EAST AFRICAN COMMUNITY

EAC STAKEHOLDER MEETING
FOR THE PREPARATION OF A CROSS BORDER
FIELD SIMULATION EXERCISE

11th – 12th October 2018
ICIPE
NAIROBI, KENYA

REPORT OF THE MEETING

EAC SECRETARIAT
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October, 2018
1.0 Introduction

1.1 Background

The East African Community (EAC) is prone to outbreaks of infectious diseases which can significantly affect public health, the lives and livelihoods of the people in the region and economic stability. The EAC region has learned some important lessons from the Ebola epidemic 2014/2016 in West Africa. One of them is that better preparedness is needed. Another lesson is that the fight against infectious diseases needs a multi-disciplinary ‘One Health’ management approach to be effective, as envisaged in the EAC Council of Ministers directives.

The EAC Secretariat has an advisory and coordinating role for the EAC Partner States when it comes to Pandemic Preparedness. Both, the EAC Secretariat and the Partner States see the need for better preparedness. The “Support to Pandemic Preparedness in the EAC Region” (PanPrep) project assists the EAC in developing pandemic preparedness capacity that reflects the One Health approach and Standard Operating Procedures (SOPs) to put it into practice. The key instrument in outbreak prevention in the EAC is the “East African Community Regional One Health Contingency Plan of Zoonotic and Non-Zoonotic Infectious Diseases of Public Health Concern 2018 – 2023” (regional contingency plan). This plan needs to be tested in simulations to assess its worthiness. Observations made will be used to improve the contingency plan, guidelines and SOPs in place.

Simulation exercises play a key role in identifying the strengths and gaps in capacities and can layout practical corrective actions needed to develop and implement preparedness and response capacities at all levels (national, regional, community and global). The 11th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health held on 24th March 2015, directed the EAC Secretariat to implement a cross-border simulation exercise to be conducted at Namanga in the Kajiado County of the Republic of Kenya and Longido district in Arusha region of the United Republic of Tanzania (EAC/Health/SCM-11/ Decision 021).
In the same report, the Sectoral Council urged Partner States to establish and/or strengthen the Port Health Services on the “One Health” approach at the Points of Entry (Sea Ports and Ground Crossing Points) based on the internationally recommended standards (EAC/ Health/ SCM-11/ Decision 019). Regular simulation exercises following a One Health approach are also enshrined in the regional contingency plan.

Against this backdrop, the EAC Secretariat with support from PanPrep which is implemented by GIZ on behalf of the German Government conducted a cross-border table top exercise (TTX) in September 2018. Building on this TTX the EAC Secretariat will convene a cross-border field simulation exercise (FSX) in June 2019 in the Namanga region. WHO will lead and coordinate the planning, design, organisation, realisation and post-processing of the exercises in line with its mandate. Further regional and international organisations will be involved in the exercise as assessors. The exercise will involve representatives from the EAC Partner States and will follow the One Health approach.

The purpose of the planned FSX is to test and further enhance the level of outbreak preparedness in the East African region and the status of implementation of the International
Health Regulations (IHR). Therefore, not only national emergency preparedness and response plans, the regional contingency plan with its emergency structure, the regional risk and crisis communication strategy (RCCS) and respective SOPs will be tested, but also the public health capacities in the Partner States, the knowledge of roles and responsibilities and the ability of stakeholders to coordinate logistics and administrative processes including finances. A stakeholder meeting kick started the preparations for the FSX.

1.2 Participation

It brought together some 60 key stakeholders. They represent the Partner States with a focus on Kenya and Tanzania, the military, communities, the points of entry (Namanga border post and Nairobi and Kilimanjaro airports), the public health services with relevant health institutions (laboratories and hospitals), the EAC Secretariat with its relevant departments and regional and international organisations. The list of participants is attached as (Annex I).

1.3 Convening of the Meeting

The EAC Stakeholder Meeting for the preparation of a cross-border field simulation exercise was convened on 11/12 October 2018 at the International Centre of Insect Physiology and Ecology (icipe), in Nairobi, Kenya.

1.4 Objectives of the meeting

The stakeholder meeting aimed to
- Provide a short review on the TTX and identify areas of high relevance for the FSX;
- Start the planning process for the field simulation exercise;
- Inform the local, national and regional levels on the planned simulation and on the planning and implementation process;
- Develop a roadmap including time tables and draft budgets for the simulation that reflects the regional and national contingency plans’ emergency structure and the One Health approach;
- Detail the places and venues of the FSX;
- Identify internal (EAC, Partner States, ECSA) and external participants, such as the public human, animal and environmental health services, Points of Entries, military, communities, media, hospitals and experts who fought Ebola in West Africa;
- Clarify roles and responsibilities;
- Identify the necessary formal steps that need to be taken;
- Identify border issues that need clarification ahead of the exercises;
- Define materials and equipment required for the exercises;
- Mobilise resources (e.g. financial and personnel support as well as in-kind contributions) including the necessary emergency funds at regional and national levels;
- Identify assessors;
- Clarify the roles of SG and EMG.
1.5 Constitution of the Bureau

Dr Eldard Mabumba, Ministry of Health, Republic of Uganda chaired the meeting and Pauline Nandako Nafula Kitiyi, Ministry of East African Affairs Kenya, was the rapporteur in accordance with the EAC rules of procedure.

1.6 Agenda of the meeting

The agenda of the meeting is attached as Annex II.

2.0 OPENING SESSION – WELCOMING REMARKS AND ROUND OF INTRODUCTION

Timothy Wesonga, Regional Advisor on preparedness and One Health at the PanPrep project facilitated the welcoming session. He thanked all participants for their attendance.

Andrew Charles, EAC Health Department, Arusha, welcomed the participants of the FSX stakeholder meeting on behalf of the EAC Secretariat. He thanked them for their commitment and support to this important meeting and emphasised the importance of training and preparedness, as outbreaks of infectious diseases of public health concern are common in the EAC. He is looking forward to the contributions to disease prevention and control.

Dr Lyndah Makayoto welcomed everybody on behalf of the Ministry of Health Kenya as the host of this meeting. She highlighted the dynamic of outbreaks and the necessity to control them. For this, experts in pandemic preparedness and response are needed and the field simulation exercise will contribute to better preparedness in the region.

Dr Irene Lukassowitz, PanPrep Project Manager, welcomed the guests on behalf of the German Government and the EAC/GIZ project. She referred to the meetings in preparation of the Table Top Exercise in September 2018 and expressed gratitude to all participants for their continuous commitment and contribution to EAC preparedness activities. She reminded the audience that previous activities were only a “dry run” and preparation for the actual FSX.

Frederik Copper, WHO Team Leader Simulation Exercises & After Action Reviews, welcomed everybody on behalf of WHO. He especially highlighted the importance of field simulation exercises in terms of outbreak preparedness.

Dr Eldard Mabumba welcomed the participants as Chair of the Partner States and officially opened the meeting. He stressed the importance of continuous participation of the same people in the preparatory activities for a fruitful FSX and of an interdisciplinary (One Health) approach in order to successfully combating diseases.

In a round of introduction participants introduced themselves.

3.0 BACKGROUND AND OBJECTIVES OF THE MEETING

For the background of the meeting, Andrew Charles referred to the decision of the Sectoral Council of Ministers of Health to conduct a simulation exercise at Namanga. He continued by showing a film that was taken during the Table Top Simulation Exercise at Mt Meru, in
Arusha, Tanzania, on 4/5 September 2018. The film summarised the background and touched on the objectives of the stakeholder meeting.

4.0 SUPPORT TO PANDEMIC PREPAREDNESS IN THE EAC REGION

Dr Lukassowitz gave a brief overview of the Support to Pandemic Preparedness in the EAC Region project (03/2017-08/2019). She explained that the project aims to strengthen the EAC Secretariat in its regional pandemic preparedness support function following a One Health approach. It includes key stakeholders from Partner States in project activities and has a strong focus on practicing roles and responsibilities. Areas of collaboration include pandemic preparedness, risk and crisis communication and human capacity development. The project objectives comprise the testing of the regional contingency plan with its emergency structure and of respective standard operating procedures (SOPs) in simulation exercises. Against this backdrop the project supports the EAC Secretariat in conducting simulation exercises and encouraged other donors to join. Her presentation is attached as Annex III.

5.0 REVIEW OF TTX

The session started with another film that was produced during the TTX and summarizes the activities. Hilary Kagume Njenge, WHO Public Health Expert, continued with a brief review of the TTX. He highlighted that an outbreak of Rift Valley Fever was selected as scenario, because the disease represents the One Health approach very well. He pointed out some of the lessons learned and the recommendations that were developed. Kagume concluded by highlighting the characteristics of an FSX and what is expected from the participants. His presentation is attached as Annex IV.

A lively discussion followed his presentation. Participants emphasised the need for the use of simple, non-expert language as a key recommendation from the TTX, especially when working under the One Health approach that includes disciplines with no medical background. The WHO representatives highlighted the importance of simulation exercises to prepare people for real outbreaks. Participants agreed but highlighted lack of funds as a key constraint. This led to a discussion on secure funding for emergencies as part of good preparedness. The nomination process for EAC activities was another issue that was discussed as some participants indicated that some key people were missing in the TTX. Dr Lukassowitz asked everyone for their support to speed up the nomination process in the future in order to get the right people in time.

