EAST AFRICAN COMMUNITY

5th JOINT STEERING GROUP AND EXERCISE MANAGEMENT GROUP MEETING TO EVALUATE THE CROSS BORDER FIELD SIMULATION EXERCISE HELD AT NAMANGA FROM 11th TO 14th JUNE 2019

ARUSHA
17-18 June 2019

REPORT OF THE MEETING
(REF: EAC/HEALTH/PANPREP/SIMULATION/2019)

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1.0 INTRODUCTION

The “International Health Regulations (IHR)”, adopted by the 58th World Health Assembly in May 2005 entered into force on 15 June 2007. They are legally binding and aim to prevent, protect against, control and respond to the international spread of diseases and to avoid unnecessary interference with international traffic and trade in a globalised world. The “OIE Tool for the Evaluation of Performance of Veterinary Services (PVS), Version 2013” aims to improve governance of veterinary services to enable them to contribute effectively to achieving the priorities of national governments and to help improve animal health and welfare and human health globally. In the EAC the key instrument in outbreak prevention is the “East African Community Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern 2018 – 2023” (“regional contingency plan”).

The 11th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health held on 24 March 2015, 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 (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 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.

Simulation exercises play a key role in identifying the strengths and gaps in capacities and can facilitate practical corrective actions needed to develop and implement preparedness and response capacities at all levels (national, regional, community and global). The exercises contribute to a culture of continuous learning and improvement, and through the sharing of results can build mutual accountability and transparency between Partner States.

Against this backdrop, the EAC Secretariat convened a table top exercise (TTX) on 4-5 September 2018 as the first part of a two-tier simulation with support from GIZ on behalf of the German Government (Support to Pandemic Preparedness in the EAC Region (PanPrep) project) and the World Health Organization (WHO). A cross-border field simulation exercise (FSX) will follow from 11-14 June 2019 at Namanga. Both exercises involve representatives from the EAC Partner States and follow the One Health approach.
The PanPrep project aims at improving the health of the people in East Africa. The project supports the EAC Secretariat in strengthening its advisory and coordinating role for pandemic preparedness in the Partner States. Together with the EAC Secretariat and representatives from Partner States, the project facilitates the implementation of the regional contingency plan and of the regional risk and crisis communication strategy and the development of SOPs to put plan and strategy into practice. Project activities comprise their testing in simulation exercises.

1.1 PURPOSE OF THE CROSS-BORDER FIELD SIMULATION EXERCISE

Field simulations build and enhance teamwork and essential relationships, self-confidence and competence, communication and interagency and/or multi-jurisdictional harmonization and coordination. The planned simulation will build on the experiences collected during the TTX and the previous simulations. Its main purpose is to assess the regional crisis response capacity and status of implementation of IHR and PVS in practice and further enhance the level of outbreak preparedness in the EAC. National emergency preparedness and response plans, the regional contingency plan with its emergency structure, the regional risk and crisis communication strategy and the respective SOPs as well as the public health capacities in the Partner States including Points of Entry (PoEs) will this time be assessed under everyday conditions and persisting gaps identified. The knowledge of roles and responsibilities, the cooperation ability of multiple stakeholders and logistical and administrative processes will also be tested.

1.2 OPERATIONALISATION OF THE EXERCISE

On 6-7 September 2018, right after the TTX, the members of the task-based Steering (SG) and Exercise Management Groups (EMG) met for their 3rd (combined) meeting and evaluated the exercise internally. They reviewed both, the SG and the EMG and recommended to add further members from the military and Offices of the President (Kenya), Prime Minister’s Office and President’s Office (Tanzania) in order to ensure smooth preparations of the field simulation exercise at Namanga. They confirmed the tasks of both groups as follows:

Main tasks of the task-based SG were to:
- 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;
* Nominate and involve people distributing roles and responsibilities;
* Approve the proposed One Health scenario;
* Approve the venues for the field simulation exercise;
* Approve the purpose and scope of the FSX;
* Contribute to and approve the evaluation of the FSX.

Main tasks of the EMG were to:
* Develop the scenario;
* Plan the simulations in detail;
* Identify active participants;
* Assign roles and responsibilities;
* Manage procurement, logistics, admin & finance;
* Coordinate and implement the simulations;
* Prepare the venues;
* Brief the participants.

