



East African Community

EXERCISE REPORT FOR CROSS BORDER TABLE TOP EXERCISE



**A FICTITIOUS OUTBREAK OF RIFT VALLEY FEVER IN KENYA
AND TANZANIA**

ARUSHA, TANZANIA 4-5 SEPTEMBER 2018

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Introduction

The East African Community (EAC) Secretariat convened a cross-border Table Top Exercise (TTX) on 4-5 September 2018 at Mt. Meru Hotel, Arusha, Tanzania. 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. 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 the exercise focusses on Kenya and Tanzania, representatives from Burundi, Rwanda, South Sudan and Uganda were invited to participate actively in the simulation as observers.

The simulation offered 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. The simulation exercise was supported by the Support to Pandemic Preparedness in the EAC Region project that Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) implements on behalf of the German Government. The World Health Organization’s (WHO) Country Preparedness and International Health Regulations (IHR) Department lead and coordinated the planning, design, organisation, implementation and post-processing of the exercise.

As part of scoping the exercise, relevant EAC simulations exercise reports, after action reports from previous outbreaks were reviewed and a stakeholders meeting was conducted to better understand the context and needs of the exercise. The simulation Steering Group (SG) and Exercise Management Group (EMG) (Annex I) were also established including their Terms of Reference. The main role of the SG and EMG groups was to support the design and implementation of the TTX. The EMG developed a TTX Concept note (Annex II), including purpose, scope and objectives, scenario outline and storyline, agenda (Annex III), and identified the One Health participants. The cross border TTX was conducted on 4 September, with an exercise debrief on 5 September, followed by an evaluation on 6 and 7 September 2018. This exercise report is drafted by the WHO with input from the EAC TTX report, SG, EMG, GIZ and partners.

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Abbreviations and Acronyms

BNITM	Bernhard-Nocht-Institute for Tropical Medicine
CDC	US Centres for Disease Control and Prevention
CHVs	Community Health Volunteers
CVL	Central Veterinary Laboratories
DSRU	Disease Surveillance and Response Unit
DTRA	US Defense Threat Reduction Agency
DVS	Directorate of Veterinary Services
EAC	East African Community
ECSA-HC	East, Central and Southern Africa Health Community
EMG	Exercise Management Group
EOC	Emergency Operations Centre
FAO/ECTAD	United Nations Food and Agriculture Organization Emergency Centre for Transboundary Animal Disease
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GIZ/EPOS	EPOS Health Management
IHR	International Health Regulations
KfW	German Federal Friedrich Loeffler Institute for Research on Animal Health
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MoLF	Ministry of Livestock and Fisheries
NPHLS	National Public Health Laboratories
OHCEA	One Health Central and Southern Africa
OIE	World Organisation for Animal Health
POE	Points of Entry
PMO	Prime Minister Office
PHE	Public Health England
RCC	Risk and crisis communication
RRT	Rapid Response Team
RVF	Rift Valley Fever
SG	Steering Group
SOPs	Standard Operating Procedures
TAD	Regional Strategy on Prevention and Control of Transboundary Animal and Zoonotic Diseases
TTX	Table Top Exercise
WHO	World Health Organization

Background

Purpose

The purpose of the cross border TTX was to assess and further enhance the level of outbreak preparedness in the East African region in particular focusing on the one health approach. National emergency preparedness and response plans, the regional contingency plan, the regional risk and crisis communication strategy (draft) were validated. Standard Operating Procedures were also examined. The TTX familiarized 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.

Scope

The discussion based table top exercise simulated a fictitious cross border Rift Valley Fever (RVF) outbreak, aggravated by environmental factors with an impact on humans and animals, lives and livelihoods, agriculture, trade and tourism and the economy as a whole. The simulated incident triggered 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 TTX was 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 elements of cross border security and threats to travel and trade (air links and road borders).

The TTX triggered discussion on coordination mechanisms 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 played a key role in familiarising exercise participants with existing policies, plans and procedures for preparedness and response. The key documents that guided the exercise development were the Rift Valley Fever contingency plans as well as overall national and regional contingency plans.

Objectives

The exercise objectives were:

- a) To identify strengths and weaknesses in regional and national emergency preparedness and response plans and build capacity;
- b) To validate the regional SOPs for pandemic preparedness and risk & crisis communication;
- c) To assess One Health capacities at Points of Entry, particularly land borders but with some elements focusing on airports;

- d) To capture best practises and ensure transfer of lessons learned to the EAC community and other regional economic communities and African regions

Scenario

The scenario of a fictitious cross-border RVF outbreak covered a simulated period of 6 months. The scenario was chosen, because the pathogen poses a significant risk to the region with current outbreaks in at least Kenya, Rwanda, South Sudan and Uganda. Infections and deaths among animals and humans were reported in different parts of Kenya and Tanzania. The scenario included elements of public anxiety, spread of rumours, intense media interest with press releases, press conference and the need for inter-sectoral coordination.

The scenario was built and implemented around three phases namely: (1) Preparedness and Early Warning, (2) outbreak in animals (domesticated ruminants) and (3) response to animal and human cases.

The scenario depicted the normal chain of events of a typical 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 first human infections and fatalities. To build capacity and orient TTX participants on available risk and crisis communication (RCC) instruments, a 'drill' or practical experience around RCC was incorporated in the TTX.

Participants

The TTX was attended by approximately 100 representatives from the Partner States representing the One Health Approach, including; Ministries of East African Affairs, Health, Agriculture, Tourism, and Environment, representatives from tourism and trade, business, human and animal health, public laboratories and hospitals, Ports of Entry, communities, religious leaders, media, military, and East African experts who fought the Ebola epidemic in West Africa. In addition, representatives of regional and international organisations, members of SG and EMG, GIZ support staff and video and photographer crew supported the TTX. With the exception of Burundi, all EAC Partner States were represented at the exercise. The actual exercise participants included 64 participants from Kenya (29), Tanzania (30) and EAC Secretariat (5) relevant departments (health, animal health, agriculture, trade, customs and tourism).

The participants from regional and international organisations acted as observers and assessors of the exercise namely; African Union, the US Centres for Disease Control and Prevention (CDC), the US Defense Threat Reduction Agency (DTRA), the United Nations Food and Agriculture Organization Emergency Centre for Transboundary Animal Disease (FAO/ECTAD), East, Central and Southern Africa Health Community (ECSA-HC), the German Federal Friedrich Loeffler Institute for Research on Animal Health, KfW/Bernhard-Nocht-Institute for Tropical Medicine (BNITM), the World Organisation for Animal Health (OIE), One Health Central and Southern Africa (OHCEA), Public Health England (PHE),

and GIZ/EPOS Health Management.

A detailed list of participants is attached as (Annex IV).

Methodology

Preparation and implementation

Prior to the TTX day, the EMG held a one-day meeting on 3 September 2018 to brief all members of the EMG on the final agenda, any relevant logistics arrangements, their roles and responsibilities during the implementation of the exercise.

The exercise and debriefing was conducted over two days from the 4th to the 5th of September 2018. The exercise was divided into three parts namely; Preparedness, Early Warning and Response, outbreak in Animals, followed by cases in Humans. A follow-up communication ‘drill’ was held on the second day (Annex V). The primary exercise was led by 2 WHO facilitators supported by co-facilitators from the EMG. The drill was developed and implemented by the GIZ team. The exercise participants were grouped as follows: EAC regional level, Tanzania; National, Subnational and Namanga levels and Kenya; National, Subnational, Namanga levels. Observers and assessors were assigned to all the groups.

The table top exercise was implemented as a standard participatory based Table Top Exercise consisting of a series of Injects/problem statements based around an evolving scenario. Each inject was designed around a 30-minute discussion including a series of questions/problem statements to trigger discussion. Facilitator probes were also provided to assist in guiding the discussion. The probes developed for this TTX were largely based on the Rift Valley Fever contingency plans as well as overall national and regional contingency plans and the International Health Regulation (2005). The exercise was completed in 6 hours including the drill on the second day. TTX video and pictures are presented in Annex VI.

Debrief

Following the exercise there was a half day debriefing session to enable participants to discuss issues arising from the simulation and identify key follow up actions by relevant stakeholders. The debrief process enabled the groups to identify strengths, weaknesses, opportunities, threats and lessons learned reflecting their country preparedness and response systems. The exercise findings and recommendation are largely the outcome of the debrief process.

Evaluation

A participant feedback form was issued to all participants to complete. The participant feedback form and summary of the participant's feedback are provided in Annex VIII. Exercise evaluation was conducted from 6 – 7 September 2018 by the SG and EMG using the feedback received from the facilitators, participants, observers and assessors, attached TTX Evaluation report (Annex IX).

Findings

The exercise findings present the exercise outcome along with the input from observers and participating organizations, as well as the debriefing process. They refer to the purpose and objectives of the exercise, describing key outcomes, and recommendations and highlight significant strengths and weaknesses.

Preparedness and Early Warning for Rift Valley Fever

Both Kenya and Tanzania have developed early warning systems as well as a limited sentinel system for early detection and early warning. There is a good understanding of Rift Valley fever and most of the participants were aware of the disease, how it spreads and the impact of the disease in livestock and humans (particularly livestock). However, there is a lack of information flow from national to local levels and it appears that methods for disseminating early warning to local levels need strengthening.

Planning structures are in place but there is a lack of consistency in implementation meaning that old versions remain in circulation and other plans do not provide adequate guidance on key elements, such as response activation. During response to a large-scale outbreak, it was not clear in the existing plans and SOPs who would be the lead agency and how would lead agency change if the emergency scale changed or affected other sectors thus necessitating review of the current plans and SOPs to include such dynamics.

Material that is developed by third parties such as the National Oceanic and Atmospheric Administration, WHO and FAO are often complicated and poorly understood. Mapping data is similarly complex and many of the participants did not understand the implications of the material that was presented meaning that detailed scientific material is often overlooked or ignored. Simpler presentation of material would be of greater utility.

Response to Animal cases

When the participants were faced with a Rift Valley Fever Outbreak, they utilized standard mechanisms for response such as case management, adherence to Infection Prevention and Control

measures, Risk Communication, Laboratory diagnosis and confirmation, contact tracing and community engagement. Reference was made that OIE and WHO would be notified about the outbreak, but there was no reference of notification to EAC.

Upon detection of a major outbreak, mechanisms exist to support cross border coordination although the activation criteria is unclear. Middle management staff (district rather than national or local) lack resources meaning that there are frequent communication delays and bottlenecks. This can delay timely response.

Support to the overall livestock control and handling system is highly variable. Staffs on both sides have adequate expertise, but training is variable and staffing levels insufficient. Border areas demonstrate this most clearly where there are poor staffing levels and inadequate customs/quarantine facilities available to deal with a large outbreak. The problems are compounded by porous borders and insufficient enforcement and monitoring of staff. Porous borders will need an innovative solution as the border area is an artificial construct from the colonial period and communities traditionally move livestock across unhindered. Changing or restricting movement would have cultural, social and security impacts that are not well understood, and more research is needed.

Veterinary response is inconsistent, largely due to lack of staff and resources to enable timely response. This has the knock-on effect into early warning as cases are often not investigated early and by the time an investigation is complete, the infection has spread. Once an investigation is being conducted, laboratory capacity is limited, and confirmation is often delayed due to a lack of resources. The Rapid Response Team (RRT) which nominally should include veterinary staff as well as health responders were unclear about activation procedures as these were inconsistent between countries and even regions. In practice this could lead to delays in deployment and encourages a single sector response – for example sending only a health team as coordination with other groups is less than ideal.

Finding solutions is challenging as there is little investment available or technical solutions such as tracking applications or online coordinated data analysis. Outreach and surveillance officers are often working with pen and paper in remote areas with little to no cell phone coverage. Systems are not well linked internationally, and it takes time for one side of the border to notify the other of a suspected outbreak, a system that carries over to other health situations.

Response to Human cases

At country level, there were some level of consultation between the different levels, National, Sub national and Namanga levels although not very prominent. It was proposed in future exercise; there was need for establishing a liaison role that would facilitate more interactions between the groups.

Response to human cases was limited. Reasons for this proposed are;

1. Animal cases had a higher visibility. RVF spreads rapidly through the animal population and participants focused on limiting spread (positive outcome) however, human cases were given less priority. Much of the focus was on prevention rather than patient management.
2. There was participation from the ministry of health. This group focused on messaging and prevention. As there are few treatment options for RVF human cases and it is not transmissible between humans (dead end host), human health interventions are limited to preventing initial infection through safe handling of animal products, vector control and bite prevention,
3. Control and safe handling of potentially infected animal products. The responsibility for these falls to the Ministry of Agriculture and food safety agencies, rather than the ministry of health.
4. Exercise timing was tight, meaning that there was more focus on animal health issues, thus fewer discussions on human cases.

Overall, areas highlighted included resourcing of facilities, pre-planned communications strategies and coordination with One Health partners utilising Emergency Operations Centres and cross border coordination mechanisms.

EAC coordination role

The EAC Secretariat has a mandated coordination role however, there is lack of information on procedures used to communicate, report or activate the EAC Secretariat. Countries require clarity on reporting and sharing information with EAC for notification purposes or to request assistance. It is also unclear what resources are available at EAC that can be utilized to support Partner States. There continues to be a high reliance on international organizations and external donors.

The EAC, as a Regional Economic Community, has a clear coordination mandate and regional and international relations and presence of technical staff covering several key sectors. However activation procedures and assistance request need to be clarified to member states.

Participants indicated that the EAC needs to take a more proactive role in transparent reporting, in order to enhance mutual accountability and information sharing between partner states.

Recommendations

The participants of the EAC cross-border table top exercise recommended to the EAC Secretariat the following:

Planning

- a) The EAC Secretariat and Partner States to review and update existing emergency plans and SOPs;
- b) 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;
- c) Finalise and approve the draft 'EAC Protocol on Cooperation in Health' to improve control of communicable animal and human diseases in the EAC Region;
- d) Enhance communication between the EAC Partner States and the Secretariat on diseases, conditions and public health events with the potential for cross border spread;

Implementing

- a) Strengthen capacities of human and animal health workers to prepare and respond to disease outbreaks in the region through training;
- b) Standardize coordination mechanisms of the relevant sectors to embrace the One Health approach;
- c) Strengthen risk and crisis communication units of the EAC Secretariat and Partner State's ministries;
- d) Strengthen early warning and detection capacity at the Points of Entry to prepare and response to outbreaks or events.
- e) Roll out EAC and RVF contingency plans and SOPs at the regional, national, sub national, community levels covering also points of entry, including Namanga. This should include dissemination and sensitisation of key stakeholders and in particular policy makers. Sensitization and dissemination to occur before the Field Exercise in June 2018;
- f) Establish clear mechanisms of sharing surveillance data and information between the Partner States and the EAC Secretariat;
- g) Establish an emergency fund to respond to disease outbreaks.

