



**EAST AFRICAN COMMUNITY**

**JOINT CROSS BORDER  
FIELD SIMULATION EXERCISE (FSX) AT NAMANGA  
FROM 11<sup>th</sup> to 14<sup>th</sup> JUNE 2019**

**CONCEPT NOTE**

**EAC SECRETARIAT  
P.O. BOX 1096  
ARUSHA, TANZANIA**

**February 2019**

## 1 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. GIZ supported the simulation through the “Support to Pandemic Preparedness in the EAC Region” (PanPrep) project; and the World Health Organization (WHO) led and coordinated the exercise design and implementation. The purpose of the simulation exercise was to strengthen and assess the capacity of the EAC Secretariat and the EAC Partner States to prepare and respond to public health events adopting a One Health approach. The experiences and key recommendations from the TTX will guide the design and implementation of the Field Simulation Exercise (FSX) which is planned for 11-14 June 2019. The FSX will build on the scenario used during the TTX, including an escalated fictitious scenario of a Rift Valley Fever (RVF)-like virus that is transmitted from animals to humans and can also be transmitted between humans.

A stakeholder meeting with representatives from Partner States and regional and international organizations was conducted in Nairobi, Kenya, from 11-12 October 2018 to kick-start the FSX planning process. The feedback obtained from the FSX stakeholders meeting was used to develop this concept note. This exercise concept provides an overview of the simulation context and background. It outlines the purpose, scope and objectives as well as the expectations and outcomes of the planned FSX. In addition, it provides background information on the task-based Steering and Exercise Management Groups (SG & EMG), date and venues of the simulation, functions to be tested, the scenario outline, a list of proposed participants and time frame.

The FSX implements a decision taken by the Sectoral Council of Ministers of Health in March 2015. It directed the EAC Secretariat to conduct a cross-border simulation exercise at the Namanga border between the Republic of Kenya and the United Republic of Tanzania. In the same report, the Sectoral Council urged Partner States to establish and/or strengthen Port Health Services on the “One Health” approach at the Points of Entry (PoE). The Namanga border crossing operates as a One Stop Border Post (OSBP)<sup>1</sup>.

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 the simulation.

## 2 Background

Simulation exercises provide an effective means of monitoring, testing and strengthening the operational readiness to respond to public health emergencies. Field simulation exercises provide a tool for improving preparedness at the

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<sup>1</sup> One Stop Border Post (OSBP) is a border facility that combines two stops for national border control processing into one and consolidates border control functions in a shared space for exiting one country and entering another. As a trade facilitation tool applied at borders, the OSBP concept promotes a coordinated and integrated approach to facilitating trade, the movement of people, and improving security. The concept eliminates the need for travelers and goods to stop twice to undertake border crossing formalities.



organizational level and among staff. Well-structured exercises present an opportunity to organizations to identify gaps and weaknesses in resources, planning and procedures and clarify specific roles and responsibilities. The exercises also provide an opportunity to train staff members to be ready to respond to situations similar to those in the exercise through hands-on practice and experience. The FSX at Namanga will be the third field simulation exercise convened by the EAC Secretariat in the region since 2003.

With the adoption of the International Health Regulations (IHR) by the World Health Assembly in May 2005, member states agreed to develop, strengthen and maintain public health core capacities for prevention, detection and response. The proposed simulation offers a unique opportunity to assess the capacity of the EAC Secretariat and the 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.

During the stakeholder meeting held from 11-12 October 2018 in Nairobi, Kenya, the participants decided that the FSX will take place over several days (including exercise briefing, conduct and evaluation) from 11-14 June at Namanga. The EAC Secretariat is the convener of the FSX. It is supported by the PanPrep project that GIZ implements on behalf of the German Government. The WHO's Country Preparedness and IHR Department will lead and coordinate the planning, design, organisation, realisation and post-processing of the exercise in line with its mandate.