A stakeholder meeting that took place on 11-12 October 2018 in Nairobi, Kenya, kick-started the preparations for the FSX. On 6-7 December 2018, the task-based SG and EMG had their first joint FSX planning meeting in Arusha, Tanzania, in their final compositions. It was the first of a series of planning meetings of both groups in the run-up to the field simulation in June 2019.

The EMG members held a meeting in Arusha, Tanzania, on 24-25 January 2019. During the two-day meeting, they reviewed the final concept note, developed a list of FSX participants, materials and equipment, identified FSX sites, drafted the initial FSX scenario and storyline and a hand book for exercise participants.

On 19/20 February 2019 the 2nd joint Steering Group and Exercise Management Group meeting took place in Arusha. Its main objective was to plan the Field Simulation in detail, develop scenario and injects and clarify roles and responsibilities of all participants.

From 12-15 March 2019 the members of the Exercise Management Group and representatives from KIA and JKIA airport health met at Namanga to continue with the planning process, to familiarise themselves with potential FSX sites and decide on suitable locations. The group made courtesy calls to key stakeholders, including the Local Governments and the Border Management Committee, and sensitized them on the FSX. Both, local Government and the Border Committee assured them of their full support.
The 3rd joint FSX SG and EMG meeting was held from 9-12 April 2019 in Nairobi. It combined further planning with a training session on the WHO simulation exercise methodology.

From 8-9 May the EMG met for its 3rd meeting. The finalisation and discussion of the Master Events Sequence list took centre stage. Another focus was on finalising the participants’ lists for Kenya and Tanzania in order to start the formal nomination process.

The 4th EMG meeting to prepare for the FSX took place at Namanga on 22-23 May 2019. It was preceded by a sensitization meeting for EAC staff on the regional contingency plan and SOPs and on the details of the FSX on 21 May 2019. The sensitization meeting comprised a first press briefing aimed at informing the public about the field simulation in as much detail as possible.

The 4th joint FSX SG and EMG meeting took place on 8-9 June 2019 and comprised the last preparatory steps including a dry run. Some of the participants were assigned the tasks of Evaluators, Facilitators, Liaison Officers and Role Players. Regional and international participants were appointed Observers and/or international Advisors.

The cross-border Field Simulation Exercise at Namanga took place from 11-14 June 2019 with more than 250 participants from the EAC Secretariat and EAC Partner States and well as regional and international organisations. It involved FSX sites all over Kenya and Tanzania with a focus on the border region between the two countries. The exercise followed the One Health approach and implemented lessons learned from East African experts who fought the Ebola epidemic in West Africa between 2014 and 2016.

2.0 RATIONALE FOR 5th JOINT FSX SG AND EMG MEETING

The 5th joint FSX SG and EMG meeting was scheduled to evaluate the cross-border field simulation exercise. It is the last meeting of the two groups which were established in July 2018 to plan, prepare for and implement the FSX.

2.1 CONVENING OF THE MEETING

The meeting was convened by the EAC Secretariat with support from the PanPrep project and WHO. It took place on 17-18 June 2019 at the Kibo Palace Hotel in Arusha, Tanzania.
2.2 PURPOSE AND OBJECTIVES OF THE 5th JOINT FSX SG AND EMG MEETING

The meeting aimed to

i. Evaluate the FSX internally;
ii. Identify strengths and weaknesses in preparedness and response;
iii. Propose recommendations suited to close these gaps and be better prepared for future outbreaks;
iv. Review and evaluate the project management set-up (planning, implementation, and evaluation) and functioning of the SG & EMG groups.

2.3 PARTICIPATION

Participants of the meeting were the nominated members of the Steering Group and Exercise Management Group.

They came from:

- EAC Secretariat;
- MEACAs Kenya and Tanzania;
- MoH and Veterinary Services Kenya;
- Ministry of Interior and Coordination of National Government Kenya;
- MOHCDGEC and Veterinary Services Tanzania;
- Prime Minister’s Office Tanzania;
- President’s Office Regional Administration and Local Government Tanzania;
- Tanzania People’s Defense Force;
- WHO;
- FAO/ECTAD; and
- GIZ

The final list of participants is attached as Annex I, the list of members of the SG and EMG as Annex II.