Testing

- a) Regularly undertake simulation exercises to test and assess emergency plans and respective SOPs and thorough preparations to be conducted for the Field Exercise in June 2019. Take stock of TTX's performed in the Partner States (Country, Topic, no. of people involved), conduct survey of the capacities of the target participants, with this, gaps can be identified on where to focus future TTX activities.

- b) The cross-border scenario of RVF would also have high impact to humans, animals, trade, tourism, environment and internal security. As a result, the exercise established several gaps at the border posts such as lack of adequate holding facilities/isolation for suspected animals and human beings. Health facilities and animal health departments that act as referral points for any cases identified at the border posts regularly experience stock piles of necessary materials and equipment. 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.

Conclusion and Next Steps

This table-top exercise provided stakeholders from Kenya and Tanzania the opportunity to identify strengths, gaps and areas for improvement in preparedness and response to Rift Valley Fever. An One Health Approach was adopted during the exercise; where all participants had their role in the exercise. The EAC Secretariat roles were also reviewed and key recommendations outlined for follow up by EAC.

The exercise demonstrated that there are plans in place, including the presence of structures and systems for preparedness and response in the region. However, these are mainly focussed on a response at the national level and lack understanding and functioning between one or multiple Partner States. Therefore, further familiarisation and clarification is required to ensure operationalisation of existing plans and SOP's to prevent and control any disease outbreak or events across countries. One Health approach needs to be promoted and more trainings and exercises should be developed to enhance readiness of Partner States to respond to emergencies that have cross border impact.

All the exercise objectives were met including the exercise expected results. The exercise was interactive with the One Health participants exercising their roles and responsibilities during an outbreak of RVF. The strength and weaknesses in regional and national emergency preparedness and response plans were identified and recommendations suggested for follow up. It is highly recommended that the recommendations presented, need to be implemented through an EAC led action plan that includes actionable activities, timeline and responsibility.

The exercise report will be circulated widely to all Partner States targeting decision and policy makers and exercise participants. It is envisioned that the recommendations outlined will be implemented to strengthen the level of preparedness and response in the East African Region.

Annex A SUMMARY OF GROUP PRESENTATIONS AND OUTCOMES

KENYA: NATIONAL LEVEL

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>Coordination</p> <p>Good coordination and working relationship between Health and Animal sectors.</p> <p>Presence of One Health Plat Form where the Zoonotic Disease Unit (ZDU) coordinates One Health disease activities including response; the unit is present in some counties. There is the Zoonotic disease technical working group that is multi sectoral which conducts regular meetings.</p> <p>Joint press releases are conducted during outbreaks.</p> <p>Presence of a Public Health EOC at MOH that acts as a coordinating hub for disease outbreaks.</p>	<p>Weak coordination through Emergency Operations Centre (EOC); there are no SOPs for engaging several sectors.</p> <p>There are no clear guidelines on agency to take lead or change of roles depending on phases of preparedness and response.</p> <p>Lack of guidelines on coordination between National and County governments.</p>	<p>Good will from partners to support RVF preparedness.</p> <p>Presence of an intergovernmental forum.</p> <p>There are plans to establish mobile laboratories.</p>	<p>Competing emerging diseases.</p> <p>Political instability.</p>

<p>Presence of National Disaster Operation Centre.</p>			
<p>Surveillance and response</p> <p>Good surveillance system from national to community level: presence of enhanced syndromic surveillance platform and sentinel herds.</p> <p>Country has past experience with RVF.</p> <p>Regular information sharing through weekly bulletins and situation reports.</p> <p>Surveillance personnel exist at all levels including Field Epidemiology Training Program teams who support field investigation.</p> <p>Presence of skilled rapid response teams at National level in both human and animal health.</p>	<p>Weak passive surveillance.</p> <p>Inadequate resources to maintain and follow up sentinel herds.</p>		

<p>Good coverage of local, national and even international media.</p> <p>Presence of camera ready messages.</p> <p>Toll free line exists for disease reporting.</p>			
<p>Contingency plan and funds</p> <p>Presence of contingency plan which was tested in 2017; inputs not yet incorporated. 11 SOPs developed to support the contingency plan.</p> <p>Contingency plans for zoonotic diseases are in place for RVF and Rabies.</p> <p>Presence of adhoc contingency funds.</p>	<p>Inadequate resources to ensure adequate preparedness.</p> <p>Delays in release of funds during outbreaks.</p> <p>Inadequate funding for implementation of RVF contingency plan.</p> <p>Inadequate budgetary allocations by county government for disease control activities.</p>		
<p>Competent meteorological department that shares information regularly.</p>	<p>Inadequate use of meteorological data for action.</p>		
<p>Presence of bilateral and development partners: WHO, World</p>	<p>Lack of information on procedures to use to communicate/report/activate</p>		

Bank, CDC, FAO, Kenya Red Cross Society, USAID and EAC.	the EAC Secretariat and what resources are available at EAC that can be utilized to support Partner States.		
Presence of laboratory capacity for confirmation at national level.	Lack of County capacity for laboratory testing.		
Presence of SOPs for sample collection, testing and reporting.	Inadequate supplies for sample collection, transport and testing. Delay in confirmation of tests.		

PROPOSED SOLUTIONS

WHAT	WHO	WHEN
Strengthen EOC (include veterinary and other sectors).	Disease Surveillance and Response Unit (DSRU).	2019
Review contingency plan and update.	ZDU	2019
Review SOPs.	ZDU	2019
Information Management.	Health Promotion Unit, Central Veterinary Laboratories (CVL), ZDU, DSRU.	2019
Resource Mobilization.	MOH/ Ministry of Agriculture, Livestock and Fisheries (MALF).	2024
Strengthen Laboratory Confirmation.	National Public Health Laboratories (NPHLS)/CVL	2019
Referral Supplies.	NPHLS/CVL	2019
Sensitization.	ZDU	2022
Strengthen Surveillance.	DSRU/ Directorate of Veterinary Services (DVS).	2023

Other recommendations

- Incorporates TTX feedback and inputs into the contingency plan.
- Advocate for resource allocation for emergencies and disease outbreaks.
- Develop SOPs that are lacking for implementing the contingency plan; including SOP that clearly indicate the lead agency during emergencies that affect several sectors.
- Develop formal guideline on movement of patients across the border during outbreak response; in case of movement restrictions establish temporary treatment centres.

KENYA: SUB NATIONAL LEVEL

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Availability of Emergency preparedness plan and contingency funds.	Long process of accessing the funds.	Presence of Ministry East African Community.	In adequate resources and bureaucracy in accessing available funds.
Active disease surveillance system in place.	Insufficient trained personnel.	Internationals and Regional Development Partners.	Transfer of experts.
Availability of protective kits.	Absence of an active multi-sectoral committee	Directorate of Social Affairs in the Ministry.	Political interference.
Good communication channels in place/ administrative channels and timely dissemination of information.	Lack of use of SOPs.	Existing experts in various fields.	Non-committal attitude from some government officials.
Presence of multi-sectoral working group available; animal and human health professionals, security, administrators, political and religious leaders.			Resistance from members of the public.

PROPOSED SOLUTIONS

WHAT, HOW	WHO	WHEN
Inadequate Human Resource Capital, insufficient skilled personnel and lack of succession plan; improve human resource capital by engaging interns, recruitment of new staff on contracts and continuous staff training.	County Public Service Board.	Next Fiscal year 2019-2020 budget.
Lack/irregular usage of SOPs; enhance proper distribution and usage of SOPs.	MOH and the Veterinary department.	Immediately
Communication breakdown; improve communication channels by ensuring timely dissemination of information and public education.	Governors and County Commissioners offices.	In three months' time
Lengthy procedures to access contingency funds; simplify policies on accessing contingency funds and continuous resource mobilization to replenish the contingency funds, engage the people concerned with contingency funds in preparedness and response activities such as simulations, meetings and training for them to understand the needs.		
Minimal logistics support; facilitate quick access to necessary logistics including store management.	Head of Supply Chain Management.	Next Fiscal year 2019-2020 budget.

LESSONS LEARNED

KENYA: NAMANGA LEVEL

WHAT WENT WELL	WHAT DID NOT GO SO WELL	WHY THE GAPS
Presence of an early warning system by the Meteorological department.	Communication barriers; language barriers, some people are unable to access mainstream media.	Presence of bureaucratic systems makes communication and coordination slower leading to slower interventions during an emergency.
Presence of public health system where Community Health Volunteers report information to the local health facilities.	There may be slow/ delayed intervention by community and health personnel due to lack of enough resources and capacity.	Some interventions proposed cannot be implemented due to myths and beliefs associated with proposed disease outbreak interventions such as quarantine and dipping of cattle.
Campaigns/ health education/ Awareness creation is done at the health facility by Public Health Officer or through announcements/ Barraza's through Chiefs (local Administration).	There may be poor coordination and communication in between different sectors e.g. animal health/ human health at the grassroots and cross borders.	Lack of adequate funds for response activities such as capacity building initiatives and provision of necessary facilities, materials and equipment.
Contingency plans/SOPs are available but maybe lacking in some health facilities.	There is free movement of people and animals from across the border without restrictions.	Plans are not well implemented.
	Partner support can be requested for capacity building and logistics before and during outbreaks but there is no standard criteria or it is not clear on how to access partner support at grassroots level/lower levels.	Contingency plans and SOPs not well disseminated.

PROPOSED SOLUTIONS

WHAT	WHO	WHEN
Simplify early warning messages to farmers from Meteorological department.	Administration, Extension workers, Community Health Volunteers (CHVs).	Immediately 5/9/2018 Ongoing
Improve our surveillance capacities.	Medical officers, CHVs, Veterinary Officers, Local authorities.	Weekly
Disseminating RVF contingency and relevant SOPs.	Veterinary officer Namanga, Medical officer Namanga.	10 th September, 2018
Establishing one-health focal person.	Sub-county MOH and Sub county Veterinary.	30 th December, 2018
Improving on coordination at the Ports of Entry.	Immigration officers, Customs officers, Cross Border Security forces, other border stakeholders and border committees.	30 th December, 2018
Use of readily available channels of communication.	Community leaders, Health care workers, Religious leaders, Business community.	Ongoing 30 th December, 2018
During outbreaks the community to comply and participate in prevention and control intervention proposed by authorities.	Community Health worker, Medical and Veterinary officers, Community.	30 th December, 2018
Lobby for more resources for preparedness and response.	Health workers, Veterinary officers.	30 th December, 2018

OTHER RECOMMENDATIONS

- A multidisciplinary approach is paramount during outbreaks. Regularly engage the border management committees and Joint Border Operations Committees in combating cross border outbreaks through notify them on disease outbreaks.
- Timely communication and response should be encouraged; prompt request for support to International organizations and prompt support will facilitate containment of the situation rapidly.

- Improve methods of disseminating official information concerning alerts on suspected cases, methods of prevention and control of diseases to the lower levels by radio and engaging the village elders who can relay the information through village Barraza's.
- Increase regular cross border patrols.
- Coordination amongst key players is key and never take chances, always be prepared in advance for any emergency.

TANZANIA: NATIONAL LEVEL

WHAT WENT WELL	WHAT DID NOT GO SO WELL	WHY THE GAPS
Existence of surveillance systems for both human and animals covering reporting, and points of entry.	RVF contingency plan is not up to date; requires updating and dissemination to relevant sectors e.g. it is not clear how changes in lead agency will take place during a large-scale emergency and risk communication strategy for RVF is not clearly stated in RVF contingency plan.	
Existence of RVF contingency plan which is multisectoral and an All Hazards Emergency Response Plan.	Low awareness of EAC contingency plans and SOPs; lack of protocols for sharing information between sectors and partner states including reporting to EAC through Ministry of East African Community Affairs; no resources to use to disseminate plans.	
Presence of early warning systems.	Inadequate resources for RVF emergency response; no funds to implement compensation policy for animals.	
Existence of One Health Desk anchored at Prime Minister Office (PMO) for coordination of different sectors.	Weak Community Based Surveillance and Event Based Surveillance in RVF high risk areas for early warning. Real time surveillance is not present in entire country.	
Presence of Public Health Emergency Operation Center for Multisectoral coordination and communication during emergency.	Inadequate human resources in both human and animal health sectors; there are few staff at Points of Entry, and the number of livestock officer is low (the standard is every village should have a livestock officer).	

Existence of Animal Laboratory Capacity for confirming the RVF cases.	Lack of designated isolation facilities at points of entry for human cases and animal holding grounds at high risk borders.	
Strong coordination of partners and their commitment in supporting emergency preparedness (WHO, World Bank, CDC etc.)	Lack of clear coordination and response structure between Emergency Operations Centre and RRT.	
	Existence of porous borders.	
	Inadequate Animal vaccine stock.	
	Low sensitization and awareness of Animal disease Act (2007).	
	Lack of cross border regional framework for medical countermeasures and personnel deployment.	

PROPOSED SOLUTIONS

WHAT	WHO	WHEN
Updating and dissemination of National RVF contingency plan.	PMO Support : WHO, CDC,GIZ	By December, 2018
Development of protocols/SOP for sharing information between key Ministries.	Prime Minister Officer – One Health Desk	By December, 2018
Dissemination of EAC contingency plans.	EAC	December, 2018
Advocate for establishment and strengthening of the cross border committees, joint border	Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Ministry of Livestock and Fisheries (MoLF) and	As soon as possible

coordinating committees and community committees.	Prime Minister's Office Regional Administration and local Government.	
Develop Multisectoral RRT guideline under one health spirit.	Prime Minister Officer – One Health Desk and Line Ministries such as MOHCDGEC and MoLF.	By December, 2018
Conduct resource Mobilization to support RVF preparedness activities.	EAC, PMO, Line ministries and Partners	By October 2018

TANZANIA: SUB NATIONAL LEVEL

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Presence of surveillance system and rapid response team; Passive surveillance in place in human health.	Inadequate One Health Approach during response such as information sharing.		
Capacity for testing both animal health and human health diseases. Sample transportation to central Laboratories available.	Conflicting information between media, social media (Twitter) and official report from Ministry of Livestock.		
Availability of Regional/Subnational One Health contingency plan.	Inadequate surveillance capacity in animal side.		
Activation of Regional emergency coordination meetings during emergencies.	Insufficient resources and poor infrastructure.		

	Participants not aware of the existing plans being tested; plans not widely disseminated.		
	Plans do not cover what or who is the leading agency/sector during emergencies involving multiple sectors.		
	The animal health rarely shares information with human health sector.		