### **3 Purpose, scope, objectives and expected results**

#### **3.1 Purpose**

The purpose of the cross border FSX is to assess and further enhance multi-sectorial outbreak preparedness and response in the EAC region under a One Health approach. It will test the regional and national contingency plans and standard operating procedures (SOPs) and will allow participants to familiarize themselves with the roles and responsibilities of stakeholders from different sectors and backgrounds who are involved in preparedness, mitigation and response using the One Health approach. Furthermore, the FSX will be used to assess and identify strengths and weaknesses in coordination and collaboration mechanisms, emergency response deployment, logistics and administrative processes, risk and crisis communication (RCC) as well as emergency management and leadership.

#### **3.2 Scope**

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



The field simulation exercise will simulate a cross border Rift Valley Fever-like virus outbreak, aggravated by environmental factors and with impact on humans and animals, lives and livelihoods, agriculture, trade and tourism, peace and security and the economy as a whole. Infections and deaths in animals and human beings will trigger the reporting and activation of national and regional preparedness and response mechanisms emphasising the importance of the One Health approach and of appropriate risk and crisis communication as well as cross border collaboration.

The FSX will be designed to assess policies, plans and procedures for event detection, alert and response capacities and the roles of stakeholders to address the outbreak in a One Health approach. To ensure an effective simulation, the main simulation site will be at Namanga where the majority of the functions will be assessed, while other simulation sites will be limited to specific functions approved by SG and EMG.

The FSX will focus on coordination between the regional and the national level and sub-national levels, with participation from the EAC Secretariat, district/sub-county and regional/county levels. 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 and implementation will be the EAC regional One Health contingency plan and related SOPs as well as the Tanzania and Kenya Rift Valley Fever contingency plans and overall regional and national plans.

### **3.3 Objectives**

The objectives of the FSX are to:

- i. Assess the use of early warning and event detection mechanisms at points of entry with emphasis on the Namanga border area between Kenya and Tanzania;
- ii. Assess coordination mechanisms, command and control systems and information sharing channels between multiple sectors and countries; (e.g. activation of the EAC emergency structure, incident management systems and relevant emergency operations centres)
- iii. Assess the deployment of rapid response teams;
- iv. Validate the activation and deployment of selected mobile laboratories;
- v. Assess animal and human cases investigation and management and functionality of selected veterinary and health facilities in the border area during a large scale outbreak of a RVF-like virus;
- vi. Practise regional SOPs for pandemic preparedness and risk & crisis communication including community engagement;
- vii. Evaluate selected preparedness and response measures at the Jomo Kenyatta International Airport (JKIA) and Kilimanjaro International Airport (KIA);
- viii. Capture best practises and ensure transfer of lessons learned to the EAC community and other regional economic communities and African regions;



#### 4 Proposed functions to be tested during FSX

The following functions will be incorporated in the design and implementation of the FSX:

<b>Geographic area</b>	<b>Function to be tested</b>	<b>Comments</b>
Local (Namanga)	Early warning and surveillance systems	Including triggers from Meteorology, human and veterinary laboratories
	Risk communication and community engagement (cross cutting at all levels)	Should involve people/institutions which are influential in the community such as cultural, religious and community leaders as well as other group leaders and local media
	Field animal and human sample collection, storage, packaging and safe and timely transportation	Veterinary and human health facilities
	Outbreak response, including farm level, and prevention of further spread; Development / preparation of holding / isolation points and treatment centers for confirmed and suspected animal and human cases	Human and animal health, agriculture, biosafety  As far as these holding facilities are present
	Preparedness of selected health and animal holding facilities in the Namanga region	Adherence to infection, prevention and control (IPC) of RVF-like virus by health workers, veterinary workers, community, slaughterers, livestock keepers etc.  Case management, emergency treatment centres, infections within hospital facilities and triage of simulated patients