6.0 OVERVIEW ON PLANNED FIELD SIMULATION – PURPOSE, SCOPE, OBJECTIVES AND PARTICIPANTS

Frederik Copper gave an overview of the purpose, scope, objectives and participants of the planned FSX. He again emphasised the value of simulation exercises and reminded the audience of the four different types of exercise: Table top exercise, drill, functional exercise, field or full exercise. He then presented the proposed purpose, scope and objectives of the upcoming FSX, referring to the draft concept note which is attached as Annex V. Copper underlined that the numbers of observers need to be limited to provide a safe environment for the participants. His presentation is attached as Annex VI. Copper invited the
participants of the meeting to review the draft concept note in groups and share their input in plenary before it is submitted to the Exercise Management Group and the Steering Group for final approval. Participants felt that the document was in general well prepared. However, it should be more specific in parts (e.g. which Ports of Entry) and objectives should also be more to the point. The plenary recommended to use the words “assessment” or “evaluation” instead of “validation”. In addition to coordination, they recommended to assess the command and control structures. Last but not least they asked to make sure that recommendations from the TTX are appropriately taken into consideration.

6.0 DEVELOPMENT OF A CROSS-BORDER FIELD SIMULATION EXERCISE ROADMAP

The afternoon session of day 1 started off with the third film that was taken during the TTX and describes the measures taken to end the outbreak of Rift Valley Fever in South Sudan. Hilary Kagume explained the purpose of this session that started the detailed planning of the field simulation exercise. Four working groups were established and tasked as follows:

- Identify key sectors and stakeholders (internal and external participants) as well as key officials that need to be notified and engaged (Group I)
- Identify key activities for realisation and timeline, including external communication and public information (Group II)
- Identify key functions that need to be tested/validated and the necessary formal steps including cross border issues – assign roles and responsibilities (Group III)
- Propose FSX sites and venues in Namanga, date and logistic arrangements (Group IV)

Their results are attached in detail as Annex VII.A.

7.0 FOLLOW UP ON TTX RECOMMENDATIONS AND LINK WITH FSX

Dr Nollascus Ganda, National Program Officer at WHO Kenya Country Office, gave a review of day 1 which was intended to link the TTX recommendations to the FSX preparation. He urged participants to approach their respective ministries, departments, institutions and organisations and to also approach donors for co-funding of their FSX-related activities, such as preparatory drills, sensitisation on contingency plans and training of staff. His presentation is attached as Annex VII.2.

8.0 PERSONNEL, MATERIAL, EQUIPMENT AND OTHER RESOURCES NEEDED FOR THE FSX

Timothy Wesonga introduced the participants to the session ahead. His presentation is attached as Annex VIII.

For a field simulation exercise a variety of material and equipment is needed. Wesonga encouraged the audience to go through stocks and assess who could add what. He led them through a draft list of items and asked them to work on it to get an idea of necessary procurement processes and finalise them well ahead of the FSX. A vivid discussion evolved
around the presentation. Among other things, participants felt that they need to know the precise scenario before starting to prepare. However, in a real scenario uncertainty is most often dominating the picture for quite some time. Wesonga assured the audience that the outbreak will reflect a One Health approach, but that the participating Partner States should be prepared for any kind of outbreak scenario within this scope. The discussion furthermore related to accommodation, catering and also to security, as the expected 150 people will need a safe environment. Reservations would need to be made soon as long as rooms are still available. As Namanga is a water scarce area, sufficient water supply is another issue. The issue of waste management was also mentioned. With regard to security, the military will be around and here the police will also come in. Another issue related to the power interruptions in the Longido region that will require generators. Filming and taking picture with military and police around will not be a problem, but will require upfront information.

Participants continued working in groups and afterwards gave a short summary of highlights that added value to the planning. Topics that were touched included transport, vaccination efforts of animals, emergency coordination centre, trade issues, aspects of weather and vector control and safe burial processes including the cars. Further issues that were discussed touched aspects of hygiene and disinfection, storage facilities, stationaries, holding facilities for humans in the veterinary services, identification bands, fire extinguishers, PR material and communication facilities such as a media centre, loudspeaker vans, the use of boda bodas. Registrations forms and other organisational material were also discussed. Coordination and incident command was mentioned as well as a Secretariat for the simulation, funding, infection prevention and control. Response teams and surveillance as well as psycho-social support were covered and numbers proposed and border issues and logistics in general addressed among others thematic areas. Yellow fever cards and surveillance forms were considered. With regard to hospitals, they proposed 50 beds and treatment units for up to 200 patients. Specimen collection containers, needles, syringes, sterile swaps, testing kits, blood grouping and other materials, such as personal protective equipment, chlorine tablets, cooling boxes and a microscope were proposed among other things.

9.0 FSX ASSESSORS AND OBSERVERS AND THEIR ROLES

Timothy Wesonga explained the roles of assessors and observers. His presentation is attached as Annex IX. While the observer is rather an onlooker, who watches and learns from the exercise for example with the objective of getting input for implementation activities, the assessor develops an analysis of strengths, weaknesses, opportunities and threats and might even come up with recommendations for future preparedness. For being an assessor a person needs to be a subject matter expert as he/she needs to evaluate and report back based on his/her professional experience.

10.0 WAY FORWARD: OUTLINE AND PROCESS

Frederik Copper led the audience through the planning schedule. It started with the Concept Note, identification of participants, management of administration and logistics among others. The second step is the development of material followed by step 3, which is the setup of the exercise venue including equipment and briefing the exercise management team.
Conducting the FSX is step 4 and the debriefing, reporting and follow up is the final step 5. The pre-exercise phase will be from October 2018 to June 2019. The exercise will be conducted on the agreed upon dates (proposed 4-7 June 2019). The post-exercise phase starts immediately after the FSX and will run until July 2019.

Timothy Wesonga continued with an overview on the Steering Group (SG) and Exercise Management Group (EMG) and the tasks of these two groups. Wesonga requested the respective ministries of Kenya and Tanzania to nominate the missing group members before the end of October 2018 and to also forward the names of the person who will be in charge in case of absence of the nominated person. This is crucial to guarantee continuity. The nomination letters were sent in September 2018 already.

Meetings are planned as follows:

- 1st joined FSX SG & EMG meeting, 6/7 December 2018 at EAC Headquarters, Arusha, Tanzania
- 1st FSX EMG meeting: 2nd half of January 2019
- 2nd joined FSX SG & EMG meeting: Feb 2019
- 2nd FSX EMG meeting: March 2019
- 3rd joined FSX SG & EMG meeting: April 2019
- 3rd and 4th EMG meeting in May 2019

Proposed Field Simulation Exercise dates: Tuesday to Friday, 4-7 June 2019. These days will look as follows:

- Opening session 4 June (starting at lunch time)
- FSX 5 June (full day)
- FSX 6 June (full day)
- Debrief 7 June (morning)
- Report writing 7 June (afternoon)

This will be followed by an evaluation meeting with SG, EMG and external evaluators. Proposed date: 10/11 June 2019 (date and venue tbc).

Fred Cooper emphasised that he expects the members of both groups to be highly committed and present during most if not all of the meetings as the success of the FSX depends on their presence and engagement.

The presentation is attached as Annex X and the list of SG and EMG members as Annex XI.

11.0 CLOSING WORDS

Mabumba thanked the audience heartily for the exceptional job they conducted during the past two meeting days. He reminded the audience once again of the importance of continuous participation and wished everybody a safe journey back home.
The FSX stakeholder meeting recommends to the Sectoral Council of Ministers of Health to:

i. Take note of the progress made in the preparation of the Field Simulation Exercise that will take place from 4-7 June 2019 at Namanga;

ii. Urge the respective Ministries of Kenya and Tanzania to forward the outstanding nominations for the task-related Steering and Exercise Management Groups and forward the names of one deputy for each nominated member of the EMG;

iii. Urge the Partner States to make sure that there is continuity in participation, as frequent changes among the participants force the organisers to start from scratch at each meeting;

iv. Request the Partner States of Kenya and Tanzania to allow for direct communication between the organisers of the FSX (WHO and GIZ on behalf of the EAC Secretariat) and the members of the SG and EMG in the preparation of the simulation exercise. It will always be the same people who participate in the SG and EMG meetings (list attached as Annex XI), and the dates will be preset in the EAC calendar of activities;

v. Urge the members of the SG and EMG to assure a continuous flow of upwards and downwards information that aims at the regional, national, district and local levels;

vi. Urge all respective Ministers to fully support the preparation process and implementation of the field simulation exercise;

vii. Urge the EAC Secretariat and all Partner States to prepare for the field simulation through sensitization of participants on existing contingency plans, trainings and capacity building;

viii. Urge the EAC Secretariat and Partner States to mobilise the necessary resources for the field simulation and

ix. Conduct a cross-border field simulation along the South Sudan and Ugandan border in 2019/2020.

SIGNED this 12th day of October, 2018, by the respective Heads of Delegation of Partner States as hereunder:

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<tr>
<th>Dr Spes Ndayishimiye</th>
<th>Dr Lyndah Makayoto</th>
<th>Mathew Tut Moses Kcl</th>
<th>Dr Mary Archson Makata</th>
<th>Dr Eidard Mabumba</th>
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[Signatures]
Annex I

LIST OF PARTICIPANTS – EAC STAKEHOLDER MEETING FOR THE
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ANNEX II: Agenda as of 12.10.2018

EAC Stakeholder meeting for the preparation of a cross border field simulation exercise

Agenda (as of 12.10.2018)

The EAC region has experienced a number of outbreaks of infectious diseases in the past. These include Ebola, Rift Valley, Marburg and Crimean Congo Hemorrhagic fevers, Cholera, Polio, Hepatitis A and B and many more. 6 out of 10 are zoonoses, diseases which are transmitted between animals and humans. In order to prevent outbreaks that can jeopardize public health, economic stability and the lives and livelihoods of the EAC region, Partner States need to be prepared. Simulation exercises play a key role in analysing the state of pandemic preparedness and response capacities. They help to identify strengths and weaknesses and the necessary corrective actions.

Against this backdrop, the EAC Secretariat conducted a cross-border table top exercise (TTX) on 4/5 September 2018. A cross-border field simulation exercise (FSX) will follow in June 2019 at Namanga. The simulation will involve representatives from the EAC Partner States, especially from Kenya and Tanzania, and will follow the One Health approach. The field simulation aims to assess the regional crisis response capacity in practice and test both regional and national contingency plans and standard operating procedures as well as the region’s compliance with the International Health Regulations and the Performance of Veterinary Services Pathway.

