EAST AFRICAN COMMUNITY

THE EAST AFRICAN COMMUNITY

REGIONAL CONTINGENCY PLAN

FOR

EPIDEMICS DUE TO COMMUNICABLE DISEASES, CONDITIONS

AND

OTHER EVENTS OF PUBLIC HEALTH CONCERN

2018 – 2023

EAST AFRICAN COMMUNITY

THE EAST AFRICAN COMMUNITY REGIONAL CONTINGENCY PLAN FOR EPIDEMICS DUE TO COMMUNICABLE DISEASES, CONDITIONS AND OTHER EVENTS OF PUBLIC HEALTH CONCERN

2018 – 2023

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Foreword

The continued occurrence of emerging and re-emerging infectious disease in the East African Community (EAC) Partner States such as epidemics of cholera and yellow, Rift Valley, dengue Marburg and Ebola virus fevers, amongst others threatens human and animal health but also the overall socio-economic wellbeing of the region. With evidence that about 70% of the emerging and re-emerging diseases have animal origin, the 9th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health held in April 2014 and the 29th Ordinary Meeting of the EAC Council of Ministers held in August 2014 adopted the One-Health" approach as a multi-disciplinary way of preventing and controlling communicable diseases especially those that can cause epidemics and pandemics. This contingency plan does not only promote this approach but also incorporate strategic lessons from recent epidemics and pandemics such as integration of risk and crisis communication, psychosocial support and other non-medical operational interventions into preparedness and response plans.

The 16th Ordinary Meeting of the Sectoral Council of Ministers of Health approved the EAC Regional Contingency Plan for Epidemics Due to Communicable Diseases, Conditions and other Events of Public Health Concern 2018 – 2023 as the primary instrument for strengthening regional leadership, governance and coordination of health emergencies in the region with a view of supporting national level emergency preparedness, response. recovery, and rehabilitation efforts. The scope of the plan includes zoonotic and non-zoonotic infectious diseases, other conditions and events of public health concern.

The contingency plan outlines the requisite competencies and steps necessary in addressing these emergencies across the region and emphasizes collaboration and partnerships across sectors. It lays a foundation for adequate planning and effective mobilization and use of resources and synergies. The plan is consistent with the mandate of the EAC Secretariat to offer advisory and coordinating support to EAC Partner States in combating epidemics and emergencies as provide in Articles 118 (on human health) and Article 108 (on control of animal and plant diseases) of the Treaty for establishment of the EAC. It is also in line with the requirements of the International Health Regulations and the Global Health Security Agenda.

The plan envisages the establishment of a crisis management structure consisting of officers and teams to implement emergency preparedness and response in the region and shall be coordinated and facilitated by the EAC Secretariat's Health Department, in collaboration with the EAC Livestock Division and other departments such as in Environmental and Natural Resources, Tourism & Wildlife and Trade. It identifies the key stakeholders as Partner States' ministries concerned with human, animal, and environmental public health emergencies, along with other emergency-related agencies and ministries. Other key drivers that will underpin the successful implementation of the plan include the private sector, Civil Society, communities as well as development partners.

The entire leadership of the EAC is fully committed to the successful implementation of the EAC Regional Contingency Plan for Epidemics Due to Communicable Diseases, Conditions and other Events of Public Health Concern 2018 – 2023. I wish to take this opportunity to call upon all individuals, organisations and stakeholders involved in the one health to do what is in the power to support the East African Community and Partner States as they implement the plan.

Amb. Libérat Mfumukeko
Secretary General
East African Community

Acknowledgments

The East African Community wishes to acknowledge with gratitude the contributions and support of institutions and individuals that contributed to the process which led to the publication of this document 'The East African Community Regional Contingency Plan For Epidemics Due To Communicable Diseases, Conditions And Other Events Of Public Health Concern 2018 - 2023.

The preparation of this Strategy was made possible by the excellent support and guidance of the EAC Sectoral Council of Health of Ministers and the EAC Council for the policy guidance through out the process of developing the document; Amb. Libérat Mfumukeko, EAC Secretary General, Mr. Christophe Bazivamo, Deputy Secretary General- Productive and Social Sectors and Ms. Mary Makoffu, Director of Social Sectors, Dr. Stanley Sonoiya, Head of EAC Health Department, the Expanded EAC Technical Working Group on Disease Preventions and Control whose details are provided in annex 10 of this document.

