JUMUIYA YA AFRIKA MASHARIKI

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
P.O. BOX 1096
ARUSHA, TANZANIA

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 it 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 Entrys, 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 Kituyi,** 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 set-up 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 Copper 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 pre-set 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:

Dr Spes Ndayishimiye	**Dr Lyndah Makayoto**		**Mathew Tut Moses Kol**	**Dr Mary Archson Makata**	**Dr Eldard Mabumba**
Ministry of Public Health and the Fight against AIDS	Ministry of Health	Ministry of Health	Ministry of Health	Ministry of Health Community Development, Gender, Elderly and Children	Ministry of Health
Republic of Burundi	**Republic of Kenya**	**Republic of Rwanda**	**Republic of South Sudan**	**United Republic of Tanzania**	**Republic of Uganda**

Annex I

LIST OF PARTICIPANTS – EAC STAKEHOLDER MEETING FOR THE PREPARATION OF A CROSS BORDER FIELD SIMULATION EXERCISE, 11/12 OCTOBER 2018, icipe, NAIROBI, KENYA

Burundi

1. Dr Spès Ndayishimiye
Head of the Epidemiological Emergency and Response Service
Ministry of Public Health and the Fight against AIDS
Email: nspes92@yahoo.fr
Tel: +257 79 931 771

South Sudan

1. Mathew Tut Moses Kol
Director, Emergency Preparedness and Response
Ministry of Health
Email: tut1988@yahoo.com / greensouth2020@gmail.com
Tel: +211916010382, +211922202028

Uganda

1. Dr Eldard Mabumba
Principal Medical Officer
Ministry of Health - Integrated Disease Surveillance and Response Framework
Email: eldabumba@gmail.com
Tel: +256 772 670 319

Kenya

1. Abel Morang'a Nyangweso
Ministry of Tourism
Email: abel.nyangwesi@tourism.go.ke
abelnyangweso@yahoo.com
Tel: +255 721 761 588/ +255 726 774 212

2. Dr Athman Juma Mwatondo
Medical Epidemiologist
Zoonotic Disease Unit, Ministry of Health
Email: amwatondo@yahoo.com
Tel: +254 721 579 276

3. Geoffrey Misati Kebaki
JKIA Health

4. Irene Chenge
Immigration officer – Namanga Border
Ministry of Interior and Coordination of National Government

5. Jackson M. Ntipapa
Livestock Farmer
Tel: +254 727 634 051

6. Jacob Matayian Meja

Clinician
Namanga Health Center
Email: jacobmeja5@gmail.com
Tel: +245 723 946 775

7. Dr James Nyongesa Wakhungu
Veterinary Officer
Directorate of Veterinary Services
Email: jameswakhungu@gmail.com
Tel: +254 721 766 361

8. Kennedy Mwangangi Makhya
Port Health Namanga
Email: kenmwama@gmail.com
Tel: +254 708 956 397

9. Dr Lyndah Makayoto
Medical Epidemiologist
Ministry of Health - Disease Surveillance and Response Unit
Email: makayotto@gmail.com
Tel: +254 720 257 691

10. Major Mary W. Njoroge
Public Health Expert/Epidemiology
Ministry of Defense
Email: njoroge.warigia@gmail.com
Tel: +254 721 627 175

11. Makan David
Nursing Officer – National Disaster Management Unit
Ministry of Interior and Coordination of National Government
Email: masaiolemakan@gmail.com

12. Michael Ndungu
Chief Trade Officer
State Department for Trade
Nairobi
Email: muirundungu@gmail.com
Tel: +254 721 123 756

