke real responses. “Prevention and responding to epidemics is not a sole responsibility of the health sector but rather requires a collective effort from various sectors including the community” said Hon Ummy Ally Mwalimu, the Tanzanian Minister for Health, Gender Community Development, Elderly and Children while officiating opening ceremony on Tuesday morning.

As part of the scenario, early warning, infections and deaths in animals and human beings prompted the reporting and activation of national and regional preparedness and response mechanisms. The involvement of human health, animal health and other sectors reinforced the importance of the One Health approach and of appropriate risk and crisis communication, as well as cross-border collaboration.

Speaking on the official opening, the Cabinet Secretary for East African Affairs and Regional Development from Kenya, Hon Adan Abdallah Mohammed observed that with the looming Ebola epidemic in the neighbouring Democratic Republic of Congo, it was important for the two Partner States to collaborate and share experience when responding to cross-border outbreaks.

All Ministers while jointly officiating at opening of the exercise commended the partners for their support. Through imaginary scenarios under real conditions and public involvement, regional and national-level experts were able to test processes in place and identify opportunities for improvement of existing plans. Community members in both countries were able to see first-hand the importance of their involvement in emergency preparedness and response.
The Field Simulation Exercise was facilitated by the World Health Organisation with support from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) of the German government and other partners.

The simulation exercise participants worked diligently to avoid disruption of operations at the border and at other sites where activities took place. People working at and traversing the OSBP carried on with their regular activities, while actors posing as ill people tested plans in place to identify and isolate people with certain symptoms at the border. Other activities tested plans associated with transport of animals, readiness of airport response, and EAC coordination and advisory strategies.

-ENDS-

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Cross border disease outbreak simulation exercise reinforces preparedness in East Africa


Namanga One Stop Border Post, 11 June 2019 – Every day the Namanga border post is a hive of activity as one of the busiest and most important border crossings between Kenya and Tanzania. But for four days this week, it is also the site of a massive and complex cross-border field simulation exercise, which started on 11 June and aims to review the capacities of the two countries to prepare and respond to disease outbreaks.

Convened by the East African Community (EAC) Secretariat, the exercise involves 150 experts from the Secretariat, Tanzania and Kenya. Representatives from the East African Community partner states - Burundi, Rwanda, South Sudan and Uganda – are also participating as observers.

WHO is the lead technical agency requested by the Secretariat to develop the exercise design and to coordinate its implementation, with financial support from the German Government.

Speaking at the event, leaders and representatives from Kenya, Tanzania, the EAC and partners underscored the significance of the simulation exercise as an opportunity to strengthen and learn from cross-border collaboration in emergency response and preparedness.

“Preparedness is the ability to effectively anticipate, respond to, and recover from the negative impacts of a wide range of public health threats,” said Dr Tigest Ketsela Mengestu, WHO Country Representative for Tanzania. “The simulation exercise will help us identify weaknesses and areas for further improvements in our response system and help us identify the strengths that need to be sustained.”

The Head of the Kenyan delegation and the Cabinet Secretary for the East African Community and Regional Development, The Honorable Adan Mohammed hailed the efforts made by the EAC secretariat, the two countries, WHO and other partners adding: “this is a learning opportunity for us to develop interventions that will address any gaps identified in the simulation exercise.”

The exercise will test various real-life settings across the border to determine the level of preparedness and response and assess operational capabilities at regional and national levels, strengths and weaknesses in coordination and collaboration mechanisms, emergency response deployment, logistics and administrative processes as well as risk and crisis communication (RCC) and emergency management and leadership.
“I am quite pleased that part of this exercise will also test the country capacity to effectively engage communities during public health events,” The Honorable Ummy Mwalimu, Tanzania’s Minister of Health, Community Development, Gender, Elderly and Children said.

Mwalimu praised the active participation of community members who play a key role in disease detection and response.

EAC Deputy Secretary General Christophe Bazivamo said the effort by the EAC countries and partners was timely given the Ebola outbreak in the Democratic Republic of Congo, which shares a border with five of the EAC member countries.

“We need to continually test our systems and ensure strengthened capacity,” he said.