The field simulation is facilitated by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Government through the “Support to Pandemic Preparedness in the EAC Region” (PanPrep) project. The World Health Organization (WHO) leads and coordinates the process. Further international organisations will cooperate in the exercise to use join forces and utilize synergies.

Where: icipe, Duduville, Nairobi, Kenya

When: 11-12 October 2018

Who: round about 50 participants comprising:

- EAC Secretariat Departments and Units;
- ECSA-HC;
- EAC Partner States, especially those actively involved;
- Office of the Premier, MoH and MEACAs from Kenya and Tanzania;
- Military and Police Kenya and Tanzania (in charge of health);
- Communities bordering Namanga on the Kenyan and Tanzanian side;
- Religious leaders from Kenya and Tanzania;
- Representatives from business, trade, tourism and media from Kenya and Tanzania;
Representatives from the Border Post in Namanga, Kilimanjaro International Airport (JRO), Jomo Kenyatta Airport (NBO);
Representatives from the human and animal Public Health Services (laboratories, hospitals) in the Namanga region in Kenya and Tanzania;
Representatives from regional and international organisations;
Representatives from KfW/BNITM and the GIZ PanPrep project/EPOS Health Management.

Facilitation
The meeting will be jointly facilitated by WHO and GIZ.

Expected outcomes of the meeting

5.2 Expected outcomes of the meeting
The main outputs of the stakeholder meeting will be:

i. Areas of high relevance for the FSX are identified;
ii. Local, national and regional levels are aware of the planned field simulation, of planning and implementation processes and know their roles and responsibilities;
iii. A draft roadmap including time lines and draft budgets for the simulation is available and reflects existing emergency structures and the One Health approach;
iv. Places and venues of the Field Simulation Exercise are defined in detail;
v. Internal (EAC, PS, ECSA) and external participants in the simulation are identified;
vi. The necessary formal steps are identified and responsibilities are assigned including border issues;
vii. A list of materials and equipment required for the exercise is available;
viii. Participants have committed resources beyond GIZ’s financial support;
ix. Observers and assessors are identified;
x. The Steering and Exercise Management Groups know their roles.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08:00 – 08:30</td>
<td>Registration</td>
</tr>
<tr>
<td>08:30 – 09:15</td>
<td>Opening session – Welcoming remarks and round of introduction</td>
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<tr>
<td></td>
<td>- Andrew Charles, EAC Health Department</td>
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<td></td>
<td>- Dr Lyndah Makayoto, MoH Kenya</td>
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<td></td>
<td>- Dr Irene Lukassowitz, GIZ PanPrep project</td>
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<td></td>
<td>- Frederik Copper, WHO Headquarters, Geneva</td>
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<td></td>
<td>- Dr Eldard Mabumba, Chair of Partner States</td>
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<td></td>
<td>Round of introduction / Establishing the bureau</td>
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<tr>
<td>09:15 – 09:30</td>
<td>Background and objectives of the meeting</td>
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<tr>
<td></td>
<td>Andrew Charles (EAC Secretariat, Health Department)</td>
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<tr>
<td>09:30 – 09:45</td>
<td>Support to Pandemic Preparedness in the EAC Region</td>
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<td></td>
<td>Dr Irene Lukassowitz (GIZ PanPrep)</td>
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<tr>
<td>09:45 – 10:15</td>
<td>HEALTH BREAK</td>
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<tr>
<td>10:15 – 10:45</td>
<td>Review of TTX</td>
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<td>Hilary Kagume (WHO)</td>
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<tr>
<td>10:45 – 11:15</td>
<td>Overview on planned field simulation</td>
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<td></td>
<td>- Purpose, scope, objectives, participants</td>
</tr>
<tr>
<td></td>
<td>Frederik Copper (WHO)</td>
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<tr>
<td>11:15 – 12:15</td>
<td>Discussions on the above</td>
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<td></td>
<td>Plenum facilitated by Frederik Copper (WHO)</td>
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<tr>
<td>12:15 – 12:45</td>
<td>Select working groups and facilitators for afternoon session</td>
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<tr>
<td></td>
<td>Dr Irene Lukassowitz (GIZ), Hilary Kagume (WHO)</td>
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<tr>
<td>12:45 – 13:00</td>
<td>Group picture</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>LUNCH BREAK</td>
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</tbody>
</table>
14:00 – 15:30 Development of cross-border field simulation exercise roadmap

- Identify key sectors and stakeholders (internal and external participants) as well as key officials that need to be notified and engaged (Group I)
- Identify key activities for realisation and timeline, including external communication and public information (Group II)
- Identify key functions that need to be tested/validated and the necessary formal steps including cross border issues – assign roles and responsibilities (Group III)
- Propose FSX sites and venue in Namanga, date and logistic arrangements (Group IV)

*Timothy Wesonga (GIZ/EPOS), Hilary Kagume (WHO)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>15:30 – 16:00</td>
<td><strong>HEALTH BREAK</strong></td>
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<tr>
<td>16:00 – 17:30</td>
<td>Present and discuss results from working groups</td>
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<tr>
<td></td>
<td><em>Facilitators &amp; selected group representatives</em></td>
</tr>
<tr>
<td>17:30 – 18:00</td>
<td>Wrap up of day 1</td>
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<tr>
<td></td>
<td><em>Hilary Kagume (WHO)</em></td>
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<tr>
<td>18:00</td>
<td><strong>End of day 1</strong></td>
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**DAY 2, 12 October 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Review day 1; follow up on TTX recommendations and link with FSX</td>
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<tr>
<td></td>
<td><em>Dr Nollascius Ganda (WHO)</em></td>
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<tr>
<td>09:00 – 10:00</td>
<td>Personnel, material, equipment and other resources needed for the FSX - Part I</td>
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<tr>
<td></td>
<td><em>Timothy Wesonga (GIZ/EPOS) &amp; Plenum</em></td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td><strong>HEALTH BREAK</strong></td>
</tr>
<tr>
<td>10:30 – 12:00</td>
<td>Personnel, material, equipment and other resources needed for the FSX – Part II</td>
</tr>
<tr>
<td></td>
<td><em>Timothy Wesonga (GIZ/EPOS) &amp; Plenum</em></td>
</tr>
<tr>
<td>12:00 – 13:30</td>
<td><strong>LUNCH BREAK</strong></td>
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<tr>
<td>13:30 – 14:30</td>
<td>FSX assessors and observers – Discuss roles and select</td>
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<tr>
<td>Time</td>
<td>Activity</td>
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<tr>
<td>14:30 – 15:00</td>
<td>Way forward: Outline and process</td>
</tr>
<tr>
<td>15:00 – 15:15</td>
<td>Wrap up</td>
</tr>
<tr>
<td>15:15 – 15:30</td>
<td>Closing words by GIZ &amp; WHO</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>HEALTH BREAK</td>
</tr>
<tr>
<td>16:00 – 17:00</td>
<td>Report writing</td>
</tr>
<tr>
<td>17:00 – 17:30</td>
<td>Adoption of the report</td>
</tr>
<tr>
<td>17:30</td>
<td>End of the meeting</td>
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From the conference hall to the field - EAC starts preparing for a simulation exercise at Namanga

By
Irene Lukassowitz
Project Manager Support to Pandemic Preparedness in the EAC Region
WHO on Ebola virus disease outbreak in DRC (daily outbreak news, 27.09.2018)

• The response to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo is at a critical juncture. While substantial progress has been made, the situation is precarious given recent increases in insecurity, incidents of community reluctance and geographical spread.

• There have been a number of incidents in recent days, notably in Beni, which have led to loss of life among the local communities. WHO response activities have been severely limited as Beni and other towns mark a period of mourning for those who were killed.

New York Times, 28 September 2018 (continuous)

• Also, local politicians exploiting the fear and confusion ahead of December elections were encouraging people to distrust the national government’s efforts, Dr. Peter Salama, the W.H.O.’s head of Emergency Response, said in Geneva.

• Congo’s health minister, Dr. Oly Ilunga Kalenga, said the outbreak was now three times the size of the one this summer in the central Equateur Province. He blamed several factors:

• More people live in the affected area, and they are more mobile because they are mostly traders rather than farmers. The region has better roads and water connections, but is more dangerous because many militias operate in it.

From the conference hall to the field

• Against this backdrop, the EAC Secretariat convened a cross-border table top simulation exercise (TTX) at the Mt Meru Conference Centre in Arusha, Tanzania on 4/5 September 2018.

• Based on this TTX, the EAC Secretariat will convene a cross-border field simulation exercise at Namanga in June 2019.

• This exercise will involve the regional, national, district and local levels and the following structures and sectors among others:

  • Public health services (human and veterinary) incl. labs and hospitals
  • Points of Entry (border post, airports)
  • Health, animal health, environment, trade, tourism, business, religious and community leaders, military, police and media.

Asante sana
Overview

- The cross border Table Top Exercise (TTX) was conducted at Mt. Meru Hotel, Arusha, Tanzania on 4 September, with an exercise debrief on 5 September, including an evaluation on 6 and 7 September 2018.
- The TTX is part of an ongoing programme of exercises implemented as part of the work plan decided by the Sectoral Council of Ministers of Health in March 2015.
- Part of a series of exercises to strengthen Health Services on the “One Health” approach at the Points of Entry within the EAC region.
- The simulation exercise was supported by the Support to Pandemic Preparedness in the EAC Region project that Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) implemented on behalf of the German Government.
- The World Health Organization’s (WHO) Country Preparedness and International Health Regulations Department lead and coordinated the planning, design, organisation, implementation and post-processing of the exercise.