Gap	Action	Time Frame	Responsible
Lack of awareness about the plan.	Disseminate the plans.	Sep- Nov-18	MoH – Regional Laboratory Technician, Regional Medical Officer (RMO)
	Web based information centre (soft copy).	30/11	MoH
	Read and familiarize with the plan and conduct simulations at sub national level.	Mid Dec - 2018	Each RRT
	Conduct inventory of the RRT member and orient them on the plans and SOPs.	Mid Dec - 2018	RMO
Insufficient consideration of the Risk Assessment/Analysis approach.	Include risk analysis as a fundamental component of the plan.	Mid Dec - 2018	RRT

	Orient the RRT on how to conduct Risk Analysis/Risk Assessment.	Dec-18	RMO
	Conduct Rapid Assessment on regular basis to identify early warning signs for emergency.	Jan-19	RMO
Failure to accommodate key issues on response.	Review the plans and accommodate all key issues such as command system and lead agency.	End - Jan 2019	MoH Regional Administrative Secretary
	Create the true one health team.	Oct-18	MOH Regional Administrative Secretary/District Executive Director
Fragmented human – animal health surveillance systems.	Create shortcuts for information sharing.	Nov-18	EAC
	Implement the institution framework for EAC cross border surveillance of 2011.	Dec-18	EAC
	Activate cross border surveillance committee to meet monthly and share the proceedings.	Jan-19	EAC
	Rollout and operationalize the community based surveillance system building on AMREF project in Ngorongoro and Longido.	Feb-19	MoH
	Activate and link the community Animal Health Workers to the Community Based Surveillance.	Feb-19	RAS

	<p>Introduce incentives to Community health workers.</p> <p>Increase the awareness/health education of the community on the risk of epidemics through building capacity of community health workers to undertake their roles.</p>	<p>Mar-19</p>	<p>MoH</p>
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OTHER RECOMMENDATIONS

- a) Review the plans to include the missing issues identified during TTX e.g. state leading agency during outbreaks/events that affect several sectors.
- b) Encourage formal and informal channel of information between the two countries; *Formal* – strengthen Cross border surveillance committees; *Informal* - friendly information exchange between experts at the borders.
- c) Restrict transfer of patients during outbreak by utilizing the existing institutional framework like EAC and bilateral agreements between the two countries to facilitate and coordinate recruitment of health care workers and establishment of treatment centers across the border during cross border outbreaks.

LESSONS LEARNED

- a) Without clear plans it would be very difficult to effectively handle emergencies.
- b) Putting plans and SOPs into practice is mandatory for effective emergency management this should be through regular exercises that will ensure that people are familiar with the content of the plans and appreciate their usefulness.
- c) It is paramount to have very clear coordination mechanisms which are well understood for effective emergency response.
- d) Prompt vaccination of animals plays an important role in prevention of epidemics.

TANZANIA: NAMANGA LEVEL

WHAT WENT WELL	WHAT DID NOT GO SO WELL	WHY THE GAPS
Good communication and good team work across the borders/two countries. When there is an imminent danger of outbreak around the borders competent authority share information and plan course of action through the “Ujirani+ mwema” meeting where experts, the community leaders, government officials and people meet and information, education and planning is conducted.	<p>Although communication maybe good, it may not be very clear to other multiple sectors engaged in preparedness and response.</p> <p>There is a lot of false belief and myths with RVF outbreak. Sometimes information shared is not verified in terms of the origin; if it’s an authentic source.</p> <p>The current communication channels/set up is not set to deal with the speed of the current social media; it is difficult to counter the mass information spread by the social media.</p>	International Organisations such as WHO are required to come and support in times of crisis but there is a problem of timing and the channel through which they should be invited; bureaucracy.
Contingency plan and SOPs present and in use.	The SOPs are not designed to deal with a crisis of the magnitude and effect outlined in the TTX.	
Presence of District Emergence Committee and cross border committee.	Alerts are usually shared but the information may not reach the entire community. Public Health Education to community is inadequate.	
Presence of Veterinary Laboratory and diagnostic capacities.	Component of response is there but not well prepared. Our boarder ports are not designed and equipped to deal with such an outbreak.	

	Surveillance was poor and the local health centres are not designed and equipped to quickly respond to outbreaks.	
	Our border ports are not designed and equipped to deal with RVF outbreak. The port of entry lacks quarantine facilities/holding facilities to hold suspected animals.	
	Inadequate human resource.	
	Porous of border which allow free movement of animals from one country to another.	

PROPOSED SOLUTIONS

- a) The emergency committees should be strengthened and sensitization activities should be conducted on the available contingency plans and SOPs.
- b) Heads of departments should identify various SOPs, instruments and operational guidelines utilized by different sectors and circulate them widely to all sectors.
- c) Information to be shared should be structured in a format and language which is easily understood by the different sectors/displines and levels involved in Emergency preparedness and response. Information struncture and content should be easily understood by common *Mwanainchi* and community and tribal leaders should be involved in information dissemination.
- d) Head of border committee to organize regular cross boarder meetings.
- e) Heads of Departments to review/filter information before it is shared widely.
- f) Conduct resource mobilize to build an animal quarantine facility/holding pen at the point of entry.

EAC LEVEL

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
EAC has the mandate to coordinate as per EAC Treaty.	Lack of in-house awareness on the contingency plan and EAC Regional Strategy on Prevention and Control of Transboundary Animal and Zoonotic Diseases (TAD); the documents have not been disseminated effectively.	Being a Regional Economic Community with coordination mandate and regional and international relations.	Political instability.
Strong expertise and easy access to relevant sectors in One Health.	Inadequate staffing.	Political will.	
Cooperation within and beyond the region including International Development Partners.	Not yet enough buy in at the top management on the contingency plan and TAD.	Regional contingency plan available.	
	Lack of financial resources.	Pandemic Preparedness identified as priority issue even across departments.	
	Limited mandate of EAC which is only coordination and advice.	One Stop Border Post has enhanced border management.	
	Poor information flow within and between departments.	Pandemic Preparedness as a driver for regional integration	

		Recent outbreaks emphasize the need for regional integration.	
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PROPOSED SOLUTIONS

WHAT, HOW	WHO	WHEN
<p>Staffing</p> <ul style="list-style-type: none"> Establish the gaps and the skills mix Develop database/pool of experts in Partner States Mobilize resources to support key staff Long term requirements. 	<p>EAC Director of Human Resource and Administration (DHRA)</p> <p>EAC/Partner States</p> <p>EAC/Partner States</p> <p>DHRA/Council of Ministers</p>	<p>1 year</p> <p>6 months</p> <p>1 year</p> <p>2 years</p>
<p>Financial resources e.g. no Emergency Fund thus need to set aside some resources to support the contingency plan.</p> <ul style="list-style-type: none"> Develop a strategic plan and budget (5 years) Organize a donor round table. 	<p>One Health; Health, Agriculture, trade departments</p> <p>EAC Secretary General, GIZ</p>	<p>1 year</p>
Undertake sensitization		

<ul style="list-style-type: none"> • EAC level • Partner State level • Development partners. 	<p>One Health</p> <p>EAC</p> <p>EAC</p>	<p>6 months</p> <p>2 years</p> <p>2 years</p>
<p>Limited mandate</p> <ul style="list-style-type: none"> • Finalize protocol on cooperation in Health. • Finalize Institutional framework for Cross Border Disease Surveillance. 	<p>Partner States and EAC</p> <p>EAC</p>	<p>5 years</p> <p>1-2 years</p>

KEY INFORMATION TO PARTNER STATES FROM EAC DISCUSSIONS

- EAC activation/triggers are when there is risk of cross border spread, risk of the disease becoming an international concern; disease is within EAC list of priority epidemic prone diseases and when it is a highly pathogenic disease. These should guide Partner States in requesting for support from EAC.
- Criteria of acceptance/rejection of request for support by EAC; should conform to the EAC Treaty provisions and principles and it covers all countries (inclusivity).

Annex B: Composition of Steering Group and Exercise Management Group

<i>Function</i>	<i>Name</i>	<i>Organization</i>	<i>Main responsibility</i>
Convener of TTX	EAC Secretariat Head of the Health Department	EAC	Project management
TTX-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	
	Frederik Copper Team Lead a.i. 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	

Exercise Management Group (EMG)	Hilary Kagume Njenge Simulation Project Coordinator	WHO	Lead facilitator
	Allan Bell Specialist Consultant	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 Wakungu 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 Neema Chande	GIZ	Support; Administration and Finance
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Steering Group Terms of Reference

- a) Oversee the process
- b) Liaise with all relevant stakeholders
 - a. upwards (all the way up to the presidency) and downwards (all the way down to the communities);
- c) Convey content and process information;
- d) Nominate and involve people distributing roles and responsibilities;
- e) Approve the proposed One Health scenario;
- f) Approve the venue for the table top exercise;
- g) Approve the purpose and scope of the TTX;
- h) Contribute to and approve the evaluation of the TTX.

The Steering Committee will be evaluated and revised according to needs for the FSX.

Exercise Management Group Terms of Reference

- a) Develop the scenario;
- b) Plan the simulations in detail;
- c) Identify active participants;
- d) Assign roles and responsibilities;
- e) Manage procurement, logistics, admin & finance;
- f) Coordinate and implement the simulations;
- g) Prepare the venues;
- h) Brief the exercise participants.

Annex C: TTX Concept Note



EAST AFRICAN COMMUNITY: CONCEPT NOTE FOR JOINT CROSS BORDER TABLE TOP EXERCISE

Date of simulation: 4–5 September 2018

Mt Meru Hotel, Arusha, Tanzania

1. Introduction

The East African Community (EAC) Secretariat will convene a cross-border simulation exercise in two parts between September 2018 and June 2019. It will start with a Table Top Exercise (TTX) on 4-5 September 2018 and followed by a Field Simulation Exercise (FSX) in June 2019. The FSX will build on the TTX and will be designed around an escalated scenario.

This exercise concept note focusses on the TTX only. It 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 planning team the authority to formally begin planning the activities. It is approved by the EAC Secretariat’s Department of Health, based in Arusha, Tanzania, as the convener of the exercise. The TTX 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. 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 planned TTX is based on lessons learnt and recommendations from East African experts who were deployed to West Africa to fight the Ebola Virus Disease (EVD) outbreak in 2014/2016. They highlighted the need for regular exercising, culturally adapted risk and crisis communication in the prevention and mitigation of and response to outbreaks of infectious diseases of public health concern and also for the application of a multi-disciplinary "One Health" management approach in this fight. They further recommended to involving the military, communities and the media from the beginning.

The TTX will take place at Mt. Meru Hotel, Arusha, Tanzania on 4-5 September 2018. 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 exercises in line with its mandate.

A stakeholder meeting with representatives started the TTX planning process in July 2018. The participants established a TTX-Steering Group (SG) and an Exercise Management Group (EMG) (**Annex A**), selected the members and tasked the groups with preparing the exercise on the ground. 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 TTX. The EMG assists with assigned tasks and responsibilities in the preparation, design and realisation of the simulation. The scenario was approved by the TTX-Steering Group that was established and mandated by the EAC Simulation Exercise Stakeholder Meeting held on 12-13 July 2018, at the EAC Headquarters in Arusha, Tanzania.

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.

3. Partnership and commitments

Further international partners 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), 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 TTX-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 TTX will depend on the effective collaboration of all these participants.

4. Purpose, Scope, Objectives and Expected Results

Purpose

The purpose of the cross border TTX is to assess and further enhance the level of outbreak preparedness in the East African region and status of implementation of IHR. Therefore, national emergency preparedness and response plans, the regional contingency plan, the regional risk and crisis communication strategy that is currently being developed and respective Standard Operating Procedures (SOPs) will be validated. The TTX will familiarize 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.

Scope

The table top 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 TTX 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 TTX 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 regional 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 identify strengths and weaknesses in regional and national emergency preparedness and response plans and build capacity;

- To validate the regional SOPs for pandemic preparedness and risk & crisis communication;
- To assess One Health capacities at Points of Entry;
- 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 TTX:

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

5. Scenario

The scenario of a cross-border Rift Valley Fever (RVF) outbreak will cover a simulated period of 6 months. Infections and deaths among animals and humans will be reported in different parts of Kenya and Tanzania. The scenario will include elements of public anxiety, spread of rumours, intense media interest with press releases, press conference and the need for inter-sectoral coordination.

The scenario will be built and implemented around three stages namely: Event detection, alert and response. It will depict the normal chain of events of a typical 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 first human infections and fatalities. To build capacity and orient participants on available risk and crisis communication (RCC) instruments, a 'drill' or practical experience around RCC will be incorporated in the TTX.

6. Key reference documents

The following documents were identified as key references for the TTX:

National level Kenya and Tanzania

- National contingency plan for Rift Valley Fever
- All Hazard Public Health Emergency Preparedness and Response plan (draft version Kenya)
- National Disaster Management Act
- Animal disease Act

EAC regional level

- 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 Regional Strategy on Prevention and Control of Transboundary Animal and Zoonotic Diseases
- c) EAC Protocol on Sanitary and Phytosanitary Measures
- d) EAC SOPs (Pandemic preparedness, risk and crisis communication)
- e) EAC Disaster Risk Reduction Strategy

International level

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

7. Methodology

The planned TTX will be a discussion guided by one or more facilitators around an exercise scenario or exercise narrative. The discussions and brain storming sessions will enable participants to solve problems as a group. The problems will be tackled one at a time and talked through without stress. The participants will not perform the actual tasks required in order to respond to the events, but explain them based on their knowledge of the national response and regional plans and their experiences. The TTX may consider using some skills tests where necessary like correct entry of surveillance reports or adequate responses to journalists. Participants will have the opportunity to practice some core elements of their emergency management plans and resources.

The facilitators will share the scenario and simulated events with the participants during the TTX through a series of (power point) slides and handouts which develop the scenario from the initial report of a suspect case through to response activities. In the slides, problem statements will be presented to the participants for discussion. The participants will be grouped into 3-4 groups covering various levels of interest in the scenario such as district, regional and national levels.

The simulation will go on for 4-5 hours and conclude with a debriefing session to enable participants to learn from the group experience and to enable planners to take forward lessons learnt and to improve systems and processes.

Evaluation

The success of a table top exercise 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 problem statements that detail the scenario.

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.

8. Exercise Support Team

Members of the tasked-based Steering Group, of the Exercise Management Group and of regional and international organisation will serve as observers and assessors during the TTX.