13. 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

14. Richard Muthama Manza
Assistant Secretary Security
Email: muthamamanza@gmail.com
Tel: +254 725 926 234

Tanzania

1. Alliy Ahmadou Mwako
   Coordinator Longido Cultural Tourism Program
   Email: touryman2017@yahoo.com;
   alliymwako@gmail.com
   Tel: +255 787 855 185
2. Boaz Henry Mtokoma
   Forester
   Longido District
   Email:boazmtokoma@gmail.com
   Tel: +255 765 335 192
3. Charles T. Mwaipopo
   Environmental Health Officer
   Ministry of Health
   Email: charlesmwaipopo20@gmail.com
   Tel: +255 756 901 014
4. Catherine Sosthenes Sungura
   Government Communication Officer
   MOHCDGEC
   Email: cathysungura@yahoo.com
   Tel: +255 754 827 163
5. Christopher Ismal Panga
   Laboratory Expert
   Immigration Officer
   Email: pngchr@yahoo.co.uk
   Tel: +255 767 313 549
6. Eldin David Kemibala
   Customs Expert
   Tanzania Revenue Authority
   Email: eldin.kemibala@tra.go.tz
   Tel: +255 764 686 252
7. Emmanuel Lawrence Kajura
   Immigration Officer
   Email: ekajura@hotmail.com
   Tel: +255 713 226 026
8. Major Enock Kasyombe Mwakyusa
   Tanzania People's Defense Force
   Email: enokyusandwisi@gmail.com
   Tel: +255 754 463 201
9. Dr Justice E. Munisi
   Longido District Council
   Email: justiceelingao@gmail.com
   Tel: +255 713 992 614 / +255 789 873 280
10. Joseph Michael Kikoti
    Environmental Health Officer
    Longido District Council
    Email: josephkikoti@gmail.com
    Tel: +255 684 822 366
11. Joyce Mwima Kabati
    Namanga Women Crossborder

Business Woman
Email: drkabati@gmail.com
Tel: +255 789 648 432

12. Lydia Gabriel Mwakyoma
Nurse
TCCIA
Email: andrewlydia40@gmail.com
Tel: +255 754 282 055; +254 716 962 975

13. Dr Mary Archson Makata
MOHCDGEC
Email: marymakata2@gmail.com
Tel: +255 713 253 939

14. Medard John Tarimo
Veterinary Expert
Ministry of Livestock and Fisheries
Email: tarimomedard@gmail.com
Tel: +255 754 572 919

15. Michael Engines Mnyela
Religious Leader
Namanga Border Post
Email: mnyela95@gmail.com
Tel: +255 787 721 072

16. Mohamed Khamis Ali
Environmental Health Officer
Ministry of Health
Email: Zenjbrain@gmail.com
Tel: +255 656 642 844

17. Nevely Silim Mungaya
Planner
Namanga Border
Email: nevelymungaya@yahoo.com
Tel: +255 754 779 087

18. Dr Omar S. Chande
Regional Dental Officer
RS Arusha Health Department
Email: sochande@yahoo.co.uk
Tel: +255 786 923 159

19. Paulo J. Parmet
Longido District Council
Email: parmetpaul@gmail.com
Tel: +255 788 838 933

20. Ramadhani Bruno Jakob Mpangala
Religious Leader Longido
Email: ramadhanmpangala@yahoo.com
Tel: +255 787 157 201

21. Dr Rogath Kishimba
Medical Epidemiologist
MOHCDGEC
Email: rogatkishimba@gmail.com
Tel: +255 784 724 330

22. Rose J. Maro

Clinical Officer
Namanga Dispensary
Email: rosemarokafui@gmail.com
Tel: +255 712 612 062

23. Nguvila Toba
District Administrative Secretary
Email: nguvila.toba@yahoo.com
Tel: +255 755 097 181

24. Dr Safan Kagoma
District Veterinary Officer
Longido District
Email: kysafan2014@gmail.com
Tel: +255 752 767 677

25. Toyi Veronica Midaba
Environmental Health Officer
MOHCDGEC
Email: tmidaba@moh.gov.tz /
Toyimidaba@yahoo.com
Tel: +255 784 453 891; +255 713 453 891

26. Vones Z. Uiso
Outbreak Surveillance Officer
RS Arusha Health Department
Email: uisozakaria@yahoo.com
Tel: +255 686 774 720