Rift Valley Fever Outbreaks

Why Rift Valley Fever?
1. Easily predictable
2. Has a catastrophic effect on livelihoods by seriously affecting ruminant animals
3. Can be transmitted to humans and can cause a very serious disease
4. EAC TTX required scenario with impact on environment, agriculture, trade, tourism and the economy

The purpose of the cross border TTX was

a. To assess and further enhance the level of outbreak preparedness in the East African region in particular focusing on the one health approach;

b. Validate national emergency preparedness and response plans, the regional contingency plans, the regional risk and crisis communication strategy (draft);

c. Focus participants on their roles and responsibilities including risk and crisis communication, multiple stakeholder coordination, logistics, administrative processes, management and leadership as well as financing a response.

Objectives

The exercise objectives were:
- To identify strengths and weaknesses in regional and national emergency preparedness and response plans and build capacity;
- To validate the regional SOPs for outbreak preparedness and risk & crisis communication;
- To assess One Health capacities at Points of Entry, particularly land borders but with some elements focusing on airports;
- To capture best practices and ensure transfer of lessons learned to the EAC community and other regional economic communities and African regions.

Methodology

- Design and implementation TTX was through a series of consultative meetings by the Steering Group (SG) & Exercise Management Group (EMG)
- Steps followed; development of concept Note, TTX outline, TTX Storyline/Scenario and TTX Injects
- Design period: July – August 2018
- Implementation period: 4-5 September 2018
- Evaluation period: 6-7 September 2018
Participants

- TTX was attended by approximately 100 representatives from the Partner States representing the One Health Approach
- Representatives of regional and international organizations
- Members of SG and EMG
- Support team from GIZ, video and photography crew

Findings; Preparedness

- Developed early warning systems, information flow is still a challenge
- Planning structures are in place but inconsistency in implementation of the plans, lead agency determination, old versions, disemnations challenges, language too technical

Findings; Response Animal, Human

- Utilization of standard response procedures including notification to WHO, OIE
- Lack of isolation and quarantine facilities
- Availability of staff but need for capacity building in large scale emergencies
- More response to animal scenario & messaging, impact to animals usually high
- Need to encourage One Health RRT
Findings; EAC coordination role

- EAC has coordination role, high technical capacities but not clear procedures to engage and activate EAC

Recommendations - Planning

- The EAC Secretariat and Partner States to review and update existing emergency plans and SOPs;
- Simplify the existing contingency plans and SOPs and develop pictorial representation of the contingency plans to be used for public education and awareness creation up to the border points;
- Finalise and approve the draft ‘EAC Protocol on Cooperation in Health’ to improve control of communicable animal and human diseases in the EAC Region;
- Enhance communication between the EAC Partner States and the Secretariat on diseases, conditions and public health events with the potential for cross border spread;

Recommendations - Implementing

- Strengthen capacities of human and animal health workers to prepare and respond to disease outbreaks in the region;
- Strengthen coordination of the relevant sectors to embrace the One Health approach;
- Strengthen risk and crisis communication units of the EAC Secretariat and Partner State’s ministries;
- Strengthen the Points of Entry to prepare and response to outbreaks or events;
- Roll out EAC and RVF contingency plans & SOPs at the regional, national, sub national, community levels covering also points of entry. This should include dissemination & sensitisation of key stakeholders & in particular policy makers.
- Establish clear and mechanisms of sharing surveillance data and information between the Partner States and the EAC Secretariat;
- Establish a fund to respond to emergency disease outbreaks.

Recommendations - Testing

- Regularly undertake exercises to test and assess emergency plans and respective SOPs and thorough preparations for FSX.
- Stock pile items in readiness for emergencies at Health facilities and animal health departments that act as referral points for any cases identified.
- Capacity building of all staff working at the border post is paramount to prepare to respond to large scale emergencies.
- Exchange visits can be organized to border points that have an existing animal holding facilities like the Moyale Border post in Kenya to learn good lessons on facility development.

Going Forward

- Planning for the FSX in June participants will need;
  – Better understanding of SOP’s and Plans for Health Emergencies by a collaborative revision of these plans,
  – Better understanding of cross border challenges by border agencies working together to discuss planning implications at the local level,
  – Better collaboration between local, district and national groups by focusing on all levels; not just national, and strengthening district level planning,
  – Better understanding of the role of EAC by reviewing and discussing plans for cross border events.

Final Word

- The FSX is a PRACTICAL event,
- Teams will need to have in place material & equipment they will use in a real health emergency; these needs to be procured and installed in advance,
- Teams will need to be familiar with and understand how to deploy materials and equipment. They will need to practice BEFORE the event, either in their own functional groups or in collaboration with others,
- Teams will need to do this INDEPENDENTLY. Do it yourself and do it now.
Questions
Annex V

EAST AFRICAN COMMUNITY:
CONCEPT NOTE FOR JOINT CROSS BORDER FIELD SIMULATION EXERCISE (FSX)

Date of simulation: Early June 2019
Location: Namanga border

1. Introduction

On behalf of the East African Community (EAC) Secretariat, the WHO convened a cross-border Table Top Exercise (TTX) on 4-5 September 2018 at Mt. Meru Hotel, Arusha, Tanzania. The purpose of the simulation exercise was to validate the capacity of EAC Partner States to prepare and respond to public health events adopting a One Health approach. As agreed during the planning phase of the TTX, the experiences and key recommendations from the TTX will guide the design and implementation of the Field Simulation Exercise (FSX). The FSX will therefore build on the scenario used during the TTX, including an escalated fictitious scenario of Rift Valley Fever (RVF) with human to human transmission.

This exercise concept provides a broad overview of the simulation context. It outlines what needs to be achieved and how. The overall purpose of this document is to provide a conceptual framework around the development and implementation of the planned exercise. It will provide background information on the task-based Steering and Exercise Management Groups, date and venue of the simulation, its purpose, scope, objectives, an overview of the scenario, a list of proposed participants and time frame.

The concept note gives the Exercise Management group the authority to formally begin planning the activities, which is approved by the Exercise Steering group. The FSX implements a decision taken by the Sectoral Council of Ministers of Health in March 2015. It directed the EAC Secretariat to conduct a cross-border simulation exercise at the Namanga border between the Republic of Kenya and the United Republic of Tanzania. In the same report, the Sectoral Council urged Partner States to establish and/or strengthen Port Health Services on the “One Health” approach at the Points of Entry (PoE).

While Kenya and Tanzania will be the main implementers of the exercise, representatives from Burundi, Rwanda, South Sudan and Uganda will also be invited to participate actively in the simulation.

2. Background

Simulation exercises provide an effective means of monitoring, testing and strengthening the operational readiness to respond to public health emergencies. Field simulation exercises provide a tool for improving preparedness at the organizational level and among staff. Well-structured
exercises present an opportunity to organizations to identify gaps and weaknesses in resources, planning and procedures and clarify specific roles and responsibilities. The exercises also provide an opportunity to train staff members to be ready to respond to situations similar to those in the exercise through hands-on practice and experience.

With the adoption of the International Health Regulations (IHR) by the World Health Assembly in May 2005, states agreed to develop, strengthen and maintain public health core capacities for prevention, surveillance, control and response at designated PoEs as specified in IHR Annex 1. The proposed simulation offers a unique opportunity to assess the capacity of EAC Partner States to prepare and respond to public health events within the principle of One Health at all levels of health care. This is especially important in today’s interconnected world where diseases can spread more quickly and easily across borders than ever, as evidenced by recent outbreaks.

The FSX will take place over several days (including exercise briefing, conduct and evaluation) and will take place at Namanga border, of Tanzania and Kenya on the first/second week of June 2019 (to be confirmed). It is supported by the Support to Pandemic Preparedness in the EAC Region project that GIZ implements on behalf of the German Government. The World Health Organization’s (WHO) Country Preparedness and IHR Department will lead and coordinate the planning, design, organisation, realisation and post-processing of the exercise in line with its mandate.

3. Purpose, Scope, Objectives and Expected Results

Purpose
The purpose of the cross border FSX is to assess and further enhance multi-sectorial outbreak preparedness and response in the East African region adopting a One Health Approach. The exercise will validate and identify strengths and weaknesses in regional and national emergency preparedness and response plans, including the regional contingency plan, and the regional risk and crisis communication strategy that is currently being developed. The FSX will familiarize participants on the roles and responsibilities of One Health stakeholders involved in the response including in coordination and collaboration mechanisms, emergency deployment, logistics and administrative processes, risk and crisis communication, and emergency management and leadership.

Scope
The FSX will be an operations-based exercise characterized by actual response, mobilization of apparatus and resources and commitment of staff. The exercise will be conducted in a setting developed to be as realistic as possible and safe for all the participants, this will include the actual deployment of resources required for coordination and response.

The field simulation exercise will simulate a cross border Rift Valley Fever outbreak, aggravated by environmental factors and with impact on humans and animals, lives and livelihoods, agriculture, trade and tourism and the economy as a whole. Infections and deaths will trigger the activation of national and regional preparedness and response mechanisms emphasising the importance of the One Health approach and of appropriate risk and crisis communication. The FSX will be designed to validate policies, plans and procedures for event detection, alert and response capacities and the
The roles of One Health stakeholders to address the outbreak, including the Jomo Kenyatta International Airport in Kenya and the Kilimanjaro International Airport in Tanzania.

The FSX will focus on coordination at the national level and sub-national levels, with participation from the district/sub-county and regional/county levels including the EAC Secretariat. As part of capacity building, the exercise will also play a key role in familiarising exercise participants with existing policies, plans and procedures for preparedness and response. Key documents to guide the exercise development will be Rift Valley Fever contingency plans as well as overall national and EAC Regional One Health contingency plans.