WHO is using a One Health approach to coordinate the different agencies needed for the exercise. The success of the simulation will be measured by the effectiveness of early warning and detection practices at points of entry on the Namanga border. Command and control systems and information sharing will also be evaluated. The outcomes of this exercise will help Kenya and Tanzania work together with the EAC and partners to build and maintain resilient national health systems, which can respond effectively to health emergencies.

While the ongoing Ebola virus outbreak in the Democratic Republic of the Congo has captured world attention, the threat of future epidemics and public health emergencies remains acute in the African region. WHO reports that all 47 countries in the region are at risk of health security threats and more than 150 acute public health events strike the region annually.
DAR ES SALAAM — The World Health Organization (WHO) said on Wednesday the current Ebola outbreak in the Democratic Republic of Congo (DRC) remains a major threat to the health and socio-economic wellbeing of the people of East Africa.

Tigest Ketsela Mengestu, WHO Country Representative for Tanzania, urged the East African Community (EAC) region to continue engaging in national and regional contingency plans needed to strengthen prevention, response and mitigation of health security risks.
She said the **Ebola virus outbreak in the DRC** has so far infected over 1,900 people and caused more than 1,300 deaths.

She was speaking at Namanga on the Tanzania-Kenya border during the official opening of a large-scale cross-border field simulation exercise, a fictitious outbreak of rift valley fever.

"The regional EAC cross-border field simulation exercise is a unique opportunity to test our collective public health preparedness and response capacities, clarify roles and responsibilities between different sectors and agencies and learn from each other," she said.

**READ MORE:** [New Ebola cases in Uganda raise fears of further spread](#)

Mengestu added that the exercise will help the EAC countries to identify weaknesses and areas for further improvements in their response system and will equally help them identify the strengths needed to be sustained.

Ummy Mwalimu, Tanzania's Minister for Health, said cross-border field simulations will help to assess pandemic preparedness status and to identify existing gaps that compromised their efficiency in prevention, response and mitigation.

**ALSO READ:** [Alarm as Ebola outbreak reaches 2,000 cases, picks up speed](#)

Mwalimu said the field simulation exercise was being convened at time when the Ebola epidemic in the DRC stood at the threshold of EAC and presented a major challenge to the health and socio-economic wellbeing of the people of East Africa.

"The outcome of the field simulation exercise will allow us to facilitate practical corrective actions at all levels," said the minister.

She said the Ebola virus has always been a stumbling block to human progress and it continued to foment massive loss of lives and livelihoods and disrupted economic and social lives across the world.
Cross border disease outbreak simulation exercise reinforces preparedness in East Africa

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While the ongoing Ebola virus outbreak in the Democratic Republic of the Congo has captured world attention, the threat of future epidemics and public health emergencies remains acute in the African region. WHO reports that all 47 countries in the region are at risk of health security threats and more than 150 acute public health events strike the region annually.
Call: Harmonise guidelines to curb infectious diseases

Guidelines for combating communicable diseases in East Africa vary from one country to another, making it difficult to kick the diseases out of the region.

By Filbert Rweyemamu

Arusha. East African Community (EAC) member states have been urged to harmonise guidelines in the fight against communicable diseases and strengthen a communication network in case there is an outbreak, mainly in border areas.

Head of the EAC secretariat-health department Michael Katende made this remark when closing a pilot programme to respond to communicable diseases, which was coordinated by the EAC and international partners.

Dr Katende mentioned common communicable diseases as Rift Valley Fever (RVF), ebola, cholera, and anthrax, which spread fast because of human interactions with animals and death is the ultimate end when there is no immediate medical attention.

“For the last three days, we have been conducting an exercise to examine the readiness of experts and other institutions on the Tanzania-Kenya border of Namanga. Each country has its own guidelines in responding to communicable diseases. They differ significantly; so we call for a harmonized system to enable experts work together,” he said.

He said the EAC secretariat is facing the budget shortage and experts to respond to communicable diseases, but it has a capacity building programme to empower experts from member states who will be permanently deployed to do the job.

Dr Katende said in order to mitigate the outbreaks of communicable diseases, the EAC should consider it as a priority by allocating enough budget.

The head of agriculture food security and livestock department at EAC, Mr Fabian Marwa, said the community was considering health as a priority including diseases that are usually spread between human and animals in border areas.

“Despite making a stride, there is a need for more education to the public as well as joint operations among the EAC member states,” Mr Marwa said.