EAC Secretariat

1. Andrew Charles
Senior eHealth and Informatics Officer
EAC Health
Email: acharles@eachq.org

2. Caroline Mbula Wambua
Senior Records Officer
EAC Administration
Email: cwambua@eachq.org
Tel: +255 784 810 674

3. David Balikowa
Senior Livestock Officer
EAC Agriculture
Email: dbalikowa@eachq.org
Tel: +255 788 736 025

4. Eric Sanga
EAC Finance
Email: esanga@eachq.org
Tel: +255 2721622100

International Organisations

1. Agnes Yawe
Social Sciences Expert
OHCEA Secretariat
Email: ayawe@ohcea.org
Tel: +256 772 440 926

2. Bronwyn Nichol
   Regional Community Epidemic and Pandemic Preparedness Delegate
   International Federation Red Cross
   Email: Bronwyn.nichol@ifrc.org
   Tel: +254 780 771 158
3. Lisa Kramer
   Regional Emerging Pandemic Threats Advisor
   USAID
   Email: lkramer@usaid.gov
   Tel: +254 20 862 2107; +254 727 532 046
4. Peter Kibor
   Program Coordinator, Epidemic Preparedness and Response
   Kenya Red Cross
   Email: kibor.peter@redcross.or.ke
   Tel: +254 728 577 078
5. Dr Thomas Dulu
   Programme Officer Global Framework
   Transboundary Animal Diseases Control
   World Organization for Animal Health
   Email: t.dulu@oie.int
   Tel: +254 721 276 508/ +254 202 713 461
6. Thomas Manyibe Nyariki
   Preparedness and Response
   USAID
   Email: Nyarikitom@gmail.com
   Thomas_Nyariki@dai.com
   Tel: +254 722 58 79 38

WHO

1. Frederik Copper
   Team Lead Simulation Exercises & After Action Reviews
   World Health Organization Headquarters
   Email: copperf@who.int
   Tel: +41 792 021 826
2. Nollascus Ganda
   Public Health Expert
   World Health Organization
   Email: gandan@who.int
   Tel: +254 716 470 710
3. Hilary Kagume Njenge
   Public Health Expert
   World Health Organization
   Email: njengeh@who.int
   Tel: +242 044 905 737/ +254 726 977 738

GIZ

1. Dr Irene Lukassowitz
   Project Manager

Support to Pandemic Preparedness in the EAC Region
Email: irene.lukassowitz@giz.de
Tel: +255 757 288 562

2. Kenneth Byoona
   Regional Risk and Crisis Communication Advisor
   Support to Pandemic Preparedness in the EAC Region
   Email: Kenneth.byoona@giz.de
   Tel: +255 769 137 859
3. Timothy Wesonga
   Preparedness and One Health Advisor
   Support to Pandemic Preparedness in the EAC Region/ EPOS Health Management
   Email: Timothy.Wesonga@epos.de
   Tel: +254 757 983 804

Support personnel GIZ

1. Hannah Oyss
   Intern
   Support to Pandemic Preparedness in the EAC Region
   Email: Hannah.oyss@giz.de
   Tel: +255 753 901 141
2. Upendo Maeda
   Admin & Finance
   Support to Pandemic Preparedness in the EAC Region
   Email: Upendo.maeda@giz.de
   Tel: +255 763 580 340

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.

DAY 1, 11 October, 2018

08:00 – 08:30	**Registration**
08:30 – 09:15	Opening session – Welcoming remarks and round of introduction ▪ *Andrew Charles, EAC Health Department* ▪ *Dr Lyndah Makayoto, MoH Kenya* ▪ *Dr Irene Lukassowitz, GIZ PanPrep project* ▪ *Frederik Copper, WHO Headquarters, Geneva* ▪ *Dr Eldard Mabumba, Chair of Partner States* **Round of introduction / Establishing the bureau**
09:15 – 09:30	Background and objectives of the meeting *Andrew Charles (EAC Secretariat, Health Department)*
09:30 – 09:45	Support to Pandemic Preparedness in the EAC Region *Dr Irene Lukassowitz (GIZ PanPrep)*
09:45 – 10:15	**HEALTH BREAK**
10:15 - 10:45	Review of TTX *Hilary Kagume (WHO)*
10:45 – 11:15	Overview on planned field simulation ▪ Purpose, scope, objectives, participants *Frederik Copper (WHO)*
11:15 – 12:15	Discussions on the above *Plenum facilitated by Frederik Copper (WHO)*
12:15 – 12:45	Select working groups and facilitators for afternoon session *Dr Irene Lukassowitz (GIZ), Hilary Kagume (WHO)*
12:45 – 13:00	Group picture
13:00 – 14:00	**LUNCH BREAK**