Objectives
The EMG will develop the simulation exercise, the anticipated actions and the evaluation criteria based on key reference documents and in line with the agreed specific objectives which are:

- To assess early warning and event detection mechanisms at Points of Entry particularly at Namanga border but with some elements focusing on airports;
- To validate coordination mechanisms and information sharing channels between sectors and countries, (e.g. activation of the incident management system and relevant Emergency Operations Centres)
- To test the deployment of emergency treatment centres and multi sectorial rapid response teams (e.g. contact tracing, case management, patient triage, risk communication, etc.)
- To exercise the deployment of mobile laboratories in the field and biosafety and biosecurity measures,
- To practise regional SOPs for pandemic preparedness and risk & crisis communication; (e.g. SOPs on press releases, press conference, etc.)
- To capture best practises and ensure transfer of lessons learned to the EAC community and other regional economic communities and African regions

Expected Results
The following are the expected results of the FSX:

a) Participants actively practice and reinforce their knowledge of Public Health Emergencies,
b) Participants are familiar with and can apply the national and regional instruments on outbreak control and management,
c) Participants know the different disease emergency response mechanisms,
d) Participants know and practice their roles and responsibilities,
e) Strengths and weaknesses of the existing plans identified,
f) Action plans developed for follow up.

4. Steering Group (SG) and the Exercise Management Group (EMG)
The Steering Group (SG) and the Exercise Management Group (EMG) (Annex A); will be responsible for the design and implementation of the FSX. The SG and EMG were established and mandated by the EAC Simulation Exercise Stakeholder Meeting held on 12-13 July 2018, at the EAC Headquarters in Arusha, Tanzania. The EMG assists with assigned tasks and responsibilities in the preparation, design and realisation of the simulation. The scenario was will be approved by the FSX-Steering
Group. As the convener of the exercise, the EAC Secretariat, represented by the Head of Health Department, is responsible for the overall planning, conducting and evaluation of the FSX.

SG and EMG comprise representatives from the EAC Secretariat as the convener, from the two actively involved Partner States, from the Eastern, Central, Southern African Health Community (ECSA-HC), WHO as the lead coordinator and implementer, the World Organisation for Animal Health (OIE) and the United Nations Food and Agriculture Organization (FAO/ECTAD) to assure implementation of the One Health approach. The members that represent the actively involved Partner States in both groups were officially nominated by Kenya and Tanzania.

A stakeholder meeting with representatives from all Partner States and Regional and International Organizations will be conducted to kick start the FSX planning process.

5. Partnership and commitments
The international partners who are interested in taking part in the exercise are the US Centres for Disease Control and Prevention (CDC), the United States Agency for International Development (USAID), One Health Central and Southern Africa (OHCEA), East, Central and Southern Africa Health Community (ECSA-HC), Public Health England (PHE) and the German Federal Friedrich Loeffler Institute for Research on Animal Health. The international organisations will function as observers and assessors together with the members of the FSX-Steering and Exercise Management Groups, while the participants from Kenya and Tanzania and representatives from the other EAC Partner States are actively involved in the exercise. The success of this cross border FSX will depend on the effective collaboration of all these stakeholders.

6. Scenario
The fictitious scenario of a cross-border Rift Valley Fever (RVF) outbreak will cover a simulated period of 1 year to depict the extended period of time observed in large scale emergencies that require international and regional support. The FSX will be an operations-based exercise characterized by actual response, mobilization of apparatus and resources and commitment of staff.

Based on the recent need to prepare EAC Partner States for Ebola due to current outbreak in Democratic Republic of Congo, the fictitious component will include RVF virus that will mutate into a pathogen that can be transmitted between humans causing severe haemorrhagic fever resulting to increased number of cases and deaths. This will allow testing/exercising of Partner States capacity to prepare and respond to an Ebola like situation using the One Health Approach.

Infections and deaths among animals and humans will be reported in different parts of Kenya and Tanzania. The scenario will include but not limited to elements of public anxiety, insecurity, and spread of rumours, intense media interest with press releases, press conference, facility infections, death of health workers, surveillance, contact tracing, activation of the incident management system and relevant Emergency Operations Centres, deployment of rapid response teams, deployment of active case search, case management and emergency treatment centres, triage of simulated patients, deployment of mobile laboratories, Biosafety and biosecurity measures, safe and dignified...
burial, psychosocial support, research and the need for inter-sectoral coordination. Risk
communication will be a cross cutting component of the FSX.

The scenario will be built and implemented around four stages namely: Event detection, alert,
response and recovery. It will depict the normal chain of events of a fictitious RVF outbreak with
surveillance and metrological reports, dry season, heavy rainfall/floods, animal abortions and
deaths, restricted animal movement and bans on trade of animal and animal products followed by
high morbidity and fatality among human.

7. Key reference documents
The following documents were identified as key references for the FSX:

National level Kenya and Tanzania
a) National contingency plan for Rift Valley Fever
b) All Hazard Public Health Emergency Preparedness and Response plan (draft version Kenya)
c) National Disaster Management Act
d) Animal disease Act

EAC regional level
a) The East African Community Regional Contingency Plan for Epidemics Due to Communicable
   Disease, Conditions and Other Events of Public Health Concern 2018-2023
b) EAC SOPs (Pandemic preparedness, risk and crisis communication)

International level
a) International Health Regulations 2005
b) The OIE Terrestrial Animal Health Code

8. Methodology
Design and implementation
The FSX will be designed into three main phases namely; pre-exercise planning and material
development, exercise execution and post exercise reporting and hand over. The functions to be
assessed will be determined by the EMG during the design phase of the FSX. To ensure interactive
testing of capabilities, procedures and emergency response of the organizations and staff, the EMG
will develop simulation materials that will be conveyed on paper, by phone or through simulated
media and role players during exercise execution. Different exercise sites in Namanga border will be
used for the FSX. The simulation exercise is planned for an overall duration of a week as follows: 1) Preparatory
day, 2) Training/induction for FSX participants and opening ceremony, 3) Two-day simulation exercise, 4) One day debriefing and evaluation, 5) Two days of SG and EMG FSX
evaluation.

Evaluation
The success of a FSX largely depends on the feedback from participants during the debriefing
sessions and the impact this feedback has on the evaluation and revision of policies, plans and
procedures. Evaluation process will be conducted by observers and assessors drawn from different
international organizations and EMG. The evaluation will involve observing the exercise activities
and recording the activities of the group against the objectives and the expected actions/outputs for each of the functions tested.

In order to objectively evaluate an exercise or an actual response the evaluation process needs to be thorough and organised. The evaluation indicators and the evaluation strategy will be developed by the EMG. Evaluation activities will take place in each of the stages of the exercise, the planning phase, the actual conduct of the exercise and the post-exercise phase.

9. Operational issues

Finances and project costs
The simulation project is planned, conducted and evaluated by WHO under a financing agreement with GIZ. WHO will pay for flights, transport, accommodation, DSA, venue and conference package. International organisations and agencies are expected to cover their own costs. Funding requests have been made to other development partners to support the simulation exercises.

10. Participants

The FSX is primarily targeted at a total of 100 participants. These will be emergency preparedness and response staff from Tanzania and Kenya respectively, as well as selected EAC participants. The participants will be identified on the basis of the objectives of the FSX, their respective professional functions and roles rather than as individuals. The majority of the participants will be drawn from the Namanga border region.

11. Observers

In addition the EAC Secretariat and involved Partner States representatives from Burundi, Rwanda, South Sudan and Uganda will be invited to observe the exercise. The observers should represent various sectors from the One Health approach and can come from regional, national, country or district levels. The total number of observers should be limited to maximum 10 from each country in order for the FSX to succeed.

Following the FSX, a regional meeting is scheduled to share experiences and best practises among EAC Partner States and to enhance information sharing and collective learning.
### 10. Timeline

Below table provides an overview of the key planning activities and tasks to be completed by month.

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Description</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Oct</td>
<td>Nov</td>
</tr>
<tr>
<td>1</td>
<td>FSX Stakeholder meeting</td>
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<tr>
<td>2</td>
<td>1st SG and EMG meeting</td>
<td></td>
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<tr>
<td>3</td>
<td>Research and finalization of concept note and development of scenario narrative, storyline, injects, list of participants, agenda</td>
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<tr>
<td>4</td>
<td>4-5 EMG meetings between January and June 2019 (dates to be confirmed)</td>
<td></td>
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<tr>
<td>5</td>
<td>Invitation sent to participants, sensitization of partner state authorities/sectoral heads, get necessarily approvals up to Presidency/prime Minister level</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Development of Administrative and Logistics task list</td>
<td></td>
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<tr>
<td>7</td>
<td>Procurement of FSX materials</td>
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<tr>
<td>8</td>
<td>Confirmation of participants received, and booking transport and accommodation</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Evaluation strategy and checklist completed</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td>Potential exercise venues selected and reservation made for use</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>Administrative and Logistics information note send to participants</td>
<td></td>
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<tr>
<td>12</td>
<td>Participant briefing finalised by respective countries focal persons and Ministry of East Africa Affairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training/orientation of role players, observers and assessors</td>
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<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td>14</td>
<td>TTX presentation and injects finalised and printed, partners logos in cooperated</td>
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<tr>
<td>15</td>
<td>Venue set-up</td>
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<tr>
<td>16</td>
<td>Exercise conducted</td>
<td></td>
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<tr>
<td>17</td>
<td>Exercise de-briefed and evaluated</td>
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<tr>
<td>18</td>
<td>Development of Exercise report</td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>Dissemination of Exercise report</td>
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<tr>
<td>20</td>
<td>Closure of Exercise project</td>
<td></td>
<td></td>
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</tbody>
</table>
# Annex A: Composition of FSX Steering Group and Exercise Management Group