Longido district executive director Jumaa Mhina said his district has benefited from expertise of the regional experts because exercise was carried out at his district.
Mhasibu chuo cha Ualimu, afisa masoko saccos ya Kanisa la KKKKT kizimbani kwa wizi wa fedha

2002

Mali zenye thamani ya Sh. Billioni 93.6 zakamatawa

NA GAUDENCY MSUYA, HAJ

NHUKA

NA GHEDDY MAMOULD, LONDO

NA AMIENI MAHMOUD, LONDO

NHUKA

VAWAMBU

NA GHEDDY MAMOULD, LONDO
IN life there are so many things like diseases and animals which know no political boundaries enacted by man. But collaboration and consultations are still required constantly to build policy work to tame them as has been in the past.

In addressing problems associated with them to man and eventually affect peoples’ health and security, little has been done on bilateral issues such as border health planning and management unlike on cross border crimes which have raised much attention.

In this light, recently the East African Community (EAC), Secretariat successfully concluded a four-day cross-border Field Simulation Exercise (FSX), meeting, conducted on the KenyaTanzania border at Namanga One Stop Border Post (OSBP), with critical results and lessons for pandemic preparedness and response.
With over 250 participants from both countries, besides those from Burundi, Rwanda, South Sudan and Uganda taking part it was possible to lay strategies to work as a team with a revelation that a neighbour’s problem in Africa culture is another’s unlike the nuclear families in some parts of the world.

With that spirit and according to a statement released by the EAC Secretariat, the exercise created an opportunity in which participants were able to identify strengths and weaknesses to facilitate practical corrective actions at all levels.

As part of the scenario, early warning, infections and deaths in animals and human beings should constantly prompt reporting whether in grassroots levels to their respective national and regional preparedness and response mechanisms be put in place if the bloc (read each country’s citizens), wants to fight the common enemies.

The involvement of human health, animal health and other sectors reinforce the importance of the One Health approach and appropriate risk and crisis communications, as well as cross-border collaboration, because these enemies know no boundary and a country being ‘mean’ (closing a specific border) would still be caught off guard ‘spillover effects’ from the neighbor.

Through the imaginary scenarios under real conditions and public involvement, regional and national-level experts should be able to test processes in place, and identify opportunities for improvement of the existing plans with realization that diseases also keep on evolving.

In the same breath, community members in the bloc countries should be able to be given first-hand education and involvement in emergency preparedness and response.

If such consultations would be taken for granted, one should recall how a 5-year-old child who traveled from the DRC to Uganda on June 9 died of Ebola according to the country’s health minister.

This is because both countries share borders and it is possible to find a Ugandan having relatives in the other country or vice versa, implying frequent meetings, which do not necessarily require immigration alert.
WHO tests preparedness for disease outbreak

If the worst were to happen, and a disease outbreak were to occur on your doorstep, what would it look like?

Disease outbreaks have hit many countries, leaving millions of lives lost and a lot more people left vulnerable and at the mercy of the next catastrophe.

OUTBREAKS

Since 2014, the world has grappled with the worst Ebola outbreak in West Africa. More recently, the continent has further faced other disease outbreaks such as yellow fever in Angola and the Democratic Republic of Congo, and cholera in South Sudan, Ethiopia, Uganda and Tanzania.
It is estimated that the Ebola outbreak not only led to loss of over 10,000 lives, but also tested the capacity and readiness of affected countries’ ability to respond to outbreaks.

If the above examples are anything to go by, epidemics are becoming more and more unpredictable and what begins as a rumour or isolated confirmed case can multiply, leading to many cases and deaths.

But you do not have to imagine the consequences of such outcomes since scientists have already crunched those numbers for you.

Experiences from these outbreaks led the World Health Organisation to design a new and robust approach to increase preparedness for any future outbreaks. Today, the WHO has an emergency roster of staff and non-staff who can be deployed anywhere in world with 48 hours to respond to any disease outbreak or public health event of international concern.

The EAC region will be carrying out a simulation exercise to test the region’s health system to respond to similar outbreaks. The simulation began on June 11, even as one case of Ebola was confirmed in Uganda, and will run until June 14.

The acting head of the health department at the East African Community Secretariat in Arusha Dr Michael Katende, said that this field simulation exercise will assess the level of preparedness in responding to outbreaks and the available methods of response.