	Case management & vector control	Infection Prevention and Control by local health/veterinary workers  Contact tracing and deployment of active case search
	Multisectoral coordination in operations; border management committee	Planning, One Health and coordination  Need to observe if different disciplines are collaborating
	Transboundary movements of animals/human/trade/tourism	Trade, tourism  Check for animal movement permits Responsible: Ministry of Health and Livestock (certification and trace back)
National (Kenya & Tanzania)	Risk assessment and development of action plans	Implementation of rapid risk assessment and development of action plans  Involvement of One Health Desk (Ministry of Health and Livestock)
	Preparedness and response measures at the JKIA and KIA	Airport public health authority  Functions evaluated, no simulation, (silent observation: about 2-5 individuals per airport)  Evaluate passenger screening measures, health facility and animal holding facility, customs screening particularly animal products (certification)
	Rapid Response Team (RRT) mobilization	National task force for mobilization and deployment  Mobilized by Lead Ministry; different multi-disciplinary committees involved

	Mobile laboratory deployment and activation	Trigger, time to arrive, operation set up, and possible receipt of samples from remote areas  KfW Development Bank / Bernhard-Nocht-Institute for Tropical Medicine (BNITM)
	Activation of incident management system and emergency operation center	National crisis management structure and set-up  Coordination between Chief Medical Officer and Chief Veterinary Officer
	Risk and crisis communications; assess information flows and feedback from all levels	Partner States in line with the One Health approach, media and communities
	Local level laboratory diagnosis of animal/human sample and procedures for international laboratory confirmation	Testing of SOPs for sending laboratory samples out of the country and timeliness
Regional (EAC)	Coordination and regional advice	Inter-sectorial and regional communication and collaboration
	Implementation of available documents (e.g. regional contingency plan, regional SOPs for pandemic preparedness and risk & crisis communication)	Testing of emergency response instruments including financing mechanisms
	Risk and crisis communication ahead and during the response	EAC technical risk and crisis communication sub-working group

## 5 Expected results

The following are the expected results of the FSX:

- i. Participants actively practice and reinforce their knowledge of public health emergencies;
- ii. Participants are familiar with and can apply the national and regional instruments on outbreak control and management;
- iii. Participants know the different disease emergency response mechanisms;





- iv. Participants know and practice their roles and responsibilities in line with the One Health approach;
- v. Strengths and weaknesses of the existing plans and SOPs are identified;
- vi. Action plans are developed for follow up.

## **6 Steering Group (SG) and Exercise Management Group (EMG)**

SG and EMG (**Annex 1**) will be responsible for the steering, design and implementation of the FSX according to Terms of Reference (ToR, **Annex 2**). The number of SG and EMG members is limited to 18 and 14 members respectively. Both groups were established and mandated during the EAC Simulation Exercise Stakeholder Meeting held on 12-13 July 2018, at the EAC Headquarters in Arusha, Tanzania. The composition was reviewed and revised after the TTX in line with the ToR. As the convener of the exercise, the EAC Secretariat, represented by the acting Head of Health Department, is responsible for the overall planning, conducting and evaluation of the FSX.

SG and EMG comprise representatives from the EAC Secretariat, from the two actively involved Partner States Kenya and Tanzania, 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, from GIZ/EPOS and KfW/BNITM. The members that represent the actively involved Partner States in both groups were officially nominated by Kenya and Tanzania.

## **7 Partnership and commitments**

As the exercise has a clear One Health focus the involvement of FAO, WHO and OIE, among others, is key to the success of the exercise. Regional and international partners who are interested in actively contributing to the exercise are invited to provide in kind, technical and/or financial support for planning, implementation and evaluation of the FSX.

## **8 Scenario**

The fictitious scenario of a cross-border Rift Valley Fever (RVF)-like virus outbreak will reflect a simulated period of 3 months covering the initial phase of RVF outbreak with an extended transmission period of a few weeks. This aims at depicting the extended period observed in large scale emergencies where countries require external regional support due to countries being overwhelmed by the emergency.