<table>
<thead>
<tr>
<th>Function</th>
<th>Name</th>
<th>Organization</th>
<th>Main responsibility</th>
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<tbody>
<tr>
<td><strong>Convener of FSX</strong></td>
<td>EAC Secretariat Head of the Health Department</td>
<td>EAC</td>
<td>Project management</td>
</tr>
<tr>
<td><strong>FSX-Steering Group (SG)</strong></td>
<td>Damascent Kabanda Trade Economist</td>
<td>EAC Trade</td>
<td></td>
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<tr>
<td></td>
<td>Fahari Gilbert Marwa Principal Agricultural Economist</td>
<td>EAC Agriculture</td>
<td></td>
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<tr>
<td></td>
<td>Dr Michael Katende Coordinator EAC Integrated Health Programme</td>
<td>EAC Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pauline Nandako Nafula Kituyi Ministry of East African Community Affairs Namanga</td>
<td>MEACA Kenya</td>
<td></td>
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<tr>
<td></td>
<td>Not nominated (N.N.) Directorate Veterinary Services</td>
<td>Veterinary Services</td>
<td></td>
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<tr>
<td></td>
<td>N.N. Military</td>
<td>Military Kenya</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Edward A. Komba Ministry of East African Community Affairs</td>
<td>MEACA Tanzania</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Mary Archson Makata Ministry of Health, Community Development, Gender, Elderly and Children</td>
<td>MOHCDGEC Tanzania</td>
<td></td>
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<tr>
<td></td>
<td>N.N. Directorate Veterinary Services</td>
<td>Veterinary Services</td>
<td></td>
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<tr>
<td></td>
<td>N.N. Military</td>
<td>Military Tanzania</td>
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<tr>
<td></td>
<td>Allan Bell Specialist Consultant Department of Country Health Emergency Preparedness &amp; IHR</td>
<td>WHO Headquarters</td>
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<td></td>
<td>Dr Thomas Dulu Programme Officer Sub-regional representation for Eastern Africa</td>
<td>OIE</td>
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<tr>
<td></td>
<td>Dr Irene Lukassowitz Project Manager Support to Pandemic Preparedness in the EAC Region</td>
<td>GIZ</td>
<td></td>
</tr>
<tr>
<td><strong>Exercise Management Group (EMG)</strong></td>
<td>Hilary Kagume Njenge Simulation Project Coordinator</td>
<td>WHO</td>
<td>Lead facilitator</td>
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</tr>
<tr>
<td>Dr Grace Saguti Disease Prevention and Control Officer</td>
<td>WHO Tanzania</td>
<td>Lead facilitator</td>
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<tr>
<td>Dr. David Balikowa Senior Livestock Officer</td>
<td>EAC Agriculture</td>
<td>Facilitator</td>
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<tr>
<td>Florian Mutabazi Communications Officer</td>
<td>EAC Communications</td>
<td>Facilitator</td>
<td></td>
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<tr>
<td>Dr Willy Were Medical Epidemiologist</td>
<td>ECSA HC</td>
<td>Facilitator</td>
<td></td>
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<tr>
<td>Dr James Nyongesa Wakhungu Veterinary Officer Namanga</td>
<td>Veterinary Services, Kenya</td>
<td>Facilitator</td>
<td></td>
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<tr>
<td>Dr Lyndah Makayoto Medical Epidemiologist</td>
<td>MoH, Kenya</td>
<td>Facilitator</td>
<td></td>
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<tr>
<td>N.N. Animal Health</td>
<td>Animal Health, Tanzania</td>
<td>Facilitator</td>
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</tr>
<tr>
<td>Dr George Cosmas Kauki Medical Doctor, Epidemiologist</td>
<td>MOHCDGEC, Tanzania</td>
<td>Facilitator</td>
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<tr>
<td>Dr Fasina Folorunso, ECTAD Country Team Leader</td>
<td>FAO</td>
<td>Facilitator</td>
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<tr>
<td>Timothy Wesonga, Preparedness and One Health Advisor</td>
<td>GIZ/EPOS</td>
<td>Facilitator</td>
<td></td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td><strong>Hannah Oyss Upendo Maeda</strong></td>
<td><strong>GIZ</strong></td>
<td><strong>Support</strong></td>
</tr>
</tbody>
</table>
Overview of planned Field simulation Exercise

Annex VI
Purpose, Scope, Objectives & Participants
Presentation by Frederik Copper (WHO)

Public Health Emergency Response Simulations

"An exercise is a form of practice, training, monitoring or evaluation of capabilities, involving the description or simulation of an emergency, to which a described or simulated response is made." WHO Guide 2016

3 Main Reasons:
• Validation
• Training
• Testing

Four Exercises Types

Table Top Exercise

Table Top exercises (TTX): A Table Top exercise is a facilitated discussion of an emergency situation, in an informal, low-stress environment. It is designed to elicit constructive participant discussion, to identify and resolve problems and refine existing operational plans.

Field/Full Scale Exercise

A field/full-scale exercise simulates a real event as closely as possible. It is designed to evaluate the operational capability of emergency management systems in a highly stressful environment, simulating actual response conditions.

• This level of realism requires the mobilization and deployment of:
  - Emergency personnel, equipment & resources.

Proposed FSX Purpose

Purpose
• To assess and further enhance outbreak preparedness and response
• Involve the “One Health Approach”.

The exercise will
• Identify and validate strengths and weaknesses in regional and national emergency preparedness and response plans, including the regional contingency plan and the regional risk and crisis communication strategy that is currently being developed.
### ‘One Health’ Approach

What is ‘One Health’?

- No one single definition
- The term ‘One Health’ refers to:
  - taking a multisectoral, multi-disciplinary approach
  - ensuring communication, collaboration, and coordination among all relevant ministries, agencies, stakeholders, sectors, and disciplines, for optimal action.
- The One Health approach is particularly relevant in complex health issues at the
  - human – animal – environment interface

### Proposed FSX Scope

The FSX will be:

- An operations-based exercise
- Characterized by actual response, mobilization of apparatus and resources and commitment of staff.
- Will include the actual deployment of resources required for coordination and response.

The exercise will be conducted in a setting designed to be as realistic as possible while providing a safe space for all participants to practice essential skills.

### Proposed FSX Scope (Scenario)

The proposed scenario includes:

- A simulated cross border Rift Valley Fever outbreak aggravated by environmental factors
- Will include significant impact on humans and animals, and will incorporate impacts on;
  - lives and livelihoods,
  - agriculture,
  - trade
  - tourism
  - Local and regional economy

### Proposed FSX Objectives

**Local (Namanga border):**

- To assess early warning and event detection mechanisms, particularly event reporting through sentinel systems
- To practice actions at Points of Entry (land and airport) including incident management

**National:**

- To validate coordination mechanisms and information sharing channels between sectors,
- To test the deployment of emergency treatment centres and multi-sectorial rapid response teams
- To exercise the deployment of mobile laboratories in the field and biosafety and biosecurity measures,

**Regional:**

- To validate coordination mechanisms and information sharing channels (notification) between countries
- To practice regional SOPs for pandemic preparedness and risk & crisis communication;
- To capture best practices and ensure transfer of lessons learned to the EAC community and other regional economic communities and African regions

### Proposed FSX Participants

- 100 emergency preparedness and response staff from Tanzania and Kenya respectively,
- Regional EAC participants.

- Participants criteria;
  - Staff relevant to the the objectives of the FSX
  - Professional functions and roles

- Expected that the majority of the participants will be drawn from the Namanga border region.

### Proposed FSX Observers

- The EAC Secretariat and involved Partner States representatives from Burundi, Rwanda, South Sudan and Uganda,
- The observers will represent various sectors from the One Health approach and can come from regional, national, country or district levels.
- The total number of observers should be limited to maximum 3 from each country (2 funded & 1 self-funded).
- Observers should include representative from different sectors, including:
  - Public One Health institutions including labs and hospitals,
  - Points of Entry including border posts and airports (e.g. Police/military)
  - Agriculture, trade, tourism, civil society including religious leaders,
  - East African experts who fought Ebola in West Africa.
- Lastly some media and Regional and international partners will be invited.
FSX Management (based on TTX experience)

Exercise Management Group (EMG)
- Planning & Material development
- Conduct, run and smooth facilitation of the FSX
- Evaluate and debrief of FSX
- Manage procurement, logistics, admin & finance;

Steering Committee (SC)
- Oversee the process
- Liaise with all relevant stakeholders
  - upwards (all the way up to the presidency) and downwards (all the way down to the communities);
- Convey content and process information

FSX Questions

Group Work

- In your tables review the concept note Purpose, Scope & Objectives (page 2 & 3) and provide your group feedback in Plenary (30 min).