“In 2015, the health ministers, upon assessing the level of preparedness to respond to outbreaks, directed EAC secretariat to organise a simulation to identify our strengths and weaknesses in our response mechanisms. Once we identify the weaknesses, we should be in a position to take action to improve so that we are ready for any eventuality to avoid high impact,” Dr Katende noted.

MINIMISING RISK

A field simulation exercise (also known as FSX) is an interactive technique of evaluating risk preparedness. It simulates a situation under real conditions which could occur at any time.

Examples would be a natural disaster, a response to a road accident or an outbreak of an infectious disease. An FSX tests the status of preparedness and
capability of an organisation or other entity to respond to a simulated situation allowing participants and operational staff to identify strengths and gaps in capacities and can facilitate practical corrective actions at all levels (national, regional, community and global).

“During the Ebola outbreak, WHO learnt that there were difficulties in managing an outbreak of such magnitude and from that experience, a number of policies was formulated to improve our response. The simulation therefore aims to build and enhance the necessary capacities to minimise the risk of an incident becoming a crisis, and in the event of an emergency, improve the ability of teams to correctly assess and respond,” explained Allan Bell, a WHO specialist consultant.

This particular exercise will involve about 250 people, with majority coming from Kenya and Tanzania, the two actively involved partner states.

According to Dr Katende, the three-day exercise will test their contingency plans and related standard operating procedures. The Secretariat will also test its regional risk and crisis communication strategy and whether these procedures are put into practice.

Under the one health approach, the EAC is receiving support from German development agency GIZ to the tune of $1 million to build the region’s capacity to prepare for such health emergencies, under the banner of pandemic preparedness.

Further, under the German Development Bank financed “EAC Network of Public Health Reference Laboratories for Communicable Diseases” project, the region will test the ability of mobile laboratories to react quickly to an outbreak.

The exercise will test Rift Valley fever, a disease that affects both animals and people.

“In the region, we are faced with many zoonotic diseases, therefore the multidisciplinary approach to contain the disease is crucial. The simulation is going to implement the one health approach, which will bring all the stakeholders, to contain the problem from where it starts,” said Dr David Balikowa, EAC’s senior livestock officer.
According to Dr Balikowa, assessing the risk of Rift Valley fever is essential for effective prevention and detection of the disease.

The fever affects and kills humans and animals. It is caused by a virus spread by blood-sucking mosquitoes, and can be transmitted to those individuals who are in close contact with contaminated blood, such as veterinarians, butchers, or animal handlers.

Since last year, the epidemic has been reported in four countries in East Africa, with Kenya and Tanzania being the worst hit.

The viral disease has so far caused considerable human and animal deaths and has potential to have a huge negative impact on the livestock trade, as well as the livelihoods of thousands of communities that rely on the health of their sheep, goat, cattle and camels.

**RICH EXPERIENCE**

“RVF is a classic transboundary disease capable of spreading beyond farm level, district, regional and international borders. To this end, we are looking at those affected by any zoonotic diseases, like people who deal with animal health, both domestic and wild, environment health workers, traders, tourism sector,” added Dr Balikowa.

The EAC Sectoral Council of Ministers of Health is the highest ranking health decision-making body in the region.

Last year, experts in animal health and public health from 11 countries developed a regional plan of action against the Rift Valley fever outbreak in East Africa at a high-level meeting in Tanzania.

Uganda is recognised and has been rewarded for its immense support to other countries during outbreaks, especially Ebola outbreaks. It built rich experience from previous outbreaks of Ebola, Marburg, meningitis, yellow fever and others that created a tested and committed cadre of health workers able to respond quickly to an outbreak.

These health workers have been deployed to different countries and have been very instrumental in containing outbreaks.
The field simulation exercise planned for Namanga aims to enhance the status of preparedness for, and response to infectious disease outbreaks in the EAC region with the focus on Kenya and Tanzania.

In the past two years, the East Africa has experienced cases of Ebola, Rift Valley, Marburg and Crimean Congo Haemorrhagic fevers, cholera, Polio, a plague, and the current Ebola outbreak in the DR Congo.
Ummy Mwalimu: Tanzania Kenya, zazindua mpango wa ukaguzi wa Ebola mipakani

WaTanzania wameombwa "wasiwe na hofu" kuhusu kusambaa kwa Ebola, waziri wa afya Ummy Mwalimu amesema kufuatia taarifa za Ebola kuingia Uganda kutoka Jamhuri ya Kidemokrasi ya Congo.