Based on the recent need to prepare EAC Partner States for Ebola due to the current outbreak in Democratic Republic of Congo, the fictitious component will feature a RVF virus that will mutate into a pathogen that can be transmitted between humans causing severe haemorrhagic fever resulting in increased number of cases and deaths. This will allow assessing and building EAC Secretariat's and





Partner States' capacities to prepare and respond to an Ebola like situation using the One Health approach.

The scenario will be built and implemented around three stages namely:

- (1) Event detection;
- (2) Alert;
- (3) Response.

Infections and deaths among animals and humans will be reported in different parts of Kenya and Tanzania. The scenario will include but not be limited to elements of risk assessment, development of plans of actions from risk assessment reports, public anxiety, insecurity, and spread of rumours including intense media interest with press releases and press conference.

It will depict the chain of events of a fictitious outbreak caused by a RVF-like pathogen that can be transmitted between humans, with surveillance and metrological reports, dry season, heavy rainfall/floods, multiplication of vectors, animal abortions and deaths, restricted animal movement and bans on trade of animal and animal products followed by high morbidity and fatality among humans, including herders, farmers, health workers, veterinary service personnel, staff of slaughter houses, traders and subsequently people who were in contact with the infected people.

A draft timeline of the scenario and functions to be tested can be found in **Annex 3**.

## 9 Key reference documents

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

### National level Kenya and Tanzania

- a) National contingency plan for Rift Valley Fever
- b) All Hazard Public Health Emergency Preparedness and Response (PPR) plan from Tanzania and the draft PPR version in Kenya
- c) National Disaster Management Act
- d) Animal Disease Act
- e) Namanga Points of Entry SOPs

### EAC regional level

- a) The East African Community Regional Contingency Plan for Epidemics Due to Communicable Disease, Conditions and Other Events of Public Health Concern 2018-2023
- b) EAC SOPs (Pandemic preparedness, rapid deployment, risk and crisis communication)
- c) EAC Regional Strategy on Prevention and Control of Transboundary Animal and Zoonotic Diseases



## International level

- a) International Health Regulations 2005
- b) Integrated Disease Surveillance and Response guidelines
- c) Relevant chapters in the OIE Terrestrial Animal Health Code and OIE Manual for diagnostic tests and vaccines
- d) OIE tool for Evaluation of Performance of Veterinary Services, 2013
- e) Global Early Warning and Response System for Major Animal Diseases including Zoonoses (GLEWS-Tripartite)
- f) Tripartite providing multi-sectoral collaborative leadership in addressing health challenges 2017
- g) WHO Simulation Exercise Manual, 2017.

## 10 Methodology

### Design and implementation

The FSX will be designed in three main phases namely: pre-exercise planning and material development, exercise execution and post exercise with evaluation, reporting and hand over. To ensure interactive testing of capabilities, procedures and emergency response of the EAC Secretariat, Partner States the organizations and staff, the EMG will develop simulation materials that will be conveyed on paper, by phone or through simulated media and role players during exercise execution. Different exercise sites in the Namanga area (15 Kilometres radius) and beyond will be used for the FSX. The simulation exercise is planned for an overall duration of a week as follows with the core FSX taking place from 4-7 June 2019:

- a) Preparatory days (8-10 June),
- b) Briefing/induction for FSX participants and opening ceremony (11 June),
- c) Two-day simulation exercise (12-13 June),
- d) One day debriefing, closing ceremony and evaluation and drafting of the EAC report (14 June),
- e) Two days of SG, EMG and external evaluators/assessors FSX evaluation (17-18 June).

There will be other preparatory activities such as exercise management trainings, venue visits, and sensitization workshops in the lead up to the field exercise, as detailed in **Annex 4**.

### Evaluation

The evaluation of a FSX is a systematic process of observing and recording all exercise activities, comparing performance and outcomes against exercise objectives, and identifying strengths and weaknesses. The evaluation process is focussed on the functions and systems that were assessed during the exercise and should not merely be focussed or limited to individual skills and competencies.