- Your feedback is important as it will be used for the EMG in the finalization of the FSX concept note
ANNEX VII.1.: Results from FSX roadmap group discussions

Group 1: Identify key sectors, stakeholders as well as key officials that need to be notified and engaged

**Tanzania**
1. Ministry of Home Affairs  
   a. Immigration  
   b. Police  
   c. Fire and Rescue Force  
   d. State Security  
2. Ministry of Livestock and Fisheries  
3. Prime Minister’s Office  
   a. Disaster  
4. Ministry of Health, Community Development, Gender, Elderly and Children  
   a. Health including laboratories  
5. Local Governments  
6. Ministry of Education  
7. Private sector / practitioners  
8. Professional regulatory bodies  
9. Civil Aviation Authorities  
10. Faith based organizations (FBOs) - Muslims and Christians  
11. Local Utility Boards  
12. District and regional Commissioners  

**Kenya**
1. Ministry of Health including laboratories  
2. Ministry of Interior  
   a. Immigration department  
   b. Internal security - NDOC  
3. Ministry of Agriculture and Livestock  
4. Ministry of Defense  
5. Ministry of Trade  
6. Ministry of Environment (including metrology)  
7. Council of Governors  
   a. Governor Kajiado  
   b. Public Health Office  
   c. Public Livestock Office  
   d. Trade Officer  
8. Ministry of Tourism and Wildlife  
9. Ministry of Education  
10. Commissioner General KRA - Customs  
11. Local Chiefs  
12. Faith based organizations (FBOs) - Muslims and Christians  
13. Private sector / practitioners  
14. Professional regulatory bodies  
15. Civil Aviation Authorities  
16. Local Utility Boards
17. District and regional Commissioners

Other stakeholders
1. EAC Secretariat - originate letter  
   a. CASSOA
2. Ministry of East African Community – initiates communication to relevant offices in liaison with relevant officials. Official communication cc to all six Partner States
3. ECSA-HC
4. Governor/ Local government
5. African Union
6. WHO
7. OIE
8. FAO
9. FLI
10. CDC
11. Africa CDC
12. OHCEA
13. Public Health England
14. Red Cross
15. USAID
16. GIZ/BMZ/German Embassy DAR
17. KiW/BNITM
18. EU
19. AMREF
20. AU-IBAR
21. Council of governors (requested to inform the relevant governor and departments)
22. Cross Border Trader Associations (CBTAs)
23. Farmers Association
24. Transport associations
25. Academia and research institutions
26. EAHRC
27. Media
28. Local schools
29. Communication authorities

Notification - International
1. WHO
2. OIE through the officially channels
3. FAO
4. African Union
5. Public through the administrators

Special notification at country level
1. Office of President/ Prime Minister
2. Regional/County Administrators
3. District Administrators

Plenary presentation discussions - comments from participants
- EAHRC – East African Health Research Commission
Some categories need to be specified e.g. research institutions, e.g. ILRI, icipe, schools of public health
- Entomology and meteorology
- Kenya tourism tour operators and hotel operators (they are affected and should be included).
- TPRI and TAWIRI (include for Tanzania)
- Ministry of Defence (for Tanzania needs to be added)
- Ministry of Tourism (add for Tanzania)

Group 2: Identify key activities for realisation and timeline, including external communication and public information

**Tanzania:**
- Notification of the administrative and political structures
  - Time: Immediately (October – November 2018)
- Identify the participants
  - Time: January 2019

**Kenya:**
- Identify the venue
  - Time: March 2019
- Logistics and resources (Identification and Quantification)
  - Time: By March 2019
- Awareness
  - National Levels
  - Regional level
  - International
  - Time: continuous

**Others and EAC**
- Orientation of participants on their responsibilities on FSX
  - Time: April – May 2019

Group 3: Identify key functions that need to be tested/validated and the formal steps incl. cross border issues

**Tanzania** – activities to test:
1. Early warning systems – event based surveillance established in Longido District
2. Surveillance and early detection at Port Health Facilities
3. Field sample collection, storage, shipping and testing
4. Development / preparation of holding and treatment centers
5. Sectoral risk and crisis communication
6. Activation of incident management system and emergency operation center
7. Activation of available documents (e.g. plans, SOPs)
8. Logistics and mobilization of resources during RVF outbreaks to treatment centers
9. Adherence to infection, prevention and control of RVF to health workers, slaughterers etc.

**Kenya**

**Key Functions:**
- Early warning
- Detection
- Coordination, command and control
- Case management
- Emergency response plans
- ACSM
- Surveillance – active case search
• Vector control
• Laboratory (confirmation, biosafety)
• Vaccination

Formal Steps:
• Establishment of task forces (national, county, sub county, cross border committee)

Roles and Responsibilities

National Task Force:
• Issue guidelines
• Resource mobilization
• Training
• Laboratory services

County Task Force:
• Resource mobilization
• Risk assessment
• Community mobilization
• Media engagement

Cross Border Committee:
• Monitor the situation as it evolves
• Periodic updates and reviews
• Community mobilization and education

Other and EAC

Key Functions:
1. Operation and early warning system
2. Risk and crisis communication
   a. SOPs
   b. Information sharing / dissemination
   c. Communication facilities
   d. Engagement of the media
   e. Communication materials
3. Deployment of Regional Rapid Response Teams
   a. Composition of team
   b. Facilitation
   c. Time
4. Operation of Emergency Command Center
   a. Regional Incident Manager
   b. Facilities
   c. Training of staff
5. EAC coordination capacity
   a. Meeting (cross border)
   b. Shared resources
   c. Info flow
   d. M&E
   e. Reporting
   f. Resource mobilisation
Group 4:
Propose FSX sites and venues in Namanga, date and logistic arrangements

**Date of FSX:** Tuesday to Friday, 4-7 June 2019

**Sites (within a 10 km radius):**
- Jomo Kenyatta and Kilimanjaro international airports
- The One Stop Border Post (OSBP) at Namanga (KE & TZ)
- Namanga Human Health Centre (Laboratory) (KE) and/or Dispensary (KE & TZ)
- Holding ground for livestock (TZ)
- Livestock quarantine (KE)
- Isolation room (KE & TZ at OSBP)
- Slaughter Houses (KE & TZ)
- Farm with ruminants (KE)
- Interface wildlife, livestock, humans (KE & TZ)
- Local ambulance services (KE & TZ)

**Venues:**
- Opening day: Namanga River Hotel
- Hotels and guesthouses in the Namanga region & tents (for example from the military)
- Meeting public open space - stadion (TZ)

**Logistic arrangements:**
- Catering facilities (Tourism Kenya takes the lead for the opening day)
- Transport (airports – Namanga and between venues)
- Temporary toilets
- Security arrangements for 150 people
**Table Top Exercise**

Table Top exercises (TTX): A Table Top exercise is a facilitated discussion of an emergency situation, in an informal, low-stress environment.

It is designed to elicit constructive participant discussion, to identify and resolve problems and refine existing operational plans.

What | Why | How | When
--- | --- | --- | ---

**Field/Full Scale Exercise**

A field/full-scale exercise simulates a real event as closely as possible. It is designed to evaluate the operational capability of emergency management systems in a highly stressful environment, simulating actual response conditions.

- This level of realism requires the mobilization and deployment of:
  - Emergency personnel
  - Equipment & resources.

**TTX Recommendations: Forward**

- Planning for the FSX in June participants will need:
  - Better understanding of SOPs and Plans for Health Emergencies by a collaborative revision of these plans,
  - Better understanding of cross border challenges by border agencies working together to discuss planning implications at the local level,
  - Better collaboration between local, district and national groups by focusing on all levels; not just national, and strengthening district level planning,
  - Better understanding of the role of EAC by reviewing and discussing plans for cross border events.

**Linkage**

Key activities in the lead up of the FSX

- Updating and aligning regional plans with national plans (EAC & EAC Partner States)
- Training of key response staff (Tanz/Kenya & Partners)
- Checking material & equipment (Tanz/Kenya)
- Capacity building activities, including TTX and drills (Tanz/Kenya & Partners)
- Sensitization Workshops of PoE staff (Tanz/Kenya, partners & EMG)
- Community engagement & FSX awareness raising (EMG)
- FSX planning and preparations (EMG)
### General Items Required for Field Simulation Exercise

<table>
<thead>
<tr>
<th>SECTORS</th>
<th>QUANTITY</th>
<th>LIST POTENTIAL SOURCE OF ITEM/DONOR</th>
<th>TIME LINE FOR COMMITMENT/SUPPLY</th>
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<tbody>
<tr>
<td><strong>1 Health</strong></td>
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<tr>
<td>a Clinics/hospitals</td>
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<td>Investigation / surveillance forms -</td>
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<td>Vaccines</td>
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<td>Case Definitions</td>
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<td>Isolation facility</td>
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<tr>
<td>Rapid response team members</td>
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<td>Rapid response Protocols like SOPs</td>
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<td>Triage</td>
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<td>Patients</td>
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<tr>
<td>Ambulance</td>
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<td>Present in Kenya Namanga health</td>
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<td>Beds</td>
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<tr>
<td>Case management items for clinician: syringes, needles, thermometers, infusions etc</td>
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<tr>
<td><strong>b Lab</strong></td>
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<tr>
<td>Sample collection items</td>
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<tr>
<td>Reagents</td>
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<tr>
<td>Rapid Diagnostic Kits</td>
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<td>Mobile labs</td>
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<tr>
<td><strong>c Safe and dignified burial</strong></td>
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<td>Body bags</td>
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<td><strong>4 Veterinary</strong></td>
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<td>Investigation / surveillance forms - case definitions</td>
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<td>PPEs</td>
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<td>Rapid response team members</td>
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<tr>
<td>Sample Collection storage and transportations materials e.g cool</td>
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<td><strong>5 Security and safety</strong></td>
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<tr>
<td><strong>Cordon tape</strong></td>
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<td><strong>Iron bars</strong></td>
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<td><strong>Police and military personnel</strong></td>
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<tr>
<td><strong>First Aid Kit</strong></td>
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</tbody>
</table>

### 6 POE
- Thermo Scanners (hand held)
- Isolation Facility
- Registration/investigation Forms
- assorted IPC; sprayers, disinfectants, gloves etc
- Remote parking are for evacuation
- Standby ambulance

### 7 Risk Communication and Community engagement
- Communication-education materials
- Volunteers
- Community

### 8 Transport
- Vehicles
- Fuel for vehicles

### 9 Accommodation
- Tents and water supply to be considered
- Military Kenya and Tanzania, other partners, proposal
- showers
- Toilets
- List of Hotels; River hotel plus others on both borders, book
- List of possible venues
- Catering; food, refreshments etc
- List of potential suppliers of catering services at Namanga, Lydia Mwakyoma from Tanzania from stakeholders meeting a
- Sleeping bags

### 10 Communication
- internet source
- Mobile Phones and airtime
- Computer
<table>
<thead>
<tr>
<th>Administration &amp; Logistics</th>
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<tbody>
<tr>
<td>Logisticians</td>
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<td>Visa</td>
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<td>Banners</td>
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<td>invitation letters, Welcome pack</td>
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<tr>
<td>Standby generators</td>
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<tr>
<td>Labelled T shirts/reflectors for exercise staff, observer, evaluators</td>
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<td>Badges for participants</td>
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<tr>
<td><strong>Stationary (Details Sheet 2)</strong></td>
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<tr>
<td><strong>Equipment and Materials (Details sheet 2)</strong></td>
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<thead>
<tr>
<th>Trade</th>
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<tr>
<td>Moisture metres</td>
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| Tourism                    |  |

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<thead>
<tr>
<th>Airports</th>
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<tr>
<td>Thermoscanners</td>
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<td>Investigation forms</td>
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<th>Environmental Health</th>
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<tr>
<td>Eco friendly garbage bins</td>
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<tr>
<td>Consider waste management after</td>
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<th>Video and photography team</th>
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<td>Cameras</td>
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<tr>
<td>Videos</td>
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<tr>
<td>Consider clearance when taking videos and pictures with security personnel around, including all other participants approval to be included in FSX photos and videos</td>
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<thead>
<tr>
<th>General for all Sections</th>
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<tbody>
<tr>
<td>Plans and SOPs from all the sections</td>
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</table>
**Observers and Assessors – Discuss roles and select**

**Annex IX**

Presentation by

*Timothy Wesonga (GIZ/EPOS)*

---

**Observers and Assessors – Discuss roles and select**

- Observers: Person who observes the exercise. Observers may submit their observations as part of the evaluation process, although they have no official role in the conduct of the exercise.