The document was prepared by EAC Secretariat, in collaboration with the EAC Partner States technical experts in the animal health, animal production and human health sectors and collaborating partners. In particular, we acknowledge: the East, Central and Southern Africa Health Community through its World Bank-funded East Africa Public Health Laboratory Networking Project, Prof. Yoswa Dambisya, Dr Martin Matu, Dr Willy Were and Dr Benedict Mushi who supported the development of the initial draft through the Regional Disease Surveillance TWG and regional experts, and printing of the final document. Dr Andrew Kitua authored the initial draft. Dr. Klass Dietz, Freidrick Loefler Institute (FLI), Dr. Irene Lukassowitz, GIZ PanPrep Project Manager, Mr. Timothy Wesonga, EPOS Health Management, Dr. Rogers Ayiko and Dr. Katende Michael of the EAC Department of Health are thanked for their effort in revising the original draft to include the One Health aspect to the plan. The EAC Technical Working Group (TWG) on Communicable and Non Communicable Diseases for their contribution in the development of the concept in 2014 and later revising the final draft in 2018.

Finally, the EAC would like to sincerely thank the World Bank for supporting the development of the concept and initial drafting of and publishing this contingency Plan and Germany Government for funding the process for revising the plan through the GIZ implemented Support to Pandemic Preparedness in the EAC (PanPrep) Project.

Executive Summary

The East African Community (EAC) is a regional inter-governmental organization established under Article 2 of the Treaty for the Establishment of the East African Community that began operations in July 2000. The membership of the EAC currently comprises the Partner States Burundi, Kenya, Rwanda, Southern Sudan, Tanzania and Uganda and has a coordinating and advisory role in pandemic preparedness.

The EAC region has experienced a number of infectious disease outbreaks during the last decade, including epidemics of Cholera and Yellow, Rift Valley, Dengue, Marburg and Ebola Virus Fevers. These outbreaks occur on top of the existing substantial disease burden due to HIV, tuberculosis, malaria and non-communicable diseases. Concurrently, a surge of emerging and re-emerging pathogens is detected globally.

Around 70% of the emerging and re-emerging diseases have animal origins. Their devastation is felt both in human and animal populations and causes not only human suffering and death but also economic losses. Due to the prevailing disease conditions, the EAC region has adopted a multi-disciplinary "One-Health" approach in the management and control of these diseases as approved by the 9th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health in April 2014 and the 29th Ordinary Meeting of the EAC Council of Ministers in August 2014 (*EAC/CM 29/Decision 38*) on the development of a **regional contingency plan**. The 35th EAC Council of Ministers meeting approved the establishment of an "EAC Regional One Health Platform" that brings together all the key sectors involved in the promotion of human, animal and environmental health (*EAC/CM 35/Decision 64*).

Consequently, the EAC has revised the existing "**EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions, and Other Events of Public Health Concern 2018 – 2023**" to include the One Health approach. The revised EAC Regional One Health Contingency Plan (*in short: EAC CP*) addresses regional needs for the coordination of national efforts in public health, emergency preparedness and response, stronger coordination, building adequate capacities, and mobilizing resources to prevent or minimize the impact of any future public health incident. The plan envisages strengthening governance for prevention, preparedness, response, recovery, and rehabilitation and fosters collaboration and partnerships across mechanisms and institutions in the context of the One Health approach.

Primary stakeholders of the contingency plan are the ministries of Partner States concerned with human, animal, and environmental public health emergencies, along with other emergency-related agencies and ministries. The plan shall be coordinated and facilitated by the EAC Secretariat's Health Department, in collaboration with the EAC Livestock Division and other Departments such as in Environmental and Natural Resources, Tourism & Wildlife and Trade as needed, and the East, Central, and Southern African Health Community (*ECSA-HC*). Other key drivers that will underpin the successful implementation of the plan include the private sector, Civil Society Organizations (*CSOs*), and communities.

A **crisis management structure composed of officers and teams** will be established at the EAC Secretariat to implement the Contingency Plan, with the Regional Coordinating Officer (*RCO*) being the key person. Several positions of responsible crisis management staff already exist at the EAC Secretariat. They need to be linked to clearly defined multi-discipline teams composed of EAC staff, Partner State experts, and eventually experts from international bodies who work closely with the respective counterpart at the Partner State level.

The implementation cost of this plan is estimated at a cost of **8,165,000 million USD** over the next five years. Resource mobilization efforts would need to come from the EAC Secretariat, EAC Partner States, and Developments Partners active in the area.