Feedback from participants during the debriefing sessions will also be considered during the evaluation process and the impact this feedback has on the evaluation and revision of policies, plans and procedures. The evaluation process will be conducted by observers and assessors drawn from different international



organizations, subject matter experts, SG and EMG members. The evaluation will involve observing the exercise activities and recording the activities of the group against the objectives and the expected actions/outputs for each of the functions assessed.

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.

## **11 Operational issues**

### **Finances and project costs**

The simulation project is planned, conducted and evaluated by WHO under a financing agreement with GIZ. Further resources need to be mobilised for the realisation of the FSX as a funding gap exists. Depending on the total funding available, WHO will pay for flights, transport, accommodation, daily subsistence allowance for up to 150 individuals from EAC Secretariat and Partner States, venues and conference packages. International organisations and agencies are expected to cover their own costs. Funding requests (monetary or in kind) have been made to other partners in order to support the simulation exercise. The exercise will be accompanied by a professional lessons learned writer, photographers and film teams in order to create lessons learned material. Media representatives will be invited.

## **12 Participants & Observers**

Depending on the total available funding, the FSX is primarily targeted to include an estimate of 150 individuals from the EAC Secretariat and Partner States (see breakdown below). This includes both exercise participants and observers. A participant in the FSX will be a person performing his/her daily function and tasks as he/she would perform during a real emergency response. The participants will be nominated on the basis of the objectives of the FSX, their respective professional functions and roles rather than as individuals. The simple definition of observer in the FSX is a person who observes the exercise. Observers may submit their observations as part of the evaluation process, although they have no official participant role in the conduct of the exercise. The person observes and documents exercise activity for own learning or to provide general feedback.

The majority of the participants will be drawn from the Namanga region from Kenya (65 participants) and Tanzania (65 participants), while the EAC secretariat will also participate (8 participants) from their normal workplace to include the regional scope of the exercise. To encourage continuity and capacity building, the project will target participants who participated in the September 2018 Table Top exercise. In addition, the EAC Secretariat and involved Partner States representatives from Burundi, Rwanda, South Sudan and Uganda will be invited to



observe the exercise. The total number of observers from the EAC Partner States Burundi, Rwanda, South Sudan and Uganda will be limited to a maximum of 12 observers (3 from each country; 2 funded and 1 self-funded).

**13 Evaluators**

The definition of an evaluator in the FSX is a person who gathers data from the exercise and analyses whether the objectives and the targets of the exercise were met. To become a FSX evaluator, the person needs to be a subject matter expert in the key areas being assessed by the FSX. He/she will be evaluating how effective decision making is helping people to react to the situation. The person will be required to evaluate the FSX and report back to the FSX organizers based on his/her professional experience and observations made.

The evaluation will be conducted using pre-set evaluation criteria. Their evaluation will include overall performance, operational effectiveness, quality control, capabilities, strengths and weaknesses, and areas for improvement. Evaluators are expected to submit a written assessment/evaluation report to WHO within 2 days after the FSX. The report will be issued to the FSX organizers for reference during the drafting of the comprehensive FSX report. The evaluators can be drawn from the SG & EMG as well as international and (supra-) regional organizations, universities or relevant government ministries accordingly. The evaluators will undertake the WHO online simulation course prior to the FSX for better preparation and understanding of the FSX.

**14 Role-player (or actor)**

During the FSX, role players/actors will be engaged to simulate specific pre-scripted roles in the FSX. Role players are not the main players they will only act out key roles in the FSX.