9. Operational issues

Finances and project costs

The simulation project is facilitated by WHO under a financing agreement with GIZ. WHO will pay for flights, transport, accommodation, venue and conference package. DSA will be paid according to GIZ's financing rules and regulations. International organisations and agencies are expected to cover

their own costs. The OHCEA has pledged to support OHCEA focal points to attend the TTX. Funding requests have been made to other development partners to support the simulation exercises.

Project monitoring, evaluation and reporting

In order to monitor and evaluate the exercise objectively, the monitoring and evaluation process will be incorporated from the start. The evaluation strategy will be developed by the EMG and will be applied during the entire project. Specific evaluation tools will be developed and utilized during the TTX. The TTX evaluation will be based on observation of structures, process and outcomes at each section of the exercise. The evaluation team will capture and report discussion points from participants related to the exercise purpose and objectives in the form of solutions, comments, recommendations and ideas to improve preparedness and response.

The EMG supported by the observers and assessors will develop an exercise report based on observations and information gathered from evaluator forms, participant four-corner activity and participant forms. The report will be shared with the Exercise Steering Group for review and approval and then submitted to the EAC Secretariat for wide circulation and follow up of recommendations by Partner States.

10. Participants

The TTX is primarily targeted at a total of 65 participants. These will be participants that are involved in preparedness and response from the EAC Secretariat and the two actively involved Partner States Kenya and Tanzania. The majority of the participants will be drawn from the Namanga border region. Two representatives each from Burundi, Rwanda, South Sudan and Uganda will be invited to participate in the exercise. The participants represent the One Health approach and come from regional, national, country and district levels.

11. Timeline

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

No.	Activity Description	Jul 22-28	Jul - Aug 29-4	Aug 5-11	Aug 12-18	Aug 19-25	Sept 2-3	Sept 2-8	Sept 9-15
1	Confirmation of EMG								
2	Finalization of Exercise Concept Note								
3	Scenario narrative finalised								
4	Invitation sent to participants and sensitization of partner state authorities/sectoral heads								
5	Admin & Logistic task list developed								
6	Confirmation of participants received								
7	Evaluation checklist completed								
8	Exercise venue selected and reservation made for use from 4 th Sept								
9	Admin & Logistics note send to participants								
10	Participant briefing finalised								
11	TTX presentation and injects finalised								
12	Venue set-up on 3 rd Sept								
13	Exercise conducted								
14	Exercise de-briefed								
15	Exercise report finalised and disseminated								

Annex D: Composition of Steering Group and Exercise Management Group

Function	Name	Organization	Main responsibility
Convener of TTX	EAC Secretariat Head of the Health Department	EAC	Project management
TTX-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	
	Frederik Copper Team Lead a.i. Department of Country Health Emergency Preparedness & IHR	WHO Headquarters	
	Dr Thomas Dulu Programme Officer Sub-regional representation for Eastern Africa	OIE	
	Dr Irene Lukassowitz	GIZ	

	Project Manager Support to Pandemic Preparedness in the EAC Region		
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Exercise Management Group (EMG)	Hilary Kagume Njenge Simulation Project Coordinator	WHO	Lead facilitator
	Allan Bell Specialist Consultant	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

Annex E: TTX Agenda








CROSS BORDER TABLE TOP (TTX) SIMULATION EXERCISE

Agenda (as of 4 September 2018)

The EAC region has experienced several outbreaks of infectious diseases including Ebola, Rift Valley, Marburg and Crimean Congo Haemorrhagic 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 people in 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 will conduct a two-part cross-border simulation that starts with a cross-border table top exercise (TTX) on 4/5 September 2018 and continues with a cross-border field simulation exercise (FSX) in June 2019. The TTX will involve representatives from the EAC Partner States, especially from Kenya and Tanzania, and follow the One Health approach. The simulation aims at assessing the preparedness for outbreak prevention and response and at testing regional and national contingency plans and standard operating procedures as well as compliance with the International Health Regulations.

The simulation will be 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) will lead and coordinate the process. Further international organisations will cooperate in the exercise to join forces and utilise synergies. The TTX will take place on **4/5 September 2018**.

Where	Arusha, Tanzania, Mt Meru Hotel
When	4/5 September 2018
Who	about 100 participants from <ul style="list-style-type: none">  Partner States (especially Kenya and Tanzania);  EAC Secretariat;  ECSA-HC;  WHO, OIE, AU, CDC, DTRA, FAO, FLI, OHCEA, PHE  GIZ and KfW

The TTX aims to

- To identify strengths and weaknesses in regional and national emergency preparedness and response plans and build capacity;
- To validate the regional SOPs for pandemic preparedness and risk & crisis communication;
- To assess One Health capacities at Points of Entry;
- To capture best practices and ensure transfer of lessons learned to the EAC community and other regional economic communities and African regions

Facilitation The meeting will be facilitated by WHO under a financing agreement with GIZ.

Expected outcomes of the TTX

The main outputs of the TTX will be:

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

DAY 1, 4 September 2018 – TTX

08:00 – 08:30	Registration
08:30 – 09:30	<p>Opening session – Welcoming remarks and round of introduction</p> <ul style="list-style-type: none"> ▪ Welcome by EAC Secretariat ▪ Welcome by GIZ ▪ Welcome by WHO ▪ Welcome by Host Country ▪ Welcome by Chair of Partner States and opening of the meeting
09:30 – 10:00	<p>Background of TTX</p> <ul style="list-style-type: none"> ▪ Pandemic Preparedness Project ▪ Overview of TTX concept note <p><i>Dr Irene Lukassowitz (GIZ); Hilary Kagume (WHO)</i></p>
10:00 – 10:30	HEALTH BREAK
10:30 – 11:00	<p>Overview of TTX</p> <ul style="list-style-type: none"> ▪ Objectives of exercise/ definitions/ instructions ▪ Introduction of observers, assessors and formation of groups ▪ Introduction to scenario

	<i>Hilary Kagume (WHO), Timothy Wesonga (GIZ/EPOS)</i>
11:00 – 13:00	Start of TTX <ul style="list-style-type: none"> ▪ Exercise Part One <i>WHO, Exercise Management Group (EMG)</i>
13:00 – 14:00	LUNCH BREAK
14:00 – 16:00	<ul style="list-style-type: none"> ▪ Exercise Part Two <i>WHO, EMG</i>
16:00 – 16:30	HEALTH BREAK
16:30 – 17:30	<ul style="list-style-type: none"> ▪ Exercise Part Three <i>WHO, EMG</i>
17:30 – 17:45	Wrap up of day 1 <i>Hilary Kagume (WHO)</i>
18.45	End of Day 1

DAY 2, 5 September 2018 – TTX Evaluation

08:00 – 09:00	Review day 1 <i>Timothy Wesonga (GIZ/EPOS)</i>
09:00 – 10:00	Presentation and feedback from Observers and Assessors; Groups 1, 2 <i>Team leaders Groups 1 & 2</i>
10:00 – 10:30	Plenary Discussion <i>All</i>
10:30 – 11:00	HEALTH BREAK
11:00 – 12:00	Presentation and feedback from Observers and Assessors; Groups 3, 4 <i>Team leaders Groups 3 & 4</i>
12:00 – 12:30	Plenary Discussion <i>All</i>

12:30 – 13:30	LUNCH BREAK
13:30 – 14:15	<ul style="list-style-type: none"> ▪ Exercise Part Four – Drill <i>Kenneth Byoona (GIZ), WHO, EMG</i>
14:15 – 15:15	Drill evaluation <i>All Observers and Assessors</i>
15:15 – 15:40	Debrief: Four corners and plenary presentation Debrief: Evaluation – questionnaire
15:40 – 16:00	Way forward, wrap up and closing <i>Dr Irene Lukassowitz (GIZ) & Timothy Wesonga (GIZ/EPOS)</i>
16:00 – 16:15	HEALTH BREAK
16:15 – 17:30	Report writing - finalisation and adoption of the report <i>Hannah Oyss (GIZ), EAC Secretariat & Partner States</i>
17:30	End of the meeting

Annex F: LIST OF PARTICIPANTS

EAC CROSS BORDER TABLE TOP EXERCISE, 4/5 SEPTEMBER 2018, Mt. MERU HOTEL ARUSHA, TANZANIA

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Annex G: TTX parts; Early Warning, Response; Animal Cases and Human Cases and Drill, Group work report guide



GROUP REPORT GUIDE FOR REPORTING TABLE TOP SIMULATION 4 – 5 September, 2018 MOUNT MERU HOTEL, ARUSHA

- Capture the group inputs to the provided scenarios in the following grouping:
 - Strengths
 - Weaknesses or Gaps
 - Possible Solutions or Recommendations
 - Best Practices
 - Lesson Learnt
-
- ***N.B: capture the inputs in the following pillars for:***
- ***Preparedness***
- ***Early Warning***
- ***Notification***
- ***Response***
-
- **Mode of presentation:**
 - Typed word document of short sentences to input into the exercise report.
 - Power Point Presentation for Plenary on Wednesday, 5 September 2018 8:00 am

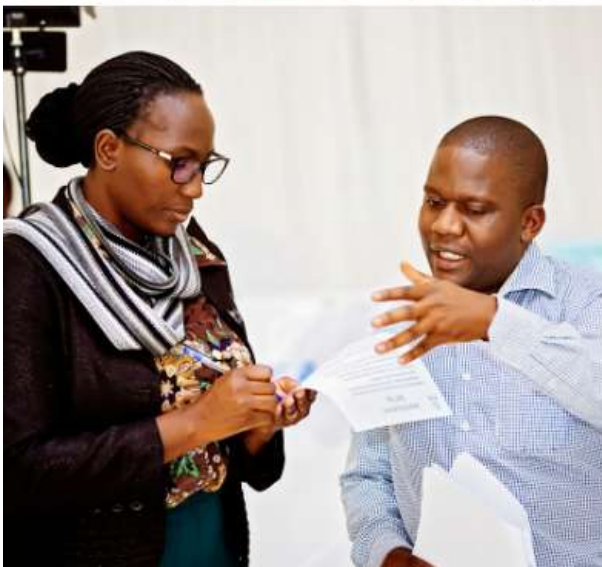


Annex H: TTX pictures, video snippets link









Annex I: Participant certificate template



Certificate of Attendance

Is hereby awarded to

In recognition of his/her successful participation in and valuable contribution to a

Cross-border Table Top Exercise on an outbreak of Rift Valley Fever

04 - 05 September, 2018
Mt Meru Hotel, Arusha, Tanzania

HON. CHRISTOPHE BAZIVAMO
DEPUTY SECRETARY GENERAL
PRODUCTIVE AND SOCIAL SECTORS
EAC SECRETARIAT



Annex J: Participant feedback form and evaluation

Participant Feedback Form for Cross Border Table Top Exercise and Results

Name (optional): _____ Exercise Date: 4-5 September, 2018
 Organization/Institution: _____ Role in Exercise: Player/Facilitator
 Country and Level: _____ Evaluator/Observer

Please provide your evaluation of the exercise in which you just participated.

Your feedback is essential for the improvement of future exercises.

On a scale of 1 to 5, where 1 means you do not agree at all with the statement and 5 means you strongly agree with the statement, please evaluate the exercise based on the following questions:

Statement	Do not agree	→	Strongly agree	Average (score out of 5)		
1. The exercise was well structured and organized.	1	2	3	4	5	4.38
2. The scenario was realistic.	1	2	3	4	5	4.51
3. The briefing before the exercise was useful and prepared me for the exercise.	1	2	3	4	5	4.15
4. The exercise allowed us to test our response plans and systems.	1	2	3	4	5	4.17
5. The exercise allowed me to practice and exercise my role in the public health emergency response coordination mechanisms at my level.	1	2	3	4	5	4.25
6. The exercise improved my understanding of my role and function during an emergency response.	1	2	3	4	5	4.52
7. The exercise improved my understanding of the Rift Valley Fever contingency plan.	1	2	3	4	5	4.29
8. The exercise improved my understanding of the East Africa Community Regional contingency plan for Pandemic Preparedness and related SOPs.	1	2	3	4	5	4.08
9. The exercise helped me to identify some of my strengths as well as some of the gaps in my understanding of response systems, plans and procedures.	1	2	3	4	5	4.58
10. At the end of the exercise, I think my institution/unit better prepared for a Public Health Emergency at my level.	1	2	3	4	5	4.15

Average score for entire TTX		4.31
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Please share any recommendation(s) you have to improve similar exercises in the future.

How would you like to receive communications from us in the future?

1. Email
2. Soft copy through Letter/Post
3. Website
4. Social media (Google Groups/Facebook groups/Twitter feeds)

If you would like material by email please write your email address here:

Thank you!