2.4 PROGRAMME FOR THE 5th JOINT FSX SG AND EMG MEETING

The programme had the following components: Review of strengths & gaps identified in the responses, analysis of root causes (what are the causes for the gaps), identification of solutions and recommendations for improved preparedness and response to future outbreaks, summary of preliminary findings & way forward. The programme is attached as Annex III.
2.5 ESTABLISHING THE BUREAU

The bureau was established as follows: Stephen Mule Komora, Ministry of Interior, Kenya, was appointed Chair and Dr.Benezeth Lutege Malinda, Ministry of Livestock and Fisheries, Tanzania, was appointed Rapporteur of the meeting.

3.0 OPENING SESSION AND WELCOMING REMARKS

Dr. Irene Lukassowitz, GIZ Project Manager Support to Pandemic Preparedness in the EAC Region, welcomed the participants on behalf of the German Government. She thanked the participants for their engagement in the planning, preparation and implementation of the FSX and reminded them that this is the last meeting of the Steering Group and of the Exercise Management Group, this time with the purpose of evaluating the whole process including the FSX. She expressed her sincere wish that the “family” which grew together over the last 1.5 years will continue to engage across sectors in the future.

Timothy Wesonga, Senior Advisor Pandemic Preparedness and One Health GIZ/EPOS, welcomed the participants of the meeting and expressed his gratitude to see all the participants here.

Fred Copper, WHO Headquarters Geneva, congratulated the participants on a successful cross border field simulation exercise and led the participants through the agenda. The final evaluation report will be submitted to the EAC Secretariat, which will share it with the Partner States.

4.0 BACKGROUND AND OBJECTIVES OF THE MEETING

Denis Charles, WHO Consultant, explained the background and objectives of the meeting. The focus will be on evaluating the FSX internally, on identifying strengths and weaknesses in preparedness and response and identifying contributing factors. The groups will work on recommendations suited to close these gaps and be better prepared for future outbreaks. They will also review and evaluate the project management set-up (planning, implementation, and evaluation) and functioning of the Steering Group and Exercise Management Group. He explained how to identify the root causes. The leading questions would be: What went well? What went less well? Why? The cause could be related to the set-up of the exercise and therefore be a once off or could be of a nature that would also appear in a real outbreak scenario. His presentation is attached as Annex IV.
5.0 STRENGTHS AND GAPS IDENTIFIED IN THE RESPONSE, SOLUTIONS AND RECOMMENDATIONS PROPOSED

The participants started working in groups for Kenya and Tanzania and the EAC Secretariat. They reviewed their strengths and identified gaps in the response and also analysed the root causes of these gaps. Dr Geoffrey Gitau Mukora, Department of Veterinary Services, Kenya, presented the results of the Kenyan group; Fasina Folorunso, Food and Agriculture Organization of the United Nations Tanzania, presented the results of the Tanzanian group and Timothy Wesonga those of the EAC group. The results of all three groups are attached as Annex V.

6.0 FSX PROJECT MANAGEMENT REVIEW, INCLUDING STEERING GROUP AND EXERCISE MANAGEMENT GROUP FUNCTIONING

Day 2 started with a recap of Day 1 by Benezeth Lutege. Participants of the meeting continued by discussing that SG/EMG members should also receive a certificate of participation in and realisation and facilitation of the FSX, signed by the EAC Secretariat, GIZ and WHO. Partner States will provide a proposal for the content.

The participants further reviewed the FSX Project Management in this session, including the Steering Group and the Exercise Management Group. This was done in a voting exercise. Allan Bell introduced the voting system in order to collect feedback of SG/EMG members on the preparation and the implementation of the exercise. Members were asked to rate statements ranging from A (strongly disagree) to E (fully agree).