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)*
15:30 – 16:00	**HEALTH BREAK**
16:00 – 17:30	Present and discuss results from working groups *Facilitators & selected group representatives*
17:30 – 18:00	Wrap up of day 1 *Hilary Kagume (WHO)*
18:00	**End of day 1**

DAY 2, 12 October 2018

08:30 – 09:00	Review day 1; follow up on TTX recommendations and link with FSX *Dr Nollascus Ganda (WHO)*
09:00 – 10:00	Personnel, material, equipment and other resources needed for the FSX - Part I *Timothy Wesonga (GIZ/EPOS) & Plenum*
10:00 – 10:30	**HEALTH BREAK**
10:30 – 12:00	Personnel, material, equipment and other resources needed for the FSX – Part II *Timothy Wesonga (GIZ/EPOS) & Plenum*
12:00 – 13:30	**LUNCH BREAK**

13:30 – 14:30	FSX assessors and observers – Discuss roles and select

	Timothy Wesonga (GIZ/EPOS) & Hilary Kagume (WHO) & Plenum
14:30 – 15:00	Way forward: Outline and process *Timothy Wesonga (GIZ/EPOS) & Frederik Copper (WHO) & Plenum*
15:00 – 15:15	Wrap up *Hilary Kagume (WHO), Timothy Wesonga (GIZ/EPOS)*
15:15 – 15:30	Closing words by GIZ & WHO
15:30 – 16:00	**HEALTH BREAK**
16:00 – 17:00	Report writing *EAC Secretariat/Hannah Oyss*
17:00 – 17:30	Adoption of the report *EAC Secretariat & Partner States*
17:30	End of the meeting

Annex III

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

Support to pandemic preparedness in the EAC Region (03/2017-08/2019)

The project aims to strengthen the EAC Secretariat in its regional pandemic preparedness support function following a One Health approach.

Overall objective: The health of the people in the EAC region is improved

Areas of collaboration

- Pandemic preparedness
- Risk and crisis communication
- Human capacity development

Objective of the project

The EAC Secretariat's support for the Partner States for pandemic preparedness is improved

Indicator 1:

The EAC Secretariat uses a structured One Health approach to prevent disease outbreaks that jeopardise public health in the EAC region and to reduce their negative impacts

Indicator 2:

The EAC Secretariat communicates health risks of interest to the general public efficiently and promptly to all key actors in the partner countries, in line with the international standards of the regional risk and crisis communication strategy

One Health approach

Output A
The conditions for putting the regional pandemic preparedness plan into practice are improved

Selected Activities:

- Contributing to the sustainable integration of disciplines relevant to the One Health approach in the existing TWGs and processes.
- Developing and testing selected SOPs for the regional contingency plan in table top and field simulation exercises together with key actors from the Partner States.
- Developing One Health curricula and identifying suitable universities/vocational education and training institutions for inclusion in syllabi.

Output C
EAC Secretariat staff and key actors from the Partner States are better able to support these countries with preventing and controlling pandemics

Selected Activities:

- Conducting a joint regional workshop for East African experts deployed to fight the Ebola epidemic in West Africa with the objective of exchanging experiences and documenting best practices from EAC and ECOWAS partner countries for pandemic preparedness and control
- Conducting cross-border simulation exercises for EAC Secretariat staff and key actors from the Partner States
- Offering training for the EAC Secretariat and key actors from Partner States in establishing and using early warning systems

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.

Ebola likely to spread from Congo to Uganda, W.H.O. says

(New York Times, 28 September 2018)

- Local fighting and fleeing patients led the organization to increase its alert level. The disease has appeared in a Congolese fishing village near Uganda.
- The W.H.O. raised its official alert level because of violence by local militias, which has slowed efforts to contain the outbreak, and population movements in eastern Congo, where the latest outbreak erupted in August.
- Inside Congo, the response to the outbreak has been hampered by fighting and by small numbers of victims leaving or refusing to go to treatment centers, spreading the virus to new areas.

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.

From the conference hall to the field

Asante sana

Annex IV

CROSS BORDER TABLE TOP EXERCISE REPORT

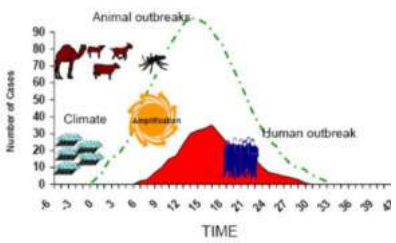
A FICTITIOUS OUTBREAK OF RIFT VALLEY FEVER IN KENYA AND TANZANIA

Presenter: Hilary Njenge (WHO)

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 affect 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.