Participant feedback report

Detailed recommendations from participants on how to improve similar exercises in the future	
1	At the future we would like to be given the option of accommodation. Accommodation should be optional.
2	Documents for discussion in groups could be distributed prior to the meeting so that participants are informed well and get more time to discuss.
3	Time should be increased to at least 3 days More community participation
4	Try to use only one chair in the session. There was a lot of repetition from the chair trying to repeat what the facilitator had already given which wasted a lot of time
5	Better coordination. I only knew about the exercise a week before.
6	Invitation in good time Send materials and documents earlier enough to enhance interactions
7	Be more paused. More is not necessarily better. Less material and more time to discuss, document and integrate the plans and sop's.
8	More time needed
9	Time was limited and organize in the future at least 3 days
10	Need more time for activity
11	The observer group should be briefed about the exercise beforehand
12	More days allocated to the exercise
13	Ensure that there are enough handouts for each of the participants
14	Frequent trainings on disease preparedness
15	Time frame should be adjusted a little bit to make the exercise a lot more clear and close to a real situation
16	TTX could have taken three days to avoid the rush and to have a common understanding
17	Good work
18	Time duration to be added
19	Key issues could be identified/stressed and highlighted (we discussed many things)
20	Time duration was not enough hence compressing the programme. In future duration should be increased
21	More time/days to be allocated for the exercise. Needed one week
22	More hands on needed
23	Allocate more time for the exercise Ensure all plans and SOP's to be tested are available and shared ahead of the meeting
24	Arrange practical sessions
25	Shall be organized like the real role play. Participants should act at the front table to show their capacity and understanding

26	The exercise was so helpful and useful Have improved my understanding in a such way that I am able to educate others in case of preparedness in responding for outbreaks
27	RVF is associated with weather. I suggest the involvement of meteorological agency in the exercise to recognize their importance for early warning for preparedness and response
28	Need to appoint table leaders better
29	More instruction should be given to the participants before the risk communications drill
30	Time Clarity of engagement in the exercise
31	The SOP's and contingency plans should be shared in advance so that participants get time to review and familiarize to them before the exercise
32	My recommendation to include any exercise and practice in order to build capacity on emergency preparedness teams in exercise
33	To increase days so that each exercises will be discussed in more detail
34	Proceed with that way (it was nice)
35	In order to improve they use more than one language for presentation (translation) In best practice material of the workshop disseminate early and quickly
36	More sensitization and familiarization of the contingency plan and standard operating procedures before doing full scale simulation exercise in order to understand the roles and responsibilities of each stakeholder to sustain contingency and avoid confusion.
37	My recommendation comes to establishment of committee that are real active to receive information and work actively.
38	Share the documents should be tested in advance
39	Summary of the contingency plan and sops to be presented clearly before the exercise Adequate briefing very necessary especially for participants who have not gone through the documents
40	I suggest the exercise should not involve many group exercises for a very short time to work on and present
41	This table top exercise was well structured and organised. I hope the field exercise will be the same. Thank you.
42	For the future you have to widen more of the scope by inviting more stakeholders such as ward councilors, district commissioners, traders at local level and more representatives from the community.
43	I see to it that the same exercise should be done once again to for more involvement
44	Good work and scenario Keep it up
45	I strongly commend the organizer and the brains behind the whole exercise. In future meetings kindly include key people in the monetary department in county governments for ease of disbursement of funds especially contingency fund on time when needed. Thanks so much

46	In the next field exercise, let the team natural and practical - i.e. the Tanzania group should communicate in the language common in the country ie Swahili
47	This TTX was a preparedness activity during alert of RVF which will help us in response when RVF is declared positive in the country.
48	The EAC should invite more members to participate The time was very limited and must be increased at least 5 days to ensure exercise smoothness
49	Participants (especially Sub National) were diverse in terms of knowledge and expertise - making them difficult to grasp the concept of TTX Disease knowledge seems to be less understood among participants - hence they could not understand the impact of the disease and the importance of the exercise Time was too short and materials heavily packed - leaving many of the scenario undiscussed Venue and audio visual was excellent
50	The exercise was well prepared In future I think the time for the exercise should be increased
51	Simplify the contingency plans Graphic representation of messages from experts Debrief for participants and assessors
52	The exercise was perfectly done, well organized, coordinated, and timely, practical I pray that we have similar TTX Activities at country level at least annually EAC please legislate enforcing states to fund surveillance and response activities with view as epidemic preparedness and response

Annex K – Simulation material

Inject 1 – Part 1	Early Warning	
VIA	Email/Handouts	
FROM	Facilitators	
Responsible	Participants	
TO	All	
COPY (info)	All	
SUBJECT	Data for early warning analysis	
Inject time	End June 2018	
Timing	11.00 – 12.30	

1A/A-Timing 11:00

THIS IS AN EXERCISE MESSAGE**FOR IMMEDIATE RELEASE**

June 2018

Officials from Kenya and Tanzania Issue Health Alert**As Region Faces an Increased Risk of Disease Outbreaks**

NAMANGA, Kajiado – Government leaders from Tanzania and Kenya have issued an alert to warn citizens of an increased risk of human and animal diseases brought on by extensive rain and flooding throughout Southern Kenya and Northern Tanzania. The alert was announced at a joint meeting of high-level officials in Namanga.

The meeting was jointly held by the County Commissioner – Kajiado and the Regional Commissioner – Arusha.

The alert instructs health workers and veterinary officers to monitor and report infection rates of malaria, brucellosis, cholera, and other diarrheal diseases. All citizens are advised to wear protective clothing, use bed nets, and to boil water used for drinking.

“The high volume of rain in the area has increased breeding grounds for mosquitoes and impacted the quality of drinking water,” said regional officials. “Therefore, it’s likely that our region will see an increase in the number of cases of human and animal diseases associated with biting insects and unsanitary water.”

Regional officials also passed on warnings issued by WHO and FAO in relation to possible Rift Valley Fever in the area.

Ministries of Health are monitoring the situation and will provide additional information at a press conference.

Press Contacts:

Contact:

1. Ms. Molly Ileri Mushina: Kajiado Press Attache’ mushina.im@kajiado.ke
2. Mr. Boniface Nkya: Public Communications Officer Longido District
nkyabon2018@longdist.tz

SIMULATION SIMULATION SIMULATION

1A/B Timing 11:00

THIS IS AN EXERCISE MESSAGE

KAJIADO GAZETTE

THE NEWS LEADER · EDITORIAL AND OPINION

Bridge in Longido Collapses After Heavy Rainfall and Flooding

LONGIDO, Kajiado – Heavy rains and flooding have washed away a bridge in Longido Town, which links regional traffic and trade across Southern Kenya and Northern Tanzania. There was no one on the bridge at the time of the collapse, and no one was injured.

Transportation engineers and officers at the scene said the foundations of the bridge were damaged by erosion. Early investigations suggest that footings gave way as fragile soil was swept away during a heavy downpour.

The bridge was built in 2006 and serves approximately 1,800 vehicles and 4,000 people daily.

“The past three months of heavy rainfall and flooding have caused the ground under roads and bridges to become unstable,” said a representative of the transport ministry, who spoke on the condition of anonymity. “It’s a disaster.”

Information about the bridge collapse was first reported on social media, and has since been confirmed by national and regional authorities.

After a devastating drought in early 2018, three months of heavy rainfall have wreaked havoc on Southern Kenya and Northern Tanzania. Many villages remain flooded, and major roads have been washed away. Health facilities in Longido Town remain inaccessible by road.

SIMULATION SIMULATION SIMULATION

THIS IS AN EXERCISE MESSAGE



The Savannah Bugle

INVESTIGATIVE JOURNALISM AT ITS BEST

Flood-hit Tanzania launches campaign to fight malaria

June

Tanzania has launched a campaign to destroy mosquito breeding sites around towns in the wake of heavy rains that have lashed the north of the country since May.

The Health Minister said the operation will help combat the spread of deadly malaria in Longido district.

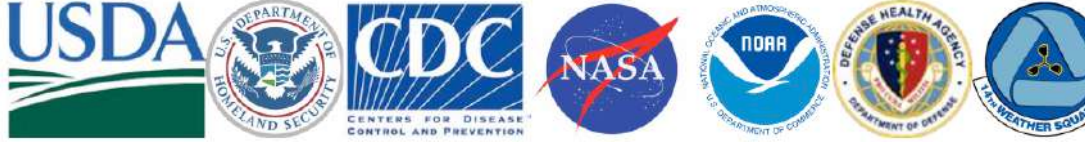
The floods have killed 3 people in the Namanga area since May, according to the civil protection agency.

The operation is a joint exercise with Kenya, which pledged support for a malaria control programme across the border region.

To fight malaria, the country and its partners have so far focused on the free distribution of treated bed nets, which aid organisations say are largely responsible for a large drop in cases over the past 20 years.

SIMULATION SIMULATION SIMULATION

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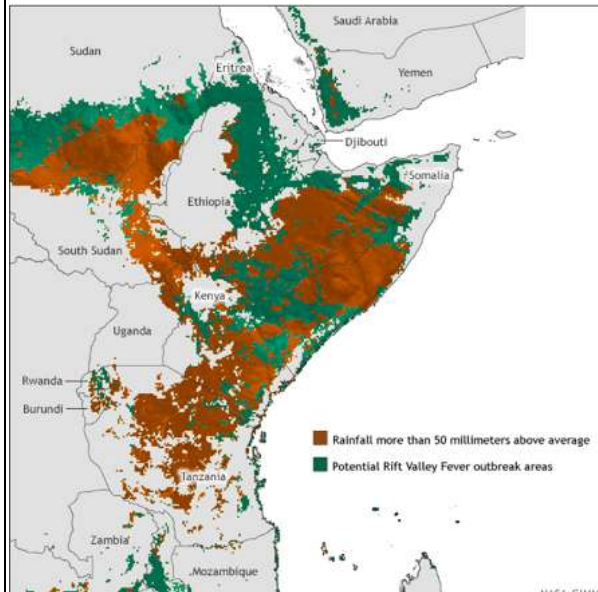


Summary: The risk of El Niño-driven RVF outbreaks is high in East Africa. Intensified efforts within the next 30 days are needed to mitigate the threat. Countries at risk likely require additional assistance with animal vaccination and mosquito control, key measures to minimize RVF activity.

El Niño status and possible global health impacts.

The US National Oceanic and Atmospheric Administration (NOAA) El Niño advisory predicts the current El Niño could rank among the top 3 strongest El Niño episodes since 1950. Predicted rainfall anomalies measured through March 2018 are broadly consistent with previous El Niño patterns.

Rainfall anomalies are departures from the long-term, region-specific average [1]. Previous El Niño events have caused health impacts, including increased transmission of infectious diseases. The USG, WHO and others are assisting countries in preparing for health impacts, but additional assistance likely is needed to minimize RVF impacts in East Africa.



RVF significance.

RVF, a mosquito-borne viral disease that causes mortality and morbidity in humans and economically-important domestic animals, often follows El Niño-driven rain in East Africa. Flooding of mosquito habitats initiates outbreaks in animals; humans are infected by mosquito bite or exposure to animal meat, milk, or blood. Major

East Africa outbreaks coincided with strong El Niño events in 1997-8 and 2006-7.

The current potential for RVF outbreaks is of importance as it has regional health and economic impacts. The 2006-7 outbreaks in Kenya, Somalia, Tanzania, Sudan, and Madagascar are estimated to have caused > 200,000 human infections with > 500 deaths, and cost Kenya alone \$32 million from livestock losses and international export bans.

Forecasting RVF outbreaks.

NASA, USDA, and DoD developed a RVF outbreak forecasting model that uses satellite-derived data, drawing on the tight coupling between RVF activity and El Niño-driven flooding. USG alerts based on the model during the 2006-2007 El Niño enabled East Africa countries to enhance surveillance, communicate risk, and begin other preparations 2-4 months before human infections. Recently areas at risk for RVF activity were identified because of substantially elevated rainfall in Sudan, South Sudan, Ethiopia, Somalia, Kenya, and Tanzania.

This Notification is an effort by an interagency working group that integrates Federal expertise to synthesize risk information and response options for biological threats. The Notification is provided to USG operational bio surveillance centres for analysis and dissemination.

Recommendations for RVF preparation.

USG agencies are assisting countries at risk for RVF with El Niño forecasts (from the NOAA Climate Prediction Centre) and widely-agreed preparedness measures, such as animal and human surveillance and health education. Early initiation of such activities may accelerate RVF detection and control, as RVF forecasting enabled in 2006. Additionally, the early warning of RVF activity provides an opportunity to mitigate significantly or even prevent RVF activity.

Two key components of this approach must be initiated soon to achieve this goal, and likely require external assistance:

1. **Animal vaccination:** WHO advises that a sustained animal vaccination program can prevent animal RVF outbreaks, which precede human outbreaks. WHO warns that vaccination must precede RVF activity, since vaccinators may inadvertently spread the virus among animals. Because of cost and logistics, countries in the region likely require external assistance to implement pre-outbreak vaccination.
2. **Vector control:** WHO also recommends larvicide measures at mosquito breeding sites (which are predicted in the RVF Monitor) as an effective form of vector control, if applied before breeding sites become widespread with flooding. In an after-action assessment of the 2006-2007 RVF outbreaks, a team with representatives of CDC, USDA, DoD, NASA, WHO, FAO, and East Africa countries identified aircraft dissemination of larvicide and adulticide agents as a possible way to prevent RVF outbreaks during high-risk times. However, RVF vector control activities are limited or do not occur across many RVF-endemic areas.

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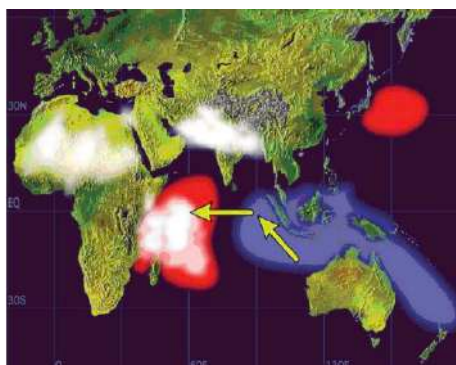
1B/B Timing: 11:15**THIS IS AN EXERCISE MESSAGE****EMPRES WATCH.**

Climate models predict increased risk of precipitations in the Horn of Africa for end of 2018 September 2018

CLIMATIC FORECASTING OF DISEASE

The disease ecology of RVF in East Africa has been extensively studied. Following a period of persistent, heavy rainfall, the breeding habitats of Aedes floodwater species, such as the temporary ground pools known as dambos in Kenya, become flooded and promote the hatching of mosquito eggs. Eggs lain by RVF infected females harbour the virus and produce adult mosquitoes capable of infecting vertebrate hosts and propagating disease outbreak.

Climate models predict increased risk of precipitations in the Horn of Africa for end of 2018 FAO and WHO warn countries in Africa and the Arabian Peninsula that Rift Valley Fever may strike again at the end of 2018.

RECENT WARNING MESSAGE

NOAA National Environmental Satellite

SST anomaly in degrees Celsius in April of 2018, prior to the typical period in which a positive IOD occurs. SST anomaly for the week of October 4, 2017 in degrees Celsius for the eastern hemisphere during the positive IOD event, which resulted in increased rainfall in areas of East Africa and subsequent RVF activity in Kenya,

Somalia, Tanzania, and likely Madagascar.

Data and Information Service (NESDIS)

<http://www.osdpd.noaa.gov/PSB/EPS/SST/climo.html>

SST anomalies are suggestive of a positive IOD, which might result in increased precipitation in East Africa and outbreaks of diseases transmitted by arthropods, such as RVF.

WHO AND FAO RECOMMENDATIONS

WHO and FAO encourage countries at risk to prepare themselves in cases of an epidemic. WHO and FAO encourage authorities to:

- Develop a joint comprehensive health education programme with objective to inform the public but also target at-risk professions (farmers, veterinarians, slaughter house personnel) Public health messages for risk reduction should focus on:
 - reducing the risk of animal-to-human transmission as a result of unsafe animal husbandry and slaughtering practices. Gloves and other appropriate protective clothing should be worn, and care taken when handling sick animals or their tissues or when slaughtering animals
 - reducing the risk of animal-to-human transmission arising from the unsafe consumption of fresh blood, raw milk or animal tissue. In the epizootic regions, all animal products (blood, meat and milk) should be thoroughly cooked before eating
 - the importance of personal and community protection against mosquito bites through the use of impregnated mosquito nets, personal insect repellent if available, by wearing light coloured clothing (long-sleeved shirts and trousers) and by avoiding outdoor activity at peak biting times of the vector species
 -
- Implement Standard precautions in health care settings. A WHO Aide-memoire on Standard Precautions in health care is available at:

<http://www.who.int/csr/resources/publications/standardprecautions/en/index.html>

- Heighten animal and human RVF surveillance and diagnostic
- Strengthen Human and Animal health collaboration.
- Public health and veterinary services should intensify their collaboration during surveillance and prevention activities
- Implement appropriate vector control program based on entomological surveys

SPECIFIC FAO RECOMMENDATIONS

- The FAO encourages countries at risk to implement and increase surveillance strategies, including the use of sentinel herds and vector monitoring. In countries that have experienced RVF outbreaks in the recent past, the level of immunity of the herd and Tanzania. The following autumn, a RVF outbreak in White Nile, Sudan was associated with a positive IOD and La Niña phenomenon, resulting in 698 human cases and 222 deaths according to WHO reports. A similar IOD is forecasted for late 2018, which may result in above average rainfall in some East African states during the rainy season.