The following statements were presented to the participants:

1. The exercise achieved its stated objectives
A: 1  B: 1  C: 0  D: 9  E: 10

The following issues regarding this statement were discussed:
- There were organisational challenges.
- There were too many objectives. However, the reason for this was that there were many stakeholders involved and it was agreed to have that many.
- The main objective was to test the plans and SOPs of the EAC Secretariat and Partner States but some participants had the feeling that there were not enough opportunities to apply these plans. They should have had a stronger focus in the scenario.
• Some activities contradicted the normal way of work / plans (e.g. national EOC should have activated RRT, RRT should not have been activated by inject).
• The Observers were not clear about their roles. There was not enough time during the opening ceremony to brief the observers properly. During the exercise activities, some facilitators did not hand out the prepared template to the observers.
• Systems were tested and it showed that the systems were already prepared for the exercise. Therefore, it is not clear how much this preparation affected the exercise.

2. The exercise was well structured and organized.
A: 0  B: 1  C: 2  D: 9  E: 11

• During the last SG/EMG meeting before the FSX a lot of critical information was provided that had not been shared before. Whoever missed this meeting, was missing information.
• Observers did not know what to observe. Should have been given the scenario. Maybe too many observers? Too little time to brief them properly.
• It was not announced that there was a Red Cross ambulance available for participants in case they fall sick.
• Humanitarian assistance should be included in future exercises.
• Role of national RRTs was not very clear.
• Budget constraints created some artificiality (e.g. the RRTs would have been dispatched from their real work station in case enough funds had been available).
• For next exercise: Focus on fewer objectives and on selected plans/SOPs only.
• Too many injects. Made the situation more artificial.
• Activities were changed slightly (like change of location) on short notice.

3. The scenario was realistic presented and credible.
A: 0  B: 1  C: 1  D: 7  E: 15

• Community engagement took place in the health facility. In reality, it should have taken place in the community.
• Role players made the scenario very realistic.
• At the airport the exercise was more of a TTX, participants didn’t really have to act.

4. The SG & EMG set-up was useful in the planning of the FSX.
A: 0  B: 2  C: 2  D: 4  E: 15

• More clarity on the role of the two groups would have been needed.
• EMG worked well, lots of room for improvement for the SG. Would have been good to have the same people on board all the whole time.
• Strategy to have SG and EMG was good. However, might have been more productive if just one group.
• Too many meetings. Should have been fewer, but longer meetings.

5. The group sizes of the SG and EMG were sufficient.
A: 1  B: 2  C: 3  D: 9  E: 9

• EMG was extended in the end which was meaningful. Smaller (if at all) SG would be ok.
• There should have been focal points stationed on both sides of the borders.
• Strategic choice of members of the SG and EMG is critical.

6. The SG & EMG had sufficient decision making authority to make critical programmatic decisions.
A: 2  B: 3  C: 2  D: 10  E: 6

• Not all decisions were in the hands of the SG and EMG. For any further exercise, especially organisational and logistical issues should stay in one hand at the regional level (e.g. the EAC Secretariat as the convener who can then allocates tasks).
• SG was supposed to make decisions. However, the members were not always the ones who could actually take critical decisions. Would be useful to have a few senior staff members participating at least in those meetings where decisions needed to be made.

7. The number of SG & EMG planning meetings was sufficient for the preparation (design & development) of the FSX.
A: 1  B: 2  C: 5  D: 6  E: 9

• It would have been possible to reduce the number of meetings but make them longer. This way, not that much time would be lost to protocol.
• One meeting a month is reasonable in order to not lose momentum.

8. The SG & EMG roles and responsibilities (ToR) was clear and distinct for both groups.

• The roles and responsibilities of both groups were clear. Only the performance of the SG was unsatisfactory.

9. The exercise training undertaken in Nairobi was clear, relevant and useful to prepare my role as a facilitator, evaluator or liaison officer in the FSX.
A: 0  B: 0  C: 4  D: 7  E: 9
• Training in Nairobi should have taken place earlier. More role plays would have been useful.
• Such trainings should be repeated in frequently.

The voting presentation is attached as Annex VI.

7.0 PRELIMINARY FINDINGS

David Knaggs, WHO Consultant, presented preliminary findings, which were afterwards discussed. They read as follows:

Strengths

1. Sound regional and multi-sectoral goodwill and coordination was evident throughout the exercise.
2. Cross-border cooperation through the Joint Border Management Coordination Committee was strong and effective in coordinating the response to health emergencies.
3. Accurate assessment team reports were produced and disseminated to the appropriate authority in a timely manner.
4. The EAC Secretariat provided a framework for the coordination of responses from Tanzania and Kenya.