Purpose

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 practises 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, disseminations challenges, language too technical

Findings; Response Animal, Human cases

- 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

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.

DRAFT

10. Timeline

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

No.	Activity Description	2018			2019							
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
1	FSX Stakeholder meeting											
2	1st SG and EMG meeting											
3	Research and finalization of concept note and development of scenario narrative, storyline, injects, list of participants, agenda											
4	4-5 EMG meetings between January and June 2019 (dates to be confirmed)											
5	Invitation sent to participants, sensitization of partner state authorities/sectoral heads, get necessarily approvals up to Presidency/ prime Minister level											
6	Development of Administrative and Logistics task list											
7	Procurement of FSX materials											
8	Confirmation of participants received, and booking transport and accommodation											
9	Evaluation strategy and checklist completed											
10	Potential exercise venues selected and reservation made for use											
11	Administrative and Logistics information note send to participants											
12	Participant briefing finalised by respective countries focal persons and Ministry of East Africa Affairs											

DRAFT

13	Training/orientation of role players, observers and assessors											
14	TTX presentation and injects finalised and printed, partners logos in cooperated											
15	Venue set-up											
16	Exercise conducted											
17	Exercise de-briefed and evaluated											
18	Development of Exercise report											
19	Dissemination of Exercise report											
20	Closure of Exercise project											

DRAFT

Annex A: Composition of FSX Steering Group and Exercise Management Group

Function	*Name*	*Organization*	*Main responsibility*
Convener of FSX	EAC Secretariat Head of the Health Department	EAC	Project management
FSX-Steering Group (SG)	Damascent Kabanda Trade Economist	EAC Trade	
	Fahari Gilbert Marwa Principal Agricultural Economist	EAC Agriculture	
	Dr Michael Katende Coordinator EAC Integrated Health Programme	EAC Health	
	Pauline Nandako Nafula Kituyi Ministry of East African Community Affairs Namanga	MEACA Kenya	
	Not nominated (N.N.) Directorate Veterinary Services	Veterinary Services Kenya	
	N.N. Military	Military Kenya	
	Edward A. Komba Ministry of East African Community Affairs	MEACA Tanzania	
	Dr Mary Archson Makata Ministry of Health, Community Development, Gender, Elderly and Children	MOHCDGEC Tanzania	
	N.N. Directorate Veterinary Services	Veterinary Services Tanzania	
	N.N. Military	Military Tanzania	
	Allan Bell Specialist Consultant Department of Country Health Emergency Preparedness & IHR	WHO Headquarters	
	Dr Thomas Dulu Programme Officer Sub-regional representation for Eastern Africa	OIE	
	Dr Irene Lukassowitz Project Manager Support to Pandemic Preparedness in the EAC Region	GIZ	

DRAFT

Exercise Management Group (EMG)	Hilary Kagume Njenge Simulation Project Coordinator	WHO	Lead facilitator
	Dr Grace Saguti Disease Prevention and Control Officer	WHO Tanzania	Lead facilitator
	Dr. David Balikowa Senior Livestock Officer	EAC Agriculture	Facilitator
	Florian Mutabazi Communications Officer	EAC Communications	Facilitator
	Dr Willy Were Medical Epidemiologist	ECSA HC	Facilitator
	Dr James Nyongesa Wakhungu Veterinary Officer Namanga	Veterinary Services, Kenya	Facilitator
	Dr Lyndah Makayoto Medical Epidemiologist	MoH, Kenya	Facilitator
	N.N. Animal Health	Animal Health, Tanzania	Facilitator
	Dr George Cosmas Kauki Medical Doctor, Epidemiologist	MOHCDGEC, Tanzania	Facilitator
	Dr Fasina Folorunso, ECTAD Country Team Leader	FAO	Facilitator
	Timothy Wesonga, Preparedness and One Health Advisor	GIZ/EPOS	Facilitator
Support	Hannah Oyss Upendo Maeda	GIZ	Support