1B/C Timing 11:15

THIS IS AN EXERCISE MESSAGE

SAFARI TIMES

TRACKING TOURISM THROUGHOUT EAST AFRICA

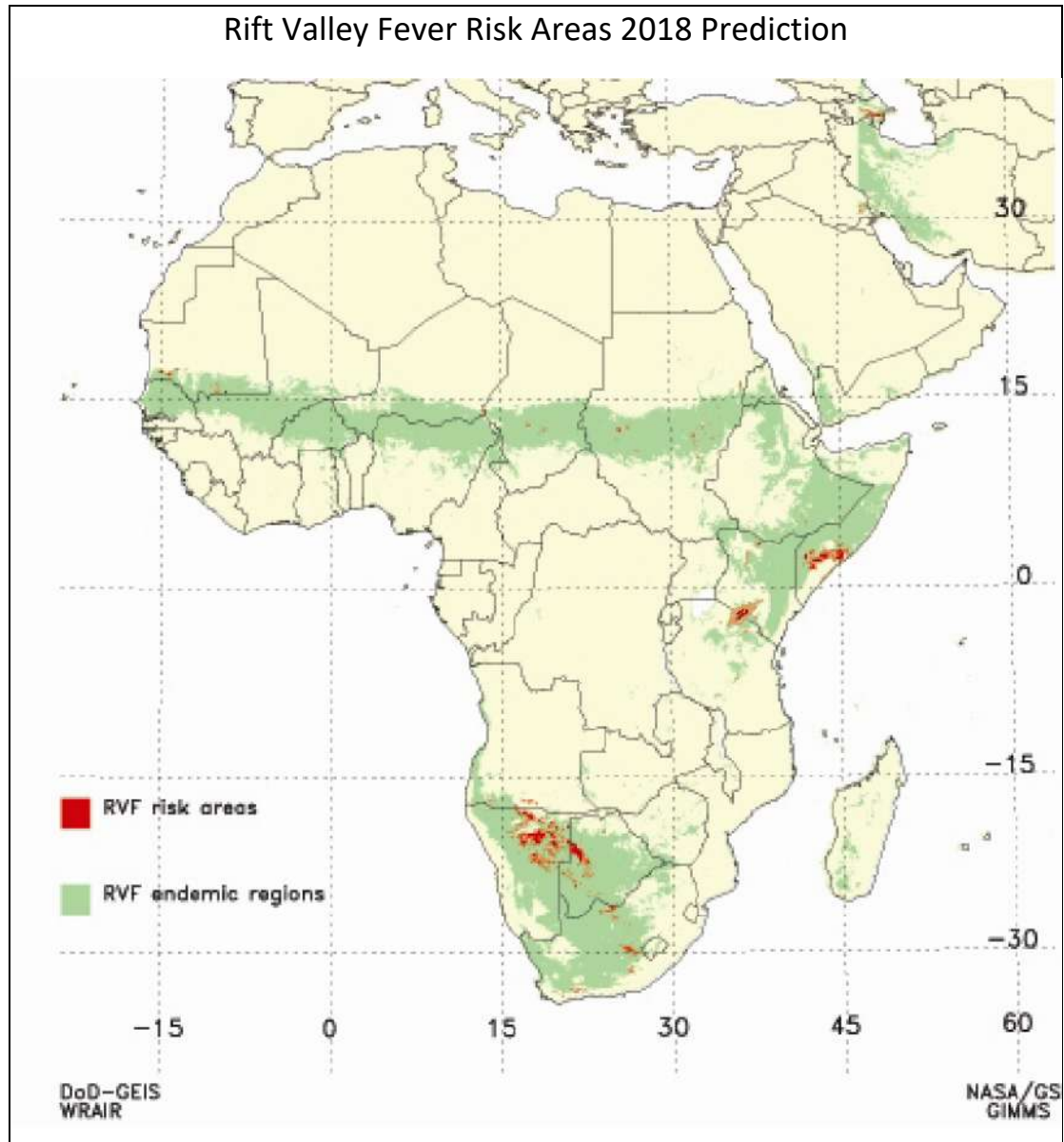
Huge Wildebeest Migrations Spark an Increase In Tourism Bookings to Kenya and Tanzania

By Lionel Utalii*Staff Writer*

NAIROBI, Kenya – Herds of wildebeest are on the move in East Africa, and hordes of tourists are right behind them, according to travel professionals meeting at the 2018 Hospitality Conference this week in Nairobi. Tour operators are reporting strong numbers, and hotels in some areas are experiencing unprecedented occupancy rates.

“We have never seen such a high demand for our safari tours,” said Blessing Kerbazi, a tour operator from Ngorogoro. “I will be able to retire early if visitors keep coming at this rate to see the wildebeest.”

Officials at the Namanga border crossing report an increase in the number of tourists traveling between Kenya and Tanzania. “In spite of the rainy weather, the wildebeest migration has driven a stampede of tourists to the area,” said one border guard.



Facilitator Questions	<p>Based on this information,</p> <ol style="list-style-type: none"> 1. Are these recommendations easy to read and understand? 2. How would you like to see this kind of information presented to you? 3. How appropriate are these recommendations from these international bodies and local bodies? 4. Are the early warning systems suitable for your needs? 5. How would you implement these recommendations if they are appropriate as practical activities at a local level? 6. When and how would the East Africa Community mechanisms be activated? 7. What is the role of international bodies, particularly the East Africa Community at this point? 8. What plans, or planning structures would be activated by the East Africa Community with this information?
Comments	<ul style="list-style-type: none"> • This is early warning

Inject 2 Part 1	Early Cases	
VIA	Email/Handouts	
FROM		
Responsible		
TO	All	
COPY (info)	All	
SUBJECT	Cases in Animals	
Inject time	August 2018	

2A/A	
Memo	
4th July, 2018	
From:	Ministry of Agriculture, Kajiado Sub Office, Kenya
To:	Ministry of Agriculture, National
Subject:	Deaths of livestock, Kajiado region
<p>Please be informed that we have been notified by the local veterinary services that 12 separate incidents of animals dying have been reported by farmers in the region.</p> <p>A preliminary investigation has been undertaken by the local agriculture team with veterinary support. Of the 12 reported incidents, 5 were investigated and investigations into the other 7 are on-going. In each of the cases investigated a series of common symptoms was observed. This included:</p> <ul style="list-style-type: none"> • Spontaneous abortions. Pregnant animals aborted at various stages of pregnancy. • Newborn lambs and kids were highly susceptible, presenting with pyrexia and anorexia shortly followed by death • Signs in older lambs, kids, calves and adult animals included fever, weakness, bloody diarrhoea, abdominal pain, photosensitivity, anorexia, excessive salivation and decreased milk production. A few adult animals were also found to have died. <p>Following the investigation, the following actions have been undertaken:</p> <ul style="list-style-type: none"> • At the scene autopsies revealed: <ul style="list-style-type: none"> ○ newborn lambs presented with hepatic necrosis of the liver ○ Other organs affected include the gall bladder (haemorrhage and oedema), gastrointestinal tract haemorrhage, lymph node haemorrhage, cutaneous haemorrhage and haemothorax. <p>Rapid tests have so far been inconclusive:</p> <ul style="list-style-type: none"> • Specimens have been taken for further laboratory analysis. <p style="text-align: center;">THIS IS AN EXERCISE MESSAGE</p>	



THE LIGHTHOUSE

SHINING BRIGHTLY ON THE NEWS OF THE DAY

Ministry of Agriculture Sends Teams to Investigate After Reports of Mysterious Animal Deaths in Rural Areas

By Leshan Nalangu

Staff Writer

NAMANGA, Kajiado – 10th July 2018 – Farmers in the region have expressed concern about recent deaths of animals in the region. It appears that the animals, particularly those kept by nomadic herdsman have been losing weight and that they have suffered an unusually high level of still births and abortion. The Ministry of Agriculture has confirmed that it is investigating and that local veterinary officers have taken specimens from affected animals. The Ministry of Agriculture stated to reported today that the number of affected animals is low and that they are investigating 12 cases, with each case involving between 25 and 30 individual animals.

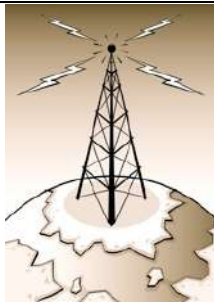
Many of the animals affected are sheep, goats and cattle that have been kept in pastoral herds adjacent to the national game reserve in **Sarangati**.

Information shared on social media is conflicting with official statements issued by the Ministry of Agriculture. Some Twitter users accused the ministry of deliberately understating the number of dead animals. “There are hundreds of dead goats in my area. The ministry cannot be trusted to provide accurate numbers,” said one.

One Facebook user posted a photo of what appeared to be a herd of dead lambs and sickly sheep although other people posting to the site stated that the photo was old stock footage from a recent drought.

Representatives from the Ministry of Agriculture urge people to stay calm until veterinary specialists report findings from their investigation.

THIS IS AN EXERCISE MESSAGE



Mountain Radio

THE 24-HOUR VOICE OF THE PEOPLE

11th July, 2018

Broadcast script:

The calves of more than 20 pedigree cattle were found dead today at the ranch of **Mueshimiwa Ole Nkaiseri** in **Kajiado region**. Foul play is not suspected.

According to reports, ranch employees have been dealing with sick cattle for the past few weeks and have been dealing with frequent abortions and dying calves. All of the animals are known to be highly prized breeding stock.

In an interview, an employee said that some of the cows had not been eating well, and a few were exhibiting signs of illness. Many had been losing weight. A veterinary team from the Ministry of Agriculture is currently on site investigating the incident and have taken specimens from the affected cattle

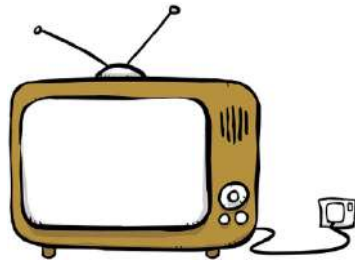
Veterinary health officers in **Kajiado region** are becoming increasingly concerned as they have now received reports of frequent similar cases involving pastoral communities in the area. There are now suspected to be more than 50 separate cases in the area.

While veterinary officials are yet to confirm the cause of the illness through laboratory testing, many are privately stating that they are concerned that the disease demonstrates the common hallmarks of Rift Valley Fever. The last outbreak of Rift Valley Fever was in 2008 and this led to severe economic hardship for farmers across the region.

Rift Valley Fever can also be contracted by people, particularly those living in close proximity to infected animals or working in the meat industry.

THIS IS AN EXERCISE MESSAGE

Expected Actions	Questions to participants and facilitator probes: <ul style="list-style-type: none">• Based on this information what should be done at your level and which precautionary measures should the different sectors take?
Comments	<ul style="list-style-type: none">•



Channel One

TV NEWS YOU CAN COUNT ON

4th August, 2018

Broadcast script:

Planning is underway for this year's holiday festivities.

Seasonal livestock markets throughout Tanzania and Kenya are anticipating heavy holiday demand for lambs, goats, and cattle.

Livestock traders in Kajiado, Ilbisil, Isinya, Kitengela, Nairobi, Longido, Oldonyo Sambu and Arusha are anticipating a good year but have privately stated that they may have a hard time meeting the demand for animals as livestock production is down on past years. Many of the local farmers are reporting lower numbers of live births and there is a lot of concern about the availability of livestock.

One local farmer stated that rumours of animals being bewitched as there had been a number of still births. This had prompted him to move some of his herd out of the area.

Another farmer stated that he thought it might be a serious disease going around locally. Some of his adult animals were showing signs of illness and there had been a number of spontaneous abortions.

"I was able to get my cousins truck and take the cattle out of Kajiado to Longido, Tanzania. I'm worried that if they stay here, they will get sick as well. We are worried that the Ministry of Agriculture may impose movement bans on us or start a culling programme and that our cattle will die. Without my cattle, I have nothing for my sons." He stated

Another pastoralist also stated, "We have seen a big increase in patrols by the border force along the border with Tanzania. Something is happening."

In Tanzania, local pastoralists are opposed to livestock coming across.

“The security forces need to do something”, said one Tanzanian pastoralist. “People are bringing animals across the border at an alarming rate and they are infected with who knows what. We have already heard that these animals may have Brucellosis, TB or even Rift Valley Fever. The authorities need to put a stop to this at once or we will all have infected animals.”

Another pastoralist who did not want to be interviewed on camera stated, “The authorities are doing nothing. If they don’t stop the movement of these animals, then we will”. He hinted that local groups may use force to prevent movement.

During these festivities the meat trade is very busy, and families often slaughter their own livestock to provide for family and guests. Health officials are reminding people to slaughter animals hygienically and to ensure that food is properly prepared. In the past outbreaks of Listeriosis and Salmonella have been common due to poor food handling and hygiene.

THIS IS AN EXERCISE MESSAGE

2B/B	
Memo	
4th August 2018	
From:	Office of Border Security, Tanzania
To:	East Africa Secretariat
Cc:	Office of Border Security, Kenya
Subject:	Unauthorised movement of livestock
<p>Please be informed that border patrol staff have detected a surge in the movement of live animals from Kenya to Tanzania. Border operations carried out over the past 4 weeks have detected a significant increase in the movement of livestock, particularly cattle along informal trails, or <i>Panya routes</i>.</p> <p>While some of this appears to be livestock smuggling in order to avoid import and export tariffs, many pastoralists have indicated that they are moving their livestock for fear of an outbreak of disease affecting neighbouring herds.</p> <p>Some of the livestock intercepted has been in poor condition and veterinary offices have been providing support and taking specimens from the affected animals</p> <p>We have increased border patrols and are attempting to verify that all livestock being moved is correctly documented to prevent the spread of disease. However, we have very limited resources and the border is highly porous.</p> <p>Border security staff have received several delegations from local farmers on both sides of the border. Tanzanian farmers are concerned that infected animals are being moved and have stated that quarantine and movement restrictions must be imposed. Farmers from Kenya have stated that they have a right to move their livestock but have been victims of intimidation and threats of violence from Tanzanian farmers. This issue has not been helped by inflammatory statements from community leaders on both sides and occasional threats made to border security personnel. In one recent incident 6 men were arrested trying to move 150 head of cattle into Tanzania. When border security approached the men, the men threatened them with violence. During the incident, one of the border staff was injured and on arrest the men were found in possession of illegal firearms.</p> <p>Border security staff are concerned that if a strategy is not developed to address this issue, a cycle of violence may commence and that trust on both sides will be eroded.</p> <p>For your attention</p> <p style="text-align: center;">THIS IS AN EXERCISE MESSAGE</p>	

Social Media Report

By Media Monitoring Group



Angry Farmer@nelsontheshepherd – 6h

Reliable sources say the government is going to start culling sheep, goats, and cattle. Act now and move your herd.