Gaps

1. Coordination between levels of the response (district/county through national) needs to be rationalised and SOPs developed and validated for each level.
2. The poor flow of operational information between regional, national and district/county levels resulted in delays and disruption to the response. A direct channel is needed.
3. National and regional Public Health Emergency Operations Centres have not yet properly adopted and embedded the Incident Management System (operationalized.)
4. Emergency response plans and operating procedures are at varying stages of development and were often not available for reference by responders.
5. Errors made in collecting/labelling blood samples suggest that procedures need to be reviewed.
6. Procedures for working with suspected infected animals and the putting on/taking off of Personal Protective Equipment should be reviewed and regularly practised (exposure to contamination).
7. Rapid Response Teams should
   (i) be assembled from a register of experts at the national, and sub-
       national levels,
   (ii) be properly trained and
   (iii) respond according to a validated and practised procedures.
8. Discussion/operations-based exercise programmes should be
   institutionalized at all response levels to ensure a state of readiness.
9. Need for multi-sectoral contingency plans and procedures (One Health
    approach).

Next Steps
1. Focusing on the exercise objectives collate, distil and prioritise inputs
   from:
   a. Exercise control room,
   b. Evaluation forms,
   c. Observers comments
   d. Hot washes
   e. Participants debrief
   f. Management Group
2. Draft a Preliminary Report with key recommendations.
3. Prepare a final, detailed report.

8.0 RECOMMENDATIONS

The meeting recommends to the Sectoral Council of Minister of Health to:
   i. Direct the EAC Secretariat to work with Partner States to address
      the gaps identified in the Namanga Cross Border Field Simulation
      exercise;
   ii. Urge the Partner States to address the identified gaps in a timely
       manner and in line with existing national plans;
   iii. Urge Partner States to mobilize resources to implement the
        necessary measures and activities resulting from the gaps identified
        in the FSX;
   iv. Direct the EAC Secretariat to strengthen multi-sectoral
       collaboration and coordination through the One Health approach by
       developing a regional strategy to guide the process by June 2021;
   v. Urge Partner States to further promote and strengthen
      interdisciplinary collaboration to embrace the One Health approach
      in preparedness and response;
   vi. Urge Partner States to conduct drills and Table Top Simulation
       exercises annually and a field simulation at least every 3 years, but
       in accordance with the provisions of the national contingency plans.
vii. Urge Partner States to cater for simulation exercises in the annual national budgets;

viii. Direct the EAC Secretariat to mobilize funds for conducting further simulation exercises in line with the Regional Contingency activity plan and subsequently addressing the gaps that will be identified;

ix. Planning, organisation and logistics of any further simulation exercise should be managed by the convener and at the regional level;

x. Contributions from regional and international partners should go into a "basket" or other applicable fund dedicated to covering expenses related to the simulation;

xi. Urges Partner States and directs the EAC Secretariat to consider applying leaner procedures in an emergency that allow for a quick response;

xii. Direct the EAC Secretariat and urge the Partner States to develop dissemination plans for the FSX report and action plans for implementing the recommendations;

xiii. Urge the Partner States and direct the EAC Secretariat to invest in establishing and strengthening EOCs at all levels;

xiv. Direct the EAC Secretariat to strengthen the currently understaffed EAC Health Department to be able to perform its duties effectively by December 2019;

9.0 WAY FORWARD

All documentation on the FSX will be finalised by the end of August 2019 and handed over to the EAC Secretariat for submission to the Sectoral Council of Ministers of Health in their meeting in October 2019 for consideration and guidance.

The meeting ended at 16:15 on 18th June 2019.
Signed on the 18th day of June 2019 by the respective Heads of Delegations as indicated hereunder:

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<tr>
<th>Dr Lyndah Makayotto</th>
<th>Mary Archson Makata</th>
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<tr>
<td>Ministry of Health</td>
<td>Ministry of Health, Community Development, Gender, Elderly and Children</td>
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<td>Republic of Kenya</td>
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