Mpakana wa Tanzania unashikana na wa Congo, ambako virusi vya ugonjwa huo vimesababisha vifo vya takribani watu 1,400.

Kauli hii inatolewa wakati Uganda imethibitisha kwamba kuna visa visaba vya watu wanaoshukiwa kuugua ugonjwa huo nchini.

• **Bajeti 2019: Ina maana gani kwako?**
• **Ebola yaendelea kuwa DRC**
• **Uturuki yanunua silaha ambayo ni tishio kwa Marekani**

Katika ujumbe kwenye mtandao wa Twitter, Bi Mwalimu amesema Tanzania "imekuwa ikichukua hatua za utayari wa kukabiliana na ugonjwa huu"

Hapo jana Tanzania, pamoja na Kenya, zilizindua mpango wa ukaguzi wa watu wanapovuka mipaka kuingia katika nchini hizo.

Mpango huo utawasaidia maaafisa kusambaza kwa haraka taarifa kuhusu iwapo kumegunduliwa visa vyovyote vya Ebola, waziri huyo ameeleza.

Nchini Uganda mtoto wa miaka mitano aliyepatikana na Ebola alifariki hapo jana, kikiwa ndicho kisa cha kwanzu kuthibitishwa nchini humo.
Wizara ya afya nchini Kenya kwa upande wake imetoa taarifa ikisema imetoa tahadhari kwa maafisa wote wa afya na umma kushinikiza hatua za uangalizi.

Wizara hiyo imeeleza kwamba inaendelea kuufuatilia mlipuko huo wa muda mrefu katika jamhuri ya Kideokrasi ya Congo ulioanza mnamo Agosi mwaka jana, kwa lengo la kuimarisha utayari na muitikio wa wa Kenya katika kukabiliana na visa vya ugonjwa huo.

Wizara ya afya nchini Rwanda imetoa wito kwa umma na mashirika yanayohusika kuimarisha hatua kuzuia Ebola kuingia ndani ya nchi hiyo.

**Kuutambua ugonjwa wa Ebola**

- Ni ugonjwa unao sambaa haraka na hupelekea vifo vya asilimia 50 ya waathirika
- Dalili za awali ni homa ya ghafla, uchovu kupita kiasi, maumivu ya mishipa na koo.
- Dalili za hatari ni kutapika, kuharisha, na kwa kesi zingine ni kutoka damu ndani na nje ya mwili.
- Ebola huwapata binadamu wanapo gusana na wanyama walio athirika wakiwemo sokwe mtu, popo na paa.
- Watu wanaambukiza endapo damu zao na maye vimebeba vijidudu, na hii inaweza fika mpaka wiki saba tangu mtu alipopona.

Uganda imekabiliana vipi na Ebola siku za nyuma?

Serikali ya Uganda imeidhinisha matayarisho makubwa kwa hali inayoshuhudiwa sasa:

2. Ukaguzi na uthibitisho wa visa: majaribio yote hufanyika nchini Uganda katika maabara ya serikali. Iwapo serikali imeshindwa kuthibitisha sampuli nchini, basi zinasafirishwa katika makao makuu ya udhibiti wa magonjwa Atlanta Marekani.

3. Serikali ndio huthibitisha mlipuko, visa, au vinavyoshukiwa.

4. Kilichoisaidia Uganda kukabili ana na ugonjwa huu ni mamlaka ilio nayo kuhusu suala hili na kupeuka uvumi, na uzushi jambo linalochangia imani kutoka kwa umma.
WHO THE World Health Organization (WHO) has warned that the current Ebola outbreak in the neighbouring Democratic Republic of Congo (DRC) remains a major threat to public health and socio-economic wellbeing of people in East Africa.

WHO Country representative Dr Tigest Ketsela Mengestu raised the alert yesterday during official opening of a large scale cross border field simulation exercise (FSX)—a fictitious outbreak of Rift Valley Fever at the Namanga border post with Kenya.

Dr Mengestu said the Ebola Outbreak in DRC has so far infected over 1,900 people and cause more than 1,300 deaths.