253 Retweets 404 Likes



14 253 404



Protect Yourself@hideyourherd – 4h

Vets collecting blood from herd animals. Ministry of Ag is talking about a culling programme. Get out while you can!

253 Retweets 404 Likes



14 253 404



Happyherder@friendofgoats – 4h

Vets want to take blood from my animals and sell it. On the move to protect my goats and my livelihood. Damn the government!

253 Retweets 404 Likes



14

253

404



THIS IS AN EXERCISE MESSAGE

Expected Actions	Questions to participants and facilitator probes: <ul style="list-style-type: none"> • Border security is an important issue, particularly quarantine and the regulation of goods. Given this information what important actions should border security undertake? • Border security is often supported by health and agriculture authorities. What role would they play in this type of event? • How do authorities on each side of the border communicate issues that affect both countries? What are the formal and informal channels • There are rumours already starting. What messages need to be given and to whom? • What mechanisms need to be activated or put in place at this time?
Comments	<ul style="list-style-type: none"> •

2C/A	
Report to Health Facility	
15th August, 2018	
From:	Kenyan Red Cross, outreach volunteer health.
To:	Community Health Supervisor
Cc:	
Subject:	Possible malaria cases not responding to treatment
<p>A community based volunteer from the Red Cross Integrated Health Program in the area has reported that five livestock traders from the Oldonyo Saburu village have presented at the health facility in the Maili Kumi with symptoms including unexplained fever and pain.</p> <p>All five of these people are not responding to standard malaria treatments. However, three of the group have slowly recovered while the other two appear in a serious condition. All stated that they had sudden onset fever, however the two most critical have developed myalgia, confused behaviour and stomach pains.</p> <p>All five have been treated with artemisinin-based medication and when they failed to respond as predicted all were swapped to a combination therapy. This is also ineffective.</p> <p>Health care workers at the centre are very concerned and are particularly worried that an artemisinin resistant strain of malaria is spreading within the community.</p> <p>The Red Cross has also heard rumours of people seeking help from local herbalists and traditional medicine practitioners for similar conditions. It is thought that at least two other people have died in the wider community, but the Red Cross has been unable to verify this.</p> <p style="text-align: center;">THIS IS AN EXERCISE MESSAGE</p>	

THIS IS AN EXERCISE MESSAGE**August, 2018****Tanzania reports death of livestock following possible Rift Valley Fever outbreak**

Tanzania's health ministry has reported a Rift Valley fever outbreak involving the Longido district next to the border with Kenya. This follows a similar outbreak in Kenya and it suspected to be linked with the movement of animals from Kajiado County.

The World Health Organization (WHO) African regional office and the UN Food and Agricultural Organization have both expressed concern.

The outbreaks pose a threat to other countries in the region, especially East Africa, which is experiencing heavy rains, according to the WHO.

In Kenya, two unrelated human cases were confirmed in Kajiado County. Both involve men who had exposure to animals. One patient is a 47-year-old butcher who got sick in early August and died at home the following evening. Health officials collected a post mortem sample and sent it to the reference laboratory in Nairobi.

The second patient is a labourer and herder whose symptoms began on around the first week of August. He was hospitalized and isolated the following day because of suspected viral haemorrhagic fever. Samples were collected during hospitalization and sent to the reference laboratory. The man died two weeks later, and a safe burial was performed, the WHO said.

Another case has been reported in Tanzania, but the WHO said it is awaiting more information about the illness. Two other suspected cases are under investigation, and animal samples have been collected from the farm where one of the patients worked and from the slaughterhouse where the other worked.

The WHO said the affected districts are in the "cattle corridor" that stretches across the border from Tanzania to Kenya.

Kenya's agriculture ministry has also reported several outbreaks in animals over the past months, especially in areas that had experienced flooding after heavy rainfall.

Yesterday, officials in Tanzania reported four more outbreaks in animals affecting Longido district, according to a notification from the World Organization for Animal Health (OIE).

The events began on farms in late August 2018, killing 950 animals, which included sheep, camels, cattle, and goats. Investigators found that the source of the outbreaks were illegal animal movements, possibly from Kenya as well as contact with infected animals at grazing areas, and vectors.

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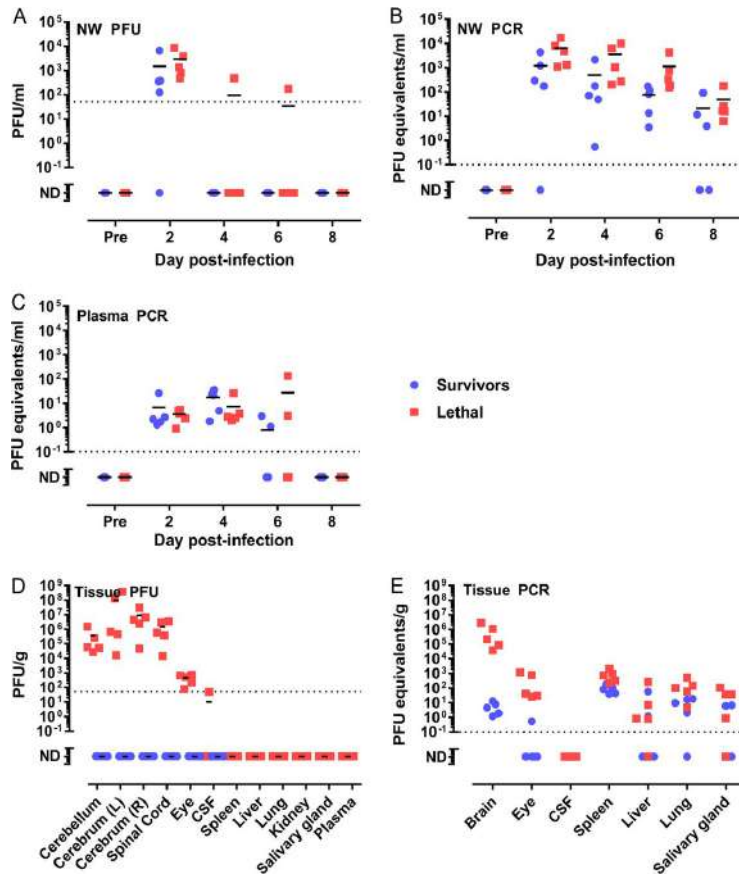


REFERENCE LABORATORY REPORT

URGENT – URGENT – URGENT

Results of Analysis:

- Initial results indicate **positive** Rift Valley Fever in ruminants in Kenya



Expected Actions	Questions to participants and facilitator probes: <ul style="list-style-type: none"> • What actions need to be taken at this time and by whom? • Who is the lead agency at this point? Will the lead agency change at any time and how is this done? • What plans, and SOP's are being used at this point? • Are there any legislative implications (national legal instruments)? • What is the role of health with relation to the unknown illness reported by the Red Cross? • Human and animal cases are escalating. How is the current situation being managed from a One Health perspective? • What communications need to be broadcast, how, and to whom? • Are there different approaches depending on different demographics (town dwellers vs rural dwellers)
Comments	<ul style="list-style-type: none"> • Cross-sector engagement should now be underway • Investigation and assessment teams should now be in place.

2D/A



Email:

From: WHO Resident Representatives for Tanzania and Kenya

To: Ministry of Health, Tanzania and Ministry of Health Kenya

Cc: WHO Global Outbreak and Response Network, FAO, OIE and Partners

Subject: Availability of specialist staff for outbreak investigation

Noting the recent Rift Valley Fever outbreak reported in Tanzania and Kenya, the WHO as part of the One Health initiative is available to provide specialist assistance in collaboration with our partners.

Should assistance be required please inform WHO through the usual channels.

Should this assistance be requested, please let us know what administrative and operational requirements will need to be undertaken.

THIS IS AN EXERCISE MESSAGE

Expected Actions	Questions to participants and facilitator probes: <ul style="list-style-type: none">• At what stage does a country request support?• This is an offer of support and there is no obligation placed on the country. Under what circumstances would you accept or reject this offer?• What criteria is used to assess this type of offer?• What would the composition of an international team look like?• What would the team objective be?• What support does EAC have available to support an outbreak?• What role does the EAC have in coordinating support?• What are the triggers for EAC activation?
Comments	<ul style="list-style-type: none">• Provide sufficient time

2D/B	
Memo	
19th August, 2018	
From:	Ministry of Agriculture
To:	Ministry of Agriculture Longido District
Cc:	Ministry of the Interior, Security, Health
Subject:	Rift Valley Fever Prevention Measures
<p>Following positive laboratory reports indicating the presence of Rift Valley Fever and due to the risk of a large scale outbreak the Ministry of Agriculture would like to examine the outcomes of prevention and control measures.</p> <p>Because the initial epidemiological cycle involves domestic ruminants, and humans mostly become infected after contact with viraemic animals, vaccination of ruminants is the favoured method of preventing human disease.</p> <p>Both live and inactivated vaccines are available for livestock. The Smithburn vaccine is a modified live virus vaccine. It is immunogenic for sheep, goats and cattle, and it protects against abortion caused by a wild virus strain. However, it has a residual pathogenic effect in humans (flu-like syndrome) and ruminants (abortion, congenital malformation).</p> <p>The inactivated RVF vaccine provides a lower level of protection and its production is more expensive. Moreover, it requires at least two inoculations to induce the desired level of protection.</p> <p>Unfortunately stocks of vaccines are low and teams in the field are running low on specimen collection materials, particularly sampling tubes, protective latex gloves, and sampling implements. There are no rapid tests for RVF and as a result it is important to have adequate materials on hand to ensure that cases are properly investigated.</p> <p>Other recommended measures include a ban on slaughtering and butchering ruminants during epizootics, the use of insect repellents and bed nets during outbreaks, the implementation of information campaigns for people at risk (farmers, veterinarians, slaughterhouse employees, butchers, etc.), and the appropriate disposal of dead animals.</p> <p>In some areas culling of infected animals may be considered.</p>	

Within your groups discuss and complete at least **THREE (3)** but no more than **FIVE (5)** bullet points that can be incorporated into a press statement.

THIS IS AN EXERCISE MESSAGE

<p>Expected Actions</p>	<p>Questions to participants and facilitator probes:</p> <ul style="list-style-type: none"> • Bullet points for press release • Within your groups discuss and complete at least THREE (3) but no more than FIVE (5) bullet points that can be incorporated into a press statement. •
<p>Comments</p>	<ul style="list-style-type: none"> •

Inject 3	Human Cases confirmed	
VIA	Email/Handouts	
FROM		
Responsible		
TO	All	
COPY (info)	All	
SUBJECT	Human Cases	
Inject time	Mid Year cycle	

THIS IS AN EXERCISE MESSAGE

<i>The East African</i>	NEWS	BUSINESS	OPED	SCIENCE & HEALTH
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WHO: Rift Valley Fever a threat in East Africa



PHOTO | CYRIL NDEGEYA | NMG

In Summary

- World Health Organisation report new cases of the virus in Kenya and Tanzania
- According to WHO, outbreaks of the virus in Africa are associated with periods of above-average rainfall.
- Cases of Rift Valley Fever, which affects animals and humans, have been reported in Kenya, and Tanzania. Rwanda and Uganda on alert.

By MARYANNE GICOB



East Africa is suffering one of the largest outbreaks of Rift Valley Fever in recent years after the World Health Organisation reported cases of the virus in Kenya and Tanzania.

“In Tanzania, the outbreak is occurring at the same time as in Kenya. Both countries are experiencing an epizootic, with suspected human cases,” said WHO in its latest weekly outbreak report.

In Tanzania and Kenya, the Ministry of Agriculture and Animal Resources confirmed cases of RVF among cattle after samples were tested at the Kenyan Reference Laboratory in Nairobi. South Sudan reported an outbreak of RVF in March and is currently containing the situation.

Heavy rainfall

The region had been experiencing heavy rainfall, which increases the chances of the outbreak — a mosquito-borne disease caused by a virus that infects both animals and humans and can result in death.

According to the World Health Organisation, RVF infections occur when people come into contact with infected animals’ blood, secretions or tissue.

In the past outbreak in Kenya in 2006, more than 150 people died and another 700 were hospitalised in the North Eastern part of the country.

In Tanzania, an RVF outbreak was reported in 2007, where at least 16 people were reported dead and another 79 infected.

THIS IS AN EXERCISE MESSAGE



Disease outbreak news

Rift Valley fever – Kenya and Tanzania

8th September 2018

The Ministry of Health (MoH) for Kenya confirmed an outbreak of Rift Valley fever. This has also been confirmed by the ministry of Health, Tanzania in a rare joint declaration. The current outbreak is straddling the border between the countries and is affecting both Longido District (TZ) and Kadjiado County (KN).

The first patient was admitted to a hospital in Kadjiado County in North-Eastern Kenya in August with fever, body weakness, and bleeding from the gums and mouth. The patient reported having consumed meat from a sick animal; the patient died the same day.

A few days later, two relatives of the index patient were admitted. Blood samples were collected and sent to the Kenya Medical Research Institute, one of which was confirmed positive for Rift Valley fever in Mid August. As of the 1st of September, a total of 52 human cases have been reported from Kadjiado county, including 14 confirmed cases and 12 deaths (case fatality ratio (CFR) = 23%); 12 patients have been discharged while two are still hospitalized.

In Tanzania 5 patients were initially admitted to the health centre in Longido with fever and pain. These patients also reported consuming meat from sick animals as part of a large feast in the area. Of these patients three have subsequently died. Since this first admission a further 104 people have been admitted of which 26 have died, following a similar CFR. Clinics in Longido are struggling to cope as the number of critically ill patients continues to rise. In the last 24 hours a further 24 people have been admitted.