**15 FSX Project Activities and Timelines**

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

No.	Activity Description	2018			2019							
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
1	FSX Stakeholder meeting											
2	1st SG and EMG meeting											



3	Research and finalization of concept note and development of scenario, narrative, storyline, master events list, injects, list of participants, agenda											
4	4-5 EMG meetings between January and June 2019											

5	Invitations sent to participants, sensitization of Partner State authorities/ sectoral heads; get necessary approvals up to Presidency/ Prime Ministers level. Dissemination of relevant plans/SOPs; this can be joint country activities.											
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6	Roll out of other proposed pre FSX activities based on funding availability and necessary approvals: SG and EMG simulation training, ground crossing sensitization workshop, venue visit, and sensitization workshop on EAC contingency plans and related SOPs (March - May 2019)											
7	Development of administrative and logistics task list											
8	Procurement of FSX materials											
9	2 <sup>nd</sup> Stakeholders meeting at Namanga (late March/April 2019) <i>Depending on Funds</i>											
10	Confirmation of participants received, and booking transport and accommodation											
11	Evaluation strategy and checklist completed											
12	Potential exercise venues selected and reservation made for use											



13	Administrative and logistics information note and simplified FSX participant's handbook sent to participants; the documents will be translated into Kiswahili)											
14	Participant briefing finalised by respective countries' focal persons											
15	Training/orientation of role players, observers and evaluators											
16	FSX presentations, injects (injects will be translated into Kiswahili where necessary) and certificates finalised and printed, partners logos incorporated after relevant approvals and signatures											
17	Venue set-up											
18	Start of public communication (May/June)											
19	Opening ceremony and exercise conducted from 11-14 June 2019											







## **SG and EMG meetings schedule for 2019**

- 24-25 January EMG meeting
- 19-20 February Joint SG and EMG meeting
- 21-22 March EMG meeting
- Late March/April 2019; stakeholders meeting including heads of departments involved in the exercise (tbc)
- 09-12 April Joint SG and EMG meeting, simulation training and sensitization
- 08-09 May EMG meeting
- 22-23 May EMG meeting
- 08-10 June joint SG and EMG preparatory meeting
- 11-14 June Field Exercise
- 17-18 June joint SG and EMG FSX evaluation meeting



## Annex 1: Composition of FSX Steering Group and Exercise Management Group

S. No	Name and contacts of Steering Group (SG)	Institution
<b>Convener of FSX and project management:</b> EAC Secretariat Acting Head of the Health Department		
<b>EAC Secretariat</b>		
1.	Damascent Kabanda Trade Economist EAC Directorate of Trade Email: <a href="mailto:DKabanda@eachq.org">DKabanda@eachq.org</a> Tel: +255 766 373 851	<b>EAC Trade</b>
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<b>14</b>	Vones Zakaria Uiso (Isaya Nangay) President's Office Regional Administration and Local Government Authority Regional Commissioner, Arusha Email: <a href="mailto:voneszakaria@yahoo.com">voneszakaria@yahoo.com</a> Tel: +255 686 774 720	<b>President's Office</b>
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<b>4</b>	3 Drivers (2 WHO, 1 GIZ)	<b>WHO/GIZ</b>



## **Annex 2: Terms of Reference for SG and EMG**

### **Steering Group**

- Oversee the process;
- Liaise with all relevant stakeholders;
  - upwards (all the way up to the Presidency or Prime Minister);
  - and downwards (all the way down to the communities);
- Convey content and process information;
- Nominate and involve people distributing roles and responsibilities;
- Approve the proposed One Health scenario;
- Approve the venues for the field simulation exercise;
- Approve the purpose and scope of the FSX;
- Contribute to and approve the evaluation of the FSX.