She said the EAC region needs to be prepared and ongoing efforts to operationalize national and regional contingency plans need to be strengthened by involving various sectors in the prevention, response and mitigation of health security risks, noting that using a One Health approach is essential.

"In this light, the regional EAC cross border field simulation exercise is a unique opportunity to test our collective public health preparedness and response capacities, clarify roles and responsibilities between different sectors and agencies and learn from each other," the representative stated.

Dr Mengestu underlined that the exercise will help EAC countries to identify weakness and areas for further improvements in their response system and equally help them identify strengths that need to be sustained.

The Minister for Health, Community Development, Gender, Elderly and Children Ummy Mwalimu said cross border field simulations would help to assess pandemic preparedness status and to identify existing gaps that compromise their efficiency in prevention, response and mitigation.

The minister said the field simulation exercise is being convened at time when the Ebola epidemic in DRC stands at the threshold of EAC and presents a major challenge to the health and socio-economic wellbeing of the people of East Africa. "The outcomes will allow us to facilitate practical corrective actions at all levels," she said.

A clear emergency structure for outbreak of an epidemic is targeted, and the exercise will show if it is user friendly in an outbreak scenario and if the standard operating procedures developed between the EAC Secretariat and other stakeholders provide enough information for a targeted response. She said disease has always been a stumbling block to human progress and continues to foment massive loss of lives and livelihoods, disrupting economic and social activities across the world.
The EAC region has experienced outbreak of Ebola and several chronic fevers including Rift Valley Fever, Marburg and Crimean Congo Hemorrhagic fever, along with cholera, polio and plague among other health crises in the past few years.

EAC Deputy Secretary General Christopher Bazivamo said that with support from Germany through the German Development bank (KfW) and the Bernard Notch Institute of Tropical Medicine (BNITM), EAC countries had enhanced the laboratory capacities to diagnose highly pathogenic organisms with 24 experts specially trained for the purpose, also acquiring nine biosafety level three mobile laboratories for sustained response. In future all outbreaks should be detected early and timely response is expected with use of these facilities he said.

Bazivamo noted that as of last week, more than 2,030 people had been infected and more than 1,360 had died in DRC, making it the second largest outbreak of Ebola the world had seen. More than 250 people attended the ceremony at at the Namanga One Stop border post (OSBP), including active participants from Kenya and Tanzania.

"Tanzania tunayo Taasisi ya kutengeneza chanjo magonjwa ya mlipuko"

Naibu Waziri wa Mifugo Abdallah Ulega amesema kwa sasa Tanzania inauwezo wa kutengeneza chanjo ya kudhibiti baadhi ya magonjwa ya mlipuko katika Taasisi ya TVI iliyopo Kibaha ikiwemo dawa ya ugonjwa wa Kimeta ambayo imekuwa tishio kwa mifugo, wanyamapori na binadamu

Amesema hayo kwenywe ufunguzi wa zoezi la majaribio wa udhibiti wa magonjwa ya mlipuko hususani homa ya bonde la ufa (Rift valley fever) utakaoendeshwa kwa siku nne katika eneo la mpaka wa Namanga unaoinganisha nchi ya Tanzania na Kenya.

Ameeleza kuwa wizaara yake imejipanga vizuri dhidi ya magonjwa ya mlipuko kwa mifugo na zoezi hilo linaloendelea lipo chini ya umoja ya Afrika Mashariki.

Amefafanua kuwa, kuna wataalamu wakutosha wanaoshughulikia magonjwa haya pindi yatokeapo. "Mifugo ya Tanzania ni salama kwani wanapatiwa chanjo mara kwa mara, lakini pia tunyataalamu wetu katika vitu kuwa vya pamoja (OSBP) na katika maeneo mikoani," Amesema Ulega.

Amedai kuwa mifugo mingi ya Tanzania inauzwa nchi jirani ya Kenya, nakuwataka wananchi jirani wa Kenya kuondoa hofu juu ya mifugo hiyo, kwani kabla hajapeleke huko kibiasara inafanyiwa ukaguzi na vipimo mbali mbali na wataalam na endapo ikabainika kuwa na ugonjwa hawezi kusafirishwa kibiashara kwenda nchi nyingine.