A high number of deaths and abortions among livestock, including cattle, sheep and goats, has been reported in Longido (TZ), Kadjiado (KN), Kitui (KN), Marsabit (KN) and Tana River (KN) counties. People living in these counties were reportedly consuming meat from dead and sick animals.

Public Health Response

A ban on slaughtering animals and restriction of livestock movement has been imposed in the affected areas.

Due to its cross border nature and the threat to public health the current outbreak has notified under the International Health Regulations. It has not been declared as a Public Health Emergency of International Concern at this time

WHO risk assessment

The high number of reported deaths and abortions in livestock is concerning, especially because the event affects nomadic communities for which diet is predominantly based on animal products. The high volume of movement of cattle and people in this area increases the risk of further spread of the outbreak both within Kenya, and to neighbouring countries.

There is concern that health services are being overwhelmed by the outbreak

WHO advice

- Reducing the risk of animal-to-human transmission resulting from unsafe animal husbandry and slaughtering practices. Practicing hand hygiene and wearing gloves and other personal protective equipment when handling sick animals or their tissues or when slaughtering animals is recommended.
- Reducing the risk of animal-to-human transmission arising from the unsafe consumption of raw or unpasteurized milk or animal tissue. In endemic regions, all animal products should be thoroughly cooked before eating.
- Reducing the risk of mosquito bites through the implementation of vector control activities (e.g. insecticide spraying and using larvicide to reduce mosquito breeding sites), use of insecticide-impregnated mosquito nets and repellents, and wearing light coloured clothing (long-sleeved shirts and trousers).
- Restricting or banning the movement of livestock to reduce spread of the virus from infected to uninfected areas.
- Routine animal vaccination is recommended to prevent Rift Valley fever outbreaks. Vaccination campaigns are not recommended during an outbreak as they may intensify transmission among the herd through needle propagation of the virus. Outbreaks of Rift Valley fever in animals precede human cases, thus the establishment of an active animal health surveillance system is essential to providing early warning for veterinary and public health authorities.

WHO advises against the application of any travel or trade restrictions to the Kenya based on the current information available on this event.

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3A/C	
URGENT MEMO	
1 st September, 2018	
From:	Ministry of Agriculture, Longido, Tanzania
To:	Ministry of Agriculture, Tanzania
Cc:	Ministry of Health, Tanzania
Subject:	Rift Valley Fever (RVF) outbreak expands – Multiple animal deaths
<p>Ministry outreach workers have reported large scale deaths of young animals across the region. The numbers are of great concern and reflect a large economic burden on pastoralists across the region. So far preliminary numbers include:</p> <ul style="list-style-type: none"> • 278 lambs and 120 older sheep • 497 kids and 87 older goats • 341 calves and 65 head of cattle • 922 still born animals across common types (sheep, goats and cattle). This is an approximate number as many early deaths have not been recorded. <p>National Park wardens at Kilimanjaro National Park have also reported deaths in several young buffalo on the edge of the park</p> <p>Similar numbers have been reported by counterparts in Kadjiado District, Kenya. This represents the largest outbreak of Rift Valley Fever for a number of years.</p> <p style="text-align: center;">THIS IS AN EXERCISE MESSAGE</p>	

Expected Actions	<ul style="list-style-type: none">• Which ministry or agency has the lead or primary responsibility for initiating and coordinating the emergency response at local and national levels?• What are the plans and SOPs that need to be applied at this point?• Who is the lead agency at this point?• Could the lead agency change?• How does the lead agency coordinate with other partners?• What economic impact will this have to the region?
Comments	<ul style="list-style-type: none">•

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Summary

Still current at: 10 September, 2018

Last Update: 10 September, 2018

Latest update: Safety and security section - addition of information on travel near the border with [Mozambique](#)

Around 75,000 British nationals visit Tanzania every year. Most visits are trouble-free.

Although most visits to Tanzania are trouble-free, violent and armed crime is increasing. Take sensible precautions to protect yourself and your belongings. See [Crime](#).

Commencing in August a number of human cases of Rift Valley Fever has emerged around the popular tourist areas of Arusha, close to the Kilimanjari and Serengeti National Parks. Rift Valley Fever is a serious illness transmitted by biting insects and contact with raw meat and other unprocessed animal products such as fresh milk.

The FCO recommends that extra precautions are taken by travellers in this area and that people with existing health conditions, pregnant women and the elderly reconsider travel to the region at this time.

Take out comprehensive [travel and medical insurance](#) before you travel.

THIS IS AN EXERCISE MESSAGE



The Herder's News

WE KEEP UP WITH YOU

Tempers Flare as the Government Threatens Free Movement of Animals Across Borders and Proposes Culling Programme

By Upendo Nala *Staff Writer*

Longido – 5 September 2018 – Angry herders took to the streets today protesting at the Namanga Border crossing with Kenya, after a local politician Mueshimiwa James Ole Mollel from Tanzania suggested that he would call for a ban on the free movement of animals across borders between Kenya and Tanzania. The protest closed the border for several hours.

Herders and farmers have suffered massive losses in recent months, as an unknown disease has killed thousands of animals, including cattle, sheep, and goats. The suggestion of a possible ban on free movement sparked rage among herders, who are already battling for survival against climate change, population growth, and disease. This too has led to closure of the livestock auction market in Tanzaniaia from which many of the locals earn a living.

Mueshimiwa Mollel's remarks were issued after a mass movement of animals from Kenya into Tanzania. "My goal is to protect our citizens and their animals," he said, as he climbed into a police car to escape the angry protestors. "This disease must be stopped."

The herders were also concerned with rumors of a possible culling programme that has been suggested by central government. One herder stated,

"If the government goes ahead with the culling programme, I will loose my livelihood. I have already lost most of my new borne livestock this year and if the government starts a culling programme I will be left with nothing. I have already moved most of my herd away from Longido District"

Another herder stated, "The government always promises compensation, but we never see it. I'm going to move my cattle back to Kenya but I am worried about any new border restrictions. I'm worried that if I'm caught, I could be fined and my cattle culled. A few of us are thinking of getting together and moving a large group, that way the authorities will not be able to stop us, we will just go right through them."

A local veterinary spokesman stated that his staff had been receiving threats from pastoralists when trying to take specimens to measure the spread of Rift Valley Fever. The pastoralists believed that specimen collection was a way of identifying animals to be culled. Veterinary officials have been trying to reason with the pastoralists but many were aggressive and in some cases, armed.

THIS IS AN EXERCISE MESSAGE

3B/C

URGENT MEMO

8th September, 2018

From: Ministry of Health Longido District, Tanzania

To: Ministry of Health, Tanzania

Cc: EAC Secretariat

Subject: Health clinics struggling to cope

The health centres in Longido are struggling to cope with the influx of RVF patients, particularly those with serious complications from the disease. At present patients are being treated outside and in corridors which is making the situation extremely difficult to manage.

We would like to suggest the following actions:

1. Patients that can be moved should be transferred to facilities in Arusha which can cope with higher numbers,
2. Seven of the patients identified in Longido are of Kenyan origin and have expressed a desire to be transferred to facilities inside Kenya for treatment to be closer to family and friends there. There is no requirement to move them into Kenya, but they have a desired wish to travel

Currently stocks of medication are running very low and we urgent require support. Without support, the health facility will exceed capacity and services will be very difficult to maintain.

THIS IS AN EXERCISE MESSAGE

Expected Actions	<ul style="list-style-type: none"> • Tourism has a major role in the area as there are several popular national parks • Tourism is now the number one foreign currency earner for the country equating to 7.7% GDP • A travel advisory has a major impact on tourism in the country as it leads to higher insurance costs for travellers and therefore a reduction in visitor numbers • Disease outbreaks can also lead to reduced tourism as people stay away from affected areas. • How will you address these issues? • Who will be responsible? • Rumours start quickly and can be hard to control. How will you address the culling rumours and border restriction issues? • Please advise the strategy that will be most appropriate in your area. Culling may have some associated security aspects as this is unlikely to be well received by the community. Culling should involve a compensation element, and this should be considered. • Health systems are under strain due to the number of patients with complex medical needs. Is it possible to move people across border areas to support medical facilities on each side and to provide patients improved care? If so how would this be facilitated? If not, where would they go and what facilities are available for transport and treatment?
Comments	<ul style="list-style-type: none"> •

3C/A	
URGENT MEMO	
From:	Director, Kilimanjaro Airport
To:	Ministry of Health, Tanzania
Cc:	Ministry of Agriculture
Subject:	Infectious material in luggage
<p>Today a passenger was intercepted carrying raw meat products through the airport at Kilimanjaro. He presented a valid boarding pass for travel to Kampala.</p> <p>The raw meat products were discovered when the man arrived at the airport and placed bags on the initial screening device at the entrance to the terminal. The bag containing the meat products was wet due to leaking ice packs the person had used for preserving the product. The pack had split in places and a red material mixed with water had leaked onto security equipment including x-ray machines. There were traces of red colour on other baggage belonging to several passengers that had been in contact with the leaking produce.</p> <p>The man stated that the products were from his brothers farm in Longido district and that he was taking them to his family who lived in Gulu, Uganda. He said that his brother had given him the meat as he had more than he could use as some of the animals needed to be culled due to illness.</p> <p>Later one member of the man's family called him on his cell phone to tell him that his aunt was sick with fever and that he should return home. The man is currently under arrest and the material has been impounded.</p> <p>Please advise.</p> <p style="text-align: center;">THIS IS AN EXERCISE MESSAGE</p>	

3C/B

URGENT MEMO

From:	Commander, Border Post, Namanga
To:	Ministry of Health, Tanzania and Kenya, Border Health Office
Cc:	Ministry of Agriculture, Tanzania and Kenya, Border Agricultural Office
Subject:	Border post incident

We have just had four truckloads of livestock arrive at the border post at Namanga. Each truck contains approximately 20-25 head of cattle. A further truck which was travelling with the group was found to contain freshly slaughtered carcasses prepared for sale in Kenya.

Inspection of the load indicates that many of the cattle are in poor condition. Some appear to be emaciated and several are struggling to stand. At least one animal is dead and has been covered in a canvas tarp in an effort to conceal it.

The trucks are also transporting 12 people including drivers. They have stated that they are from one extended family and are moving cattle from poor grazing in Tanzania to their relatives land in Kenya which has better pasture. They stated that the reason the cattle are in poor condition is that they had trouble finding transport and they had been left for too long on poor pasture. Three of the people in the group also appear ill with what appears to be a fever. One person is struggling to stand. The leader of the group stated that they would be visiting a health clinic in Kenya first thing the following morning, but that it was probably malaria or something the people ate.

The leader also stated that the fifth truck was nothing to do with them, but this appears unlikely. During inspection the driver of the fifth truck did not reveal the contents and inspecting officers opened the consignment without wearing appropriate personal protection equipment. As a result, some of the contents split and contaminated the road surface, as well as the officers clothing and footwear. This occurred in an area with high pedestrian traffic moving to the border offices.

The group is currently being held at the border but are beginning to become aggressive, making a lot of noise and large crowd is beginning to gather. There are concerns for the welfare of the animals.

Urgent advice requested

THIS IS AN EXERCISE MESSAGE

Expected Actions	<ul style="list-style-type: none"> • Border control will often be involved with infectious material and handling biological hazards in times of outbreak. What protective measures are being taken? What Personal Protective Equipment (PPE) is available? Where can PPE be sourced? • Once hazardous material is identified, how is it handled, stored and disposed of? • How are people who may have been exposed notified, particularly tourists who may have travelled out of the country? • How will you handle disputes? • What is the mechanism that is in place to coordinate activities of different sectors and across different countries?
Comments	<ul style="list-style-type: none"> •

3D/A – End Message



October 2018

Rue Moores, Staff reporter

The Rift Valley Fever Epidemic in East Africa along the border between Tanzania and Kenya is finally subsiding leaving over 100 people and countless livestock dead.

The recent outbreak has been devastating for communities in the area, particularly the pastoralists that make a living across the rich savanna that straddles the border. In some places, entire livelihoods have been erased and for a community that often measures its wealth in cattle and other livestock, the effects will last for years.

One pastoralist stated, "I have lost most of my herd. I first noticed the that the outbreak had started when my calves started dying. Then some of the adult cows became ill. I had to sell many of my herd to pay for food as I could not take milk or meat from my animals. My brother was died three weeks ago after drinking milk that doctors said may have been contaminated with the fever. I refused to let my family near the cows and I think that has saved them, but for now, I have almost nothing. It will take years to replenish my herd and I fear for my family."

The economic cost to farmers and the communities within which they live is hard to fully understand and many people are looking to the government to provide help.

ENDEX

Expected Actions	<ul style="list-style-type: none"> • Final Injest Set • Examine the economics of recovery. Who is responsible? What recovery mechanisms are in place, Is there compensation to be paid and how is this funded and accounted for? Are mechanisms transparent in order to avoid conflict?
Comments	<ul style="list-style-type: none"> •

Press Release Drill

5 September 2018

1A-a — Press release

Florian's reference materials

Task: proactive outreach materials to contact Partner States for update information.

2A-a Memo (internal document about dying animals)

(Kajiado region notifies Nairobi office — regional to national)

Task: Tech officers (veterinary shares with communications officers); specimens sent for laboratory analysis and expert deployment.

Task: Florian two phone calls for proactive outreach to communications officers of TZ and Kenya— transparency, trust

2A-b — News item (mysterious animal deaths)

Task: Florian outreach to communications officers in PS

Tasks:

Investigative journalists— follows up; asks questions to partner states communications officers

2B-c — Social media (culling rumors)

Task: Investigative journalists to seek info; contact leadership, veterinary and tourism officers about rumors

2C-a — Malaria memo (patients aren't healing)

Task: Investigative journalist interviews community members

Task: Rumour about fake drugs being distributed in communities

LIVE REPORT FOR JOURNALISTS!!!!

Interview community member about death of animals.

2C-b — BBC News (death of livestock)

Task: Florian hears news on radio and sees BBC report online. Contacts communications officers in partner states

Journalist: Investigating; asking for confirmation about BBC report

2D-b — Ministry of Ag in TZ (confirming outbreak and announcing shortage of vaccine)

Task: Florian drafts press release

Annex M – Related Resources

Links to related resources:

Video Material

https://youtu.be/7JX8WAYz_U8

<https://youtu.be/aXYRHUO1vII>

https://youtu.be/-_NDP_lvu2M

Photography Material

<https://drive.google.com/open?id=1Dnsq6eSFxsFUJk1db4QxU9mUEqZMG5ZO>

Guidance documents

Design of Simulation Exercises

<http://www.who.int/ihr/publications/WHO-WHE-CPI-2017.10/en/>

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