The implementation of the EAC CP will be monitored through quarterly internal self-evaluations and independent mid-term and end of term evaluations.

EAC Partner States are encouraged to coordinate and harmonize their national contingency plans with the EAC CP, and also adopt the "One Health" approach.

The Regional Contingency Plan focusses primarily on outbreaks of infectious diseases of public health concern. However, it may be used for other public health events if appropriate.

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List of Abbreviations

AFENET	African Field Epidemiology Network
ARIS	Animal Resources Information System
AU	African Union
AU-IBAR	African Union –Inter African Bureau for Animal Resources
BCC	Behavior Change Communication
CCHF	Congo Crimean Hemorrhagic Fever
CP	Contingency Plan
DRR	Disaster Risk Reduction
EAC	East African Community
EAC-OH-CP	EAC Regional One Health Contingency Plan
EAIDSNet	East African Integrated Diseases Surveillance Network
EAPHLN	East African Public Health Laboratory Network
EAREN	East African Regional Epidemiology Network (veterinary)
EARLN	East African Regional Laboratory Network (veterinary)
ECSA-HC	East, Central and Southern African Health Community
ELISA	Enzyme-linked immunosorbent assay (ELISA)
EPRF	Emergency Preparedness and Response Framework
ETU	Ebola Treatment Unit
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization of the United Nations
FELTP	Field Epidemiology and Laboratory Training Program
GIS	Geographic Information System
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
Icipe	International Centre of Insect Physiology and Ecology
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IHR	International Health Regulations
ILRI	International Livestock Research Institute
KEMRI	Kenya Medical Research Institute
LoA	Letter of Agreement
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding
NIMR	National Institute for Medical Research, Tanzania
OBV	Outdoor Broadcasting Van
OH	One Health
OIE	World Organization for Animal Health
PCR	Polymerase chain reaction (PCR)

PHEIC	Public Health Emergency of International Concern
PHEMC	Public Health Emergency Management Committee
PHEPRT	Public Health Emergency Preparedness and Response Team
PVS	Performance of Veterinary Services
R&D	Research and Development
RAB	Rwanda Agriculture Board
RBC	Rwanda Biomedical Centre
RCC	Risk and Crisis Communication
RCCT	Risk and Crisis Communication Team
RCO	Regional Coordinating Officer
REPR	Regional Public Health Emergency Preparedness and Response
RMC	Regional Management Committee
ROLO	Regional Operations and Logistics Officer
ROLT	Regional Operations and Logistics Team
RPFO	Regional Planning and Finance Officer
RPFT	Regional Planning and Finance Team
RRADAO	Regional Risk Assessment and Data Analysis Officer
RRADAT	Regional Risk Assessment and Data Analysis Team
RRCCO	Regional Risk/Crisis Communications Officer
RRCCT	Regional Risk/Crisis Communications Team
RRT	Rapid Response Team
RVF	Rift Valley Fever
SOP	Standard Operating Procedure
SUA	Sokoine University of Agriculture
UNICEF	United Nations Children’s Fund
UVRI	Uganda Viral Research Institute
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa

1 Introduction

1.1 Context

The East African Community region is vulnerable to communicable disease outbreaks due to its geographical location, climate, and ecological environment. The Congo Basin and the Rift Valley eco-systems both harbour pathogens and disease transmitting vectors in an environment with increasing human–livestock–wildlife interactions. It also lies on the southern migratory route for many birds and has numerous bodies of water and wetlands.

Epicenters of previous disease outbreaks of regional concern such as Rift Valley Fever (RVF), Marburg, Congo Crimean and Ebola haemorrhagic fevers have either occurred within EAC Partner States or in their geographical proximity. The outbreaks occur on top of the substantial existing disease burden caused for example by HIV, tuberculosis, malaria, and non-communicable diseases. Up to 70% of the infectious diseases have animal origin. Their devastation is felt both in human and animal populations, causing human suffering and death, but also economic losses due to lost working time and the death of livestock and wildlife (Jones KE et al 2008, Global trends in emerging infectious diseases). Transboundary animal diseases (TADs[1]) within the East African Region negatively impact agriculture and food security, trade, and tourism.