DRAFT

Overview of planned Field simulation Exercise

Annex VI

Purpose, Scope, Objectives & Participants

Presentation by

Frederik Copper (WHO)

Public Health Emergency Response Simulations

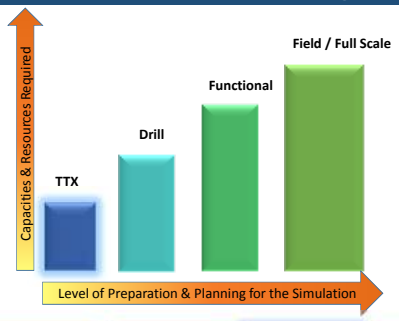
"An exercise is a form of practice, training, monitoring or evaluation of capabilities, involving the description or simulation of an emergency, to which a described or simulated response is made." WHO Guide 2016

3 Main Reasons:

- Validation
- Training
- Testing

What | Why | How | When | Tools

Four Exercises Types



What | Why | How | When

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.

What | Why | How | When

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 practise regional SOPs for pandemic preparedness and risk & crisis communication;
- To capture best practises 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. KfW/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
    - March 2019
- Logistics and resources (Identification and Quantification)
    - 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

TTX Recommendations & Link with FSX

Annex VII.2.

Presentation by

Dr Nollascus Ganda (WHO)

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.

What → Why → How → When

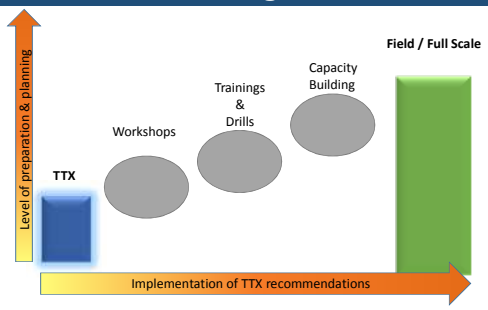
TTX Recommendations: Forward

- 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.

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)

Linkage



	Annex VIII	GENERAL ITEMS REQUIRED FOR FIELD SIMULATION EXERCISE		
	SECTORS	**QUANTITY**	**LIST POTENTIAL SOURCE OF ITEM/DONOR**	**TIME LINE FOR COMMITMENT/SUPPLY**
1	**Health**			
a	**Clinics/hospitals**			
	Investigation / surviellance forms -			
	Vaccines			
	PPEs			
	Case Definitions			
	Isolation facility			
	Rapid response team members			
	Rapid response Protocols like SOPs			
	Triage			
	Patients			
	Ambulance		Present in Kenya Namanga health	
	Beds			
	Case management items for clinician: syringes, needles, thermometers, infusions etc			
b	**Lab**			
	Sample collection items			
	Reagents			
	Rapid Diagnostic Kits			
	Mobile labs			
c	**Safe and dignified burial**			
	Body bags			
	Disinfectants			
	PPEs			
4	**Veterinary**			
	Animals			
	Clinical			
	Disinfectant			
	Investigation / surviellance forms -			
	case definitions			
	PPEs			
	Rapid response team members			
	Sample Collection storage and transportations materials e.g cool			
5	**Security and safety**			

	Cordon tape			
	Iron bars			
	Police and military personnel			
	First Aid Kit			
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	**Accomodation**			
	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			

	Prepare media release and press conference			
	Translaters			
11	**Administration & Logistics**			
	Logisticians			
	Visa			
	Banners			
	Invitation letters, Welcome pack			
	Standby generators			
	Labelled T shirts/reflectors for exercise staff, observer, evaluators			
	Badges for participants			
	Stationary (Details Sheet 2)			
	Equipment and Materials (Details sheet 2)			
12	**Trade**			
	Moisture metres			
13	**Tourism**			
14	**Airports**			
	Thermoscanners			
	Inverstigation forms			
15	**Environmental Health**			
	Eco friendly garbage bins			
	Consider waste management after			
16	**Video and photography team**			
	Cameras			
	Videos			
	Consider clearance when taking videos and pictures with security personnel around, including all other participants approval to be included in FSX photos and videos			
17	**General for all Sections**			
	Plans and SOPs from all the sections			

Observers and Assessors – Discuss roles and select

15 October 2018

Annex IX

Presentation by

Timothy Wesonga (GIZ/EPOS)