- Assessors/Evaluators: a person who gathers data from the exercise and analyses whether the objectives and the targets of the exercise were met. Their evaluation will include overall performance, operational effectiveness, quality control, capabilities, strengths and weaknesses, and areas for improvement.

---

**Observers and Assessors – Discuss roles and select**

Observers:
- Neighbouring Countries-Max 3 Per Country
- Media
- Donors

Assessors/Evaluators:
- Evaluators from the exercise management team
- Partners
- Academia / Researchers
Way Forward: Outline & Process

**Annex X**

**Presentation by**
Frederik Copper (WHO)
Timothy Wesonga (GIZ/EPOS)

---

**FSX Project Overview**

- **Planning & Material Development**
  - 1. Run / Control the exercise
  - 2. Capture the outcomes (actions, outcomes, decisions, key comments and challenges)
  - 3. Exercise debriefing

---

**FSX Road Map**

- **October 2018 – June 2019**
- **June 2019**
- **July 2019**

---

**FSX Management (based on TTX experience)**

**Exercise Management Group (EMG)**
- Planning & Material development
- Conduct, run and smooth facilitation of the FSX
- Evaluate and debrief of FSX
- Manage procurement, logistics, admin & finance;

**Steering Group (SG)**
- Oversee the process
- Liaise with all relevant stakeholders
- upwards (all the way up to the presidency) and downwards (all the way down to the communities)
- Convey content and process information

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**Steering Group (SG)**

- Damascus Kabanda EAC Trade
- Fahari Gilbert Manwa EAC Agriculture
- Dr Michael Kalende EAC Health
- Pauline Nandako Natula Kibyl MEACA Kenya
- Athman Juma Mwatondo MoH Kenya
- Geoffrey Gitau Mukora Veterinary Service Kenya
- Kenya to nominate -Military
- Office of President Kenya

- Edward A. Komia MEACA Tanz
- Dr Mary Arthson Makata (Elias Kwee) MoH Tanz
- Dr Benezh Lutege Malinda Veterinary Service Tanz
- Major Enoch Meakyosa Military Tanz
- Prime Minister’s Office Tanz
- President’s Office Tanz
- Dr Irene Lukassowitz GIZ
- Dr Thomas Olu OE
- Frederik Copper WHO
Exercise Management Group (EMG)

- Florian Mutabazi EAC Comms
- Dr David Balingwa EAC Agriculture
- Dr Willy Were (Benefit Mushi) ECS AHC
- Dr James Nyongesa Waktungu Veterinary Service Kenya
- Dr Lyndah Malagoto MoH Kenya
- Major Dr Mary W. Njoroge Military Kenya
- Vida Mwabu (Dr. George Cosmas Kauli) MoH Tanzania
- Dr Emanuel Senyewill Swai Veterinary Service Tanzania
- Military Tanzania
- Hilary Kagome Njenga WHO
- Dr Grace Elizabeth Bai Saguti WHO
- Dr Faska Folorunso FAO
- Timothy Wesonga GIZ

FSX Key Dates: SC & EMG Meetings

- 1st SG & EMG Meeting: 6-7 Dec 2018, EAC Hall Arusha
- EMG Meeting: End of Jan 2019
- SG & EMG Meeting: Feb 2019
- EMG Meeting: March 2019
- SG & EMG Meeting: April 2019
- 2 EMG Meetings: May 2019
- FSX Conduct: 4-7 June 2019

*Exact dates above to be confirmed

Questions

[Image of a question mark]
Annex XI: Updated list of members of Steering (SG) and Exercise Management Group (EMG), (as of 12 October 2018)

<table>
<thead>
<tr>
<th>S. NO</th>
<th>Name and Contacts Steering Committee (SC)</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAC Secretariat</td>
<td></td>
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</tbody>
</table>
| 1. | Damascent Kabanda  
Trade Economist  
EAC Directorate of Trade  
Dkabanda@eachq.org  
Tel: +255 766373851 | EAC Trade |
| 2. | Fahari Gilbert Marwa  
Principal Agricultural Economist  
East African Community Secretariat  
fmarwa@eachq.org  
Tel: +255 27 216 2100 | EAC Agriculture |
| 3. | Dr Michael Katende  
Principal HIV and AIDS Officer/Coordinator EAC Integrated Health Programme (EIHP)  
EAC Health Department  
Email: mkatende@eachq.org  
Tel: +255 27 25 04 253/8; +255 763 152 492 | EAC Health |
| KENYA | | |
| 4. | Pauline Nandako Nafula Kituyi  
Ministry of East African Community Affairs Namanga  
Email: nafula.pauline@gmail.com  
Tel: +254 707 112 750/ +254 718 625 380 | MEACA |
| 5. | Athman Juma Mwatondo  
Medical Epidemiologist  
Zoonotic Disease Unit, Ministry of Health  
Email: mwatondo@yahoo.com  
Tel: +254 721 579 276 | MoH |
| 6. | Geoffrey Gitau Mukora  
Veterinary Expert, DVS Kabete  
Email: mukoragg@gmail.com  
Tel: +254 723 685 800 | Veterinary Services |
| 7. | | Military  
(new nomination needed) |
| 8. | Office of President/County Commissioner or equivalent | New nomination needed |
| TANZANIA | | |
| 9. | Edward A. Komba  
Ministry of East African Community Affairs  
Email: kombsed@yahoo.com  
Tel: +255 757 144 444 | MEACA |
| 10. | Dr Mary Archson Makata (Elias Kwesi)  
Ministry of Health, Community Development, Gender, Elderly and Children  
Email: marymakata2@gmail.com  
Tel: +255 757 713 253 939 | MOHCDGEC |
| 11. | Dr Benezeth Lutege Malinda  
Directorate of Veterinary Services  
Ministry of Livestock and Fisheries  
Email: benlutege@gmail.com  
Tel: +255 754 816 967 | New nomination needed |
<p>| 12. | Major Enock Mwakyusa | Defense Force |</p>
<table>
<thead>
<tr>
<th>S. No</th>
<th>Name and Contacts Exercise Management Group (EMG)</th>
<th>Institution</th>
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<tbody>
<tr>
<td></td>
<td><strong>EAC</strong></td>
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<tr>
<td>1</td>
<td>Florian Mutabazi</td>
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<td>Communications Officer</td>
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<td></td>
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<td></td>
<td>Tel: +255 785 288 428</td>
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<tr>
<td>2</td>
<td>Dr David Balikowa</td>
<td>EAC Agriculture</td>
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<tr>
<td></td>
<td>Senior Livestock Officer</td>
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<td></td>
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<td></td>
<td><strong>ECSA-HC</strong></td>
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<tr>
<td>3</td>
<td>Dr Willy Were (Benedict Mushi)</td>
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<td></td>
<td>Medical Epidemiologist</td>
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<td><a href="mailto:werew@ecsa.or.tz">werew@ecsa.or.tz</a></td>
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<td><strong>Kenya</strong></td>
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<tr>
<td>4</td>
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<td>Veterinary Services</td>
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<tr>
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<td>Veterinary Officer Namanga</td>
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<td>Directorate of Veterinary Services</td>
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<tr>
<td></td>
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<td>Tel: +254 721 766 361</td>
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<tr>
<td>5</td>
<td>Dr Lyndah Makayoto</td>
<td>MoH</td>
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<tr>
<td></td>
<td>Medical Epidemiologist</td>
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<tr>
<td></td>
<td>Ministry of Health - Disease Surveillance and Response Unit</td>
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<tr>
<td></td>
<td>Email: <a href="mailto:makayotto@gmail.com">makayotto@gmail.com</a></td>
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<td>Organization/Department</td>
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<tr>
<td>6</td>
<td>Major Dr Mary W. Njoroge</td>
<td>Military</td>
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<tr>
<td>7</td>
<td>Vida Mmbaga (Dr George Cosmas Kauki)</td>
<td>MOHCDGEC</td>
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<td>Dr Emanuel Senyaeli Swai (Dr Makungu Selemani)</td>
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<td>9</td>
<td>Military, Arusha level</td>
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<td>10</td>
<td>Hilary Kagume Njenge</td>
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<td>11</td>
<td>Dr Grace Elizabeth Bai Saguti (Dr Allan Mpairwe)</td>
<td>WHO</td>
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<tr>
<td>12</td>
<td>Dr Fasina Folorunso (Niwael Mtui Malamsha)</td>
<td>FAO/ECTAD</td>
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<td>13</td>
<td>Timothy Wesonga (Kenneth Byoona)</td>
<td>GIZ/EPOS</td>
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