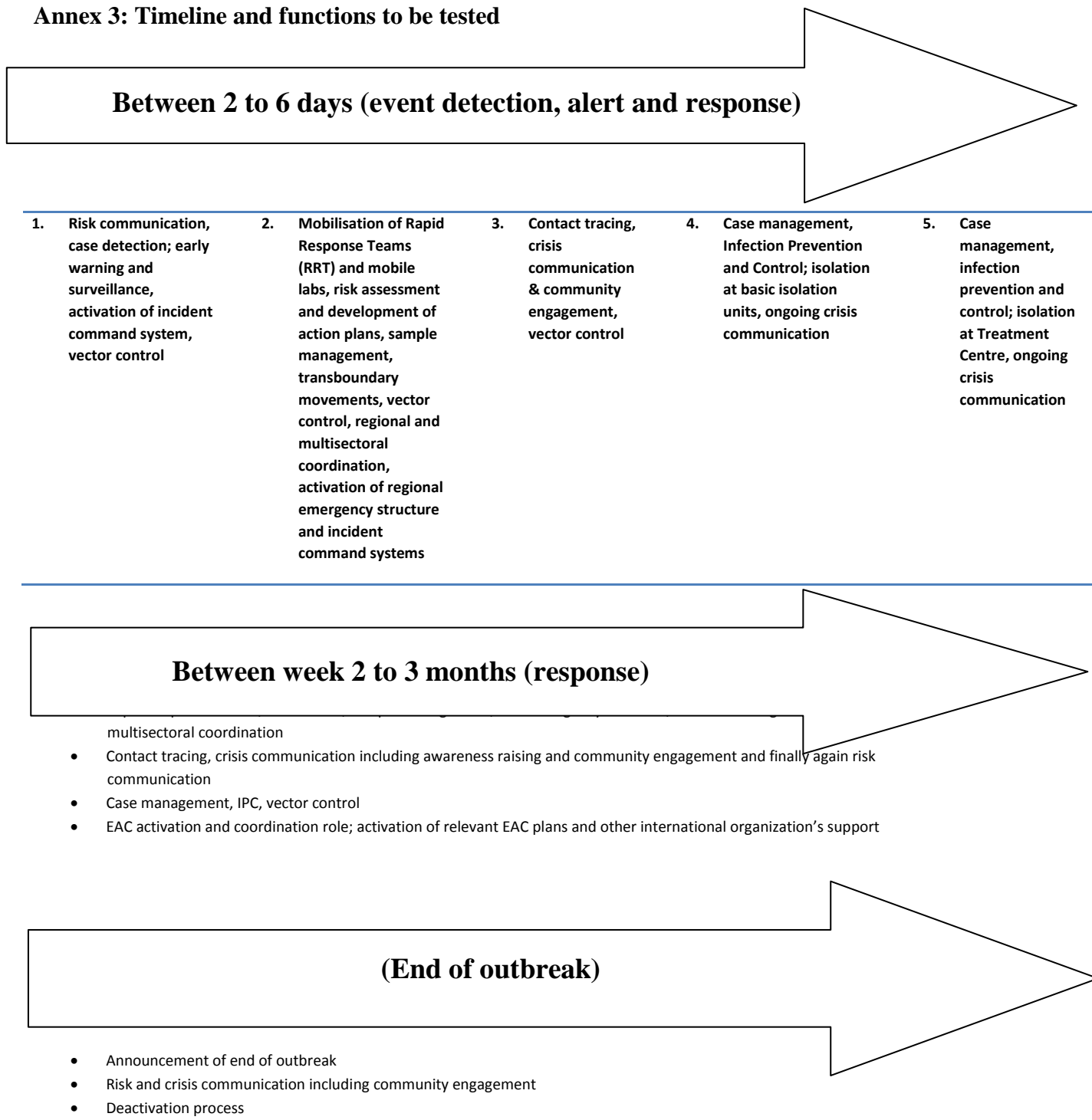
### **Exercise Management Group**

- Planning and material development
  - Develop the scenario;
  - Develop the injects;
- Identify active participants;
- Assign roles and responsibilities;
- Manage procurement, logistics, administration and finance;
- Coordinate and implement the simulations;
  - Prepare the venues, test equipment, print materials;
  - Brief the participants, observers and assessors;
  - Guide and facilitate participants during simulation;
- Evaluate and debrief of FSX.





### Annex 3: Timeline and functions to be tested



### Annex 4: Activities leading to field exercise

As part of the preparatory phase, the following activities could be conducted (tbc) leading up to the field exercise, including; planning meetings by SG and EMG, ground crossing sensitization workshop, sensitization workshop on EAC contingency plans and related SOPs and Training for EMG & SG on exercise management principles and methodology.