Observers and Assessors – Discuss roles and select

15 October 2018

- 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

15 October 2018

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)

Fieldx Project Roadmap

1. PLANNING

1. Scoping the FSX (Concept Note)
2. Establish the Exercise Management Team
3. Define the Project Plan
4. Identify the Participants
5. Define the Evaluation Strategy
6. Manage the admin & logistics
7. Media, PR and Communications

if Required:

- Safety & Security

2. MATERIAL DEVELOPMENT

1. Review the Concept Note
2. Context Research
3. Master Scenario
4. Inject Matrix
5. Injects fully developed and written
6. Evaluation Material
7. Exercise Handbook

if Required:

- Opening or Closing Remarks

3.SET-UP

1. Setup the exercise venue
2. Setup the Exercise Control
3. Check Equipment
4. Brief the exercise management team

4. CONDUCT

1. Welcome & Opening
2. Briefings
3. Start the Exercise
4. Run/Control the exercise
5. Capturing Outcomes
6. Ending the Exercise
7. Initial Debrief (Hot Wash)
8. Exercise Debrief Workshop
9. Closing the Exercise

5. RESULTS & FOLLOW UP

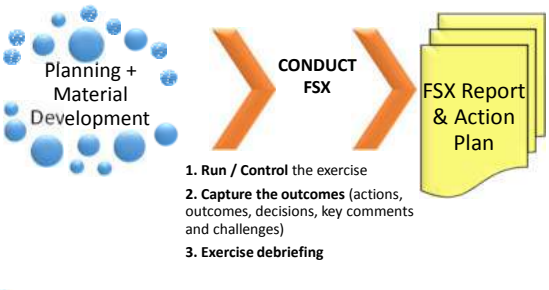
1. Debrief the Exercise Management Team.
2. Initial Report to the Senior Management
3. Exercise Report
4. Closing Project Admin

if Required:

- Internal Mission Report

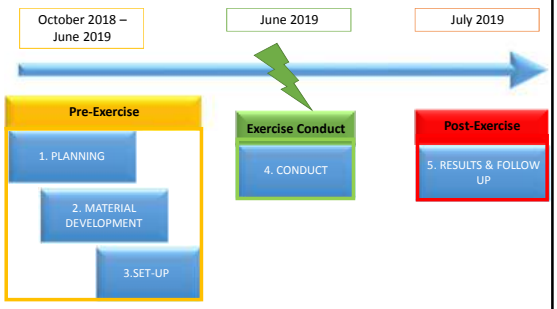
Pre-Exercise | Exercise Conduct | Post-Exercise

FSX Project Overview



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

FSX Road Map



WORLD HEALTH ORGANIZATION – HQ Simulation Exercise Training Course – Table Top Exercises. PAGE 4 (Oct-18)

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

Steering Group (SG)

- Damascent Kabanda EAC Trade
- Fahari Gilbert Marwa EAC Agriculture
- Dr Michael Katende EAC Health
- Pauline Nandako Nafula Kituyi MEACA Kenya
- Athman Juma Mwatondo MoH Kenya
- Geoffrey Gitau Mukora Veterinary Service Kenya
- Kenya to nominate -Military
- Office of President Kenya
- Edward A. Komba MEACA Tanz
- Dr Mary Archson Makata (Elias Kwesi) MoH Tanz
- Dr Benezeth Lutege Malinda Veterinary Service Tanz
- Major Enock Mwakyusa Military Tanz
- Prime Minister's Office Tanz
- President's Office Tanz
- Dr Irene Lukassowitz GIZ
- Dr Thomas Dulu OIE
- Frederik Copper WHO

Exercise Management Group (EMG)

- Florian Mutabazi EAC Comms
- Dr David Balikowa EAC Agriculture
- Dr Willy Were (Benedict Mushi) ECSA HC
- Dr James Nyongesa Wakhungu Vetinary Service Kenya
- Dr Lyndah Makayoto MoH Kenya
- Major Dr Mary W. Njoroge Military Kenya
- Vida Mmbaga (Dr George Cosmas Kauki) MoH Tanz
- Dr Emanuel Senyaeli Swai Vetinary Service Tanz
- Military Tanz
- Hilary Kagume Njenge WHO
- Dr Grace Elizabeth Bai Saguti WHO
- Dr Fasina 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