"Magonjwa haya yanatoka kwa mifugo kwenda kwa wanyamapori hadi kwa binadamu hususani kimeta, tumejipanga ipasavyo, tunayo taasisi inajihuisha na utengenezaji wa chanjo ya kimeta ikiwemo taasisi ya TVI iliyopo kibaha" amesema Ulega
Bahati Saitoti mkazi Wa Namanga Tanzania alisema kuwa miezi michache iliyopita ugonjwa Wa kimeta ulivyaamia katika eneo la Wilaya ya Longido, lakini alishuhudia chanjo zikitolewa kwa wakati muhafaka, na kuiomba serikali kuongeza watumishi Wa kutosha katika idara ya Mifugo "

Wilaya ya longido ni Wilaya ya kifugaji, tunaomba serikali iongeze nguvu kazi kwa kuhakikisha dawa zinapatikana pamoja na wataalamu wakikusaidia ugonjwa ili yanapotokea magonjwa ya mlipuko waweze kutoa huduma kwa magonjwa wako " alidai Saitoti

Mkurugenzi Huduma ya Afya na Mifugo, Dk. Herzon Nonga, amesema ugonjwa wa homa ya bonde la ufa uligundulika nchini Tanzania mwaka 1930 na ugonjwa huu unatabia ya kujitokeza kila baada ya miaka 7 hadi 10 na kwa hap a nchini imeshawahi kuripotiwa kutokea kwa miaka 10.

"Ugonjwa huu chanzo chake ni Virusi viitwavyo Phlebovirus na huishi kwenye mayai ya mbu aitwaye Aedes, lakini pia huishi kwenye vumbi kwa muda mrefu na kuanguliwa wakati Wa mvua ( Mafuriko)" amedai Dk. Kongo

Hata hivyo amegusia kuwepo kwa ugonjwa huo katika nchi ya Tanzania na Kenya kwa miaka ya 2006/2007 na kuleta athari ya zaidi ya shilling 1 billion 149 kutokana na Wizara husika juu ya udhibiti wa magonjwa hata kutokuwa na utayari na maandalizi ya kukabiliana na magonjwa haya.

" Ugonjwa huu uliuwa sana Mifugo , wanyamapori na binadamu hivyo baraza la mawaziri la Afrika mashariki march 24/ 2015 liliweka azimio kwa kila nchi wanachama kuweka mikakati juu ya kukabiliana na magonjwa yalipuko katika maeneo yao hususani mipakani" alisema Dr Kongo

Hata hivyo alifafanua kuwa ukanda wa Afrika Mashariki ume kuwa na matukio mengi ya magonjwa yanayoambukizwa kwa binadamu kupitia wanyama , na hii ni kutokana na uwepo Wa wanyama wengi, Mabadiliko ya hali ya hewa pamoja na mazingira rafiki kwa vimelea vya magonjwa.
Chanzo cha Ebola Uganda hiki hapa

Mkuu wa ldara ya Afya kutoka Jumuiya ya Afrika Mashariki (EAC) Dk Charles Katende ameeleza kuwa chanzo cha ugonjwa wa Ebola nchini Uganda ni kutokana na mwingiliano wa wasafiri kati ya raia wa Uganda na Congo.


Amedai kuwa taarifa za kuwingia kwa Ebola inchini Uganda zimepatikana jana kupitia Shirika la Afya Duniani (WHO) na vyombo vya Afya mbalimbli kutoke nchini humo, lakini hadi sasa haaja pokea tarifa yakifo kutokana na ugojwa huo.

Familia hiyo iliyo pata mambukizi ipo chini ya uangalizi huku wakiendelea kupata matibabu pamoja na chanjo, Amedai Dk Katende.

Kupitia taarifa liliposipitwa na chombo cha Habari nchini Ujerumani (DW) mtoto huyo amefariki dunia.

Radio and TV Broadcast

TV

1. **ITV**  Tanzania
2. **EATV 5**
3. **Ayo TV**
4. **TBC** talkshow on Health
5. [http://youtu.be/T5Tf3XrbcQ](http://youtu.be/T5Tf3XrbcQ)
6. ayo TV Hon. Ummy Mwalimu launches Cross-border field simulation exercise
   [https://www.youtube.com/watch?v=PqP4d0WD48c](https://www.youtube.com/watch?v=PqP4d0WD48c)

Radio

1. **DW**  Deutsche Welle Tanzania
2. **BBC Radio**