Annex XI: Updated list of members of Steering (SG) and Exercise Management Group (EMG), (as of 12 October 2018)

S. NO	Name and Contacts Steering Committee (SC)	Institution
	EAC Secretariat	
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: +254 723 585 800	**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**
12	Major Enock Mwakyusa	**Defense Force**

	Tanzania People's Defense Force Headquarters enokyusa@gmail.com Tel: +255 716 432 744	
13	Prime Minister's Office Disaster Management Department	**New nomination needed**
14	President's Office Regional Administration and Local Government Authority, Regional Commissioner	**New nomination needed**
	WHO	
15.	Allan Bell (Fred Copper) Specialist Consultant, Capacity M&E Framework Department of Country Health Emergency Preparedness & IHR World Health Organization 20 Avenue Appia, CH-1211 Geneva, Switzerland bellal@who.int	**WHO**
	OIE	
17	Dr Thomas Dulu Programme Officer World Organization for Animal Health Sub-Regional Representation for Eastern Africa Email: t.dulu@oie.int Tel: +254 721 276 508	**OIE**
	GIZ	
18	Dr Irene Lukassowitz Project Manager Support to Pandemic Preparedness in the EAC Region project (PanPrep) Email: irene.lukassowitz@giz.de Tel: +255 757 288 562	**GIZ/PanPrep**

S. No	**Name and Contacts Exercise Management Group (EMG)**	**Institution**
	EAC	
1	Florian Mutabazi Communications Officer EAC Corporate Communcations Email: FMutabazi@ eachq.org Tel: +255 785 288 428	**EAC Communications**
2	Dr David Balikowa Senior Livestock Officer EAC Agriculture Department Email: dbalikowa@eachq.org Tel: +255 788 736 025	**EAC Agriculture**
	ECSA-HC	
3	Dr Willy Were (Benedict Mushi) Medical Epidemiologist ECSA-HC werew@ecsa.or.tz Tel: +255 787 548 393	**ECSA HC**
	Kenya	
4	Dr James Nyongesa Wakhungu Veterinary Officer Namanga Directorate of Veterinary Services Email: jameswakhungu@gmail.com Tel: +254 721 766 361	**Veterinary Services**
5	Dr Lyndah Makayoto Medical Epidemiologist Ministry of Health - Disease Surveillance and Response Unit Email: makayotto@gmail.com	**MoH**

	Tel: +254 720 257 691	
6	Major Dr Mary W. Njoroge Public Health Expert/Epidemiology Ministry of Defense Email: njoroge.warigia@gmail.com Tel: +254 721 627 175	**Military**
	Tanzania	
7	Vida Mmbaga (Dr George Cosmas Kauki) Medical Doctor, Epidemiologist Ministry of Health, Community Development, Gender, Elderly and Children Email: cgkauky@yahoo.com Tel: +255 764 627 034/0767 026 332	**MOHCDGEC**
8	Dr Emanuel Senyaeli Swai (Dr Makungu Selemani) Department of Veterinary Services Ministry of Livestock and Fisheries Email: esswai@gmail.com Tel: +255 754 816 967	**New nomination needed**
9	Military, Arusha level	**New nomination needed**
	WHO	
10	Hilary Kagume Njenge World Health Organization Email: hilariouskags@yahoo.com Tel: +242 044 905 737/ +254 726 977 738	**WHO**
11	Dr Grace Elizabeth Bai Saguti (Dr Allan Mpairwe) Medical Doctor World Health Organization Email: sagutig@who.int Tel: +255 754 287 875	**WHO**
	FAO/ECTAD	
12	Dr Fasina Folorunso (Niwael Mtui Malamsha) ECTAD Country Team Leader Food and Agriculture Organization of the United Nations Email: fasinafo@gmail.com / folorunso.fasina@fao.org Tel: +255 686 132 852	**FAO/ECTAD**
	GIZ	
13	Timothy Wesonga (Kenneth Byoona) Preparedness and One Health Advisor Support to Pandemic Preparedness in the EAC Region" project Email: Timothy.Wesonga@epos.de Tel: +254 757 983804	**GIZ/EPOS**