The free and unchecked movement of people, animals, and goods across the national borders as well as global trade and tourism enhance the risk for outbreaks of infectious diseases of public health concern, while weak health systems and especially weak veterinary services hamper prompt and effective responses. No single EAC Partner State has sufficient technical and financial resources to confront and rapidly contain an epidemic or major health disaster. Therefore, a strategy to control infectious diseases of public health concern should apply a regional approach.

The One Health[2] approach on preventing and controlling infectious diseases and mitigating their impact takes the interlinked complexities into account. The inclusion of all affected disciplines from the very beginning of preparedness activities all the way through response and recovery is essential to successfully addressing public health concerns.

1.2 Background and framework

A contingency plan (CP) represents an instrument to strengthen governance in managing the risk and the response to infectious disease outbreaks. This CP is oriented towards different key international tools, such as the **Global Health Security Agenda (GHSA)** which constitutes an effort between countries, international organizations, and public and private stakeholders, to accelerate progress towards a world which is safe and secure from infectious disease threats and to promote global health security as an international priority. Others are the **International Health Regulations (IHR)** and related World Health Organization (WHO) guidelines, and the World Animal Health Organization's (OIE) instruments on veterinary Public Health and environmental frameworks, like the Sendai Framework on Disaster Risk Reduction (DRR) in the area of infectious disease outbreaks and epidemics.

The outbreak of Ebola Virus Disease (EVD) in West Africa in 2014 has underscored the need for global attention to infectious diseases with a potential to spread across borders. It ravaged the countries of Liberia, Guinea, and Sierra Leone and soon spread to other countries such as Nigeria, even reaching the United States of America (USA), the United Kingdom (UK), Germany, and Spain. The intervention of global institutions, both public and private, was required to control the epidemic.

[1] This contingency plan only covers zoonotic transboundary Animal Diseases (TADs). Other TADs that affect animals are handled by the animal health sector.

[2] One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment.

1.3 Rationale

Disease Outbreaks are a common occurrence in the East African Region. The frequency of disease outbreaks has posed a challenge to the EAC region: each Partner State has had at least two notable disease outbreaks in every five year period between 2000 and 2015. Examples of outbreaks include Rift Valley, Ebola, Marburg, Crimean Congo Haemorrhagic Fevers and Yellow Fever. The 2006 Rift Valley Fever (RVF) outbreaks in the Republic of Kenya and the United Republic of Tanzania required 6 months to be contained. EAC Partner States and neighbouring countries have also experienced several outbreaks of the Ebola Virus Disease (EVD). In January 2017, a Bird Flu outbreak was reported along the shores of Lutembe bay (Lake Victoria) in Uganda. In October 2017, a Marburg Fever outbreak was reported in Eastern Uganda, Kween district, close to the Kenyan border with one confirmed fatality. It is therefore critical that the EAC region prepares for future outbreaks based on international best practices and lessons learned. The adoption of the One Health approach has taken steps to do so.

A list of notable epidemics in the last 18 years is provided in the table 1 below. It shows a steady frequency of disease outbreaks found within EAC Partner States over any given 5 year period:

Table 1: Disease outbreaks in East Africa, 2000 - 2017

	Period in years and exact dates in brackets			
	2000-2005	2006-2010	2011-2015	2016-2017
Republic of Burundi	Measles (2000)		Cholera (2012, 2013)	Malaria (2017) Cholera (2017)
Republic of Kenya	Meningitis (2000)	Rift Valley Fever (2006-2007) Meningitis (2006) Cholera (2009)	Cholera 2010, 2014, 2015 Dengue 2011, 2013, 2014	Cholera, Chikungunya, Dengue, Anthrax (2017)
Republic of Rwanda	Meningitis (2000)	Pandemic influenza A (H1N1) (2009, 2010)	Cholera (2012)	
Republic of South Su-dan	Anthrax (2005)	RVF (2007) HPAI (2006)	Anthrax (2014) Cholera (2014)	Cholera (2017)
United Re-public of Tanzania	Cholera (2002-2005) 2000 cases	Rift Valley Fever (2006-2007) Measles (2006, 2007) Cholera (2006) Rabies, (2009) new virus discovered in Tanzania in wild civet (Ikoma Lyssa Virus) Dengue (2010)	Cholera (2012, 2013, 2015) Hepatitis E (2013) Measles (2011) Dengue (2011, 2014) Plague (2011) Meningitis (2014) Anthrax (2012, 2014)	Cholera (Zanzibar, 2016) Rabies (Zanzibar, 2015/2016)
Republic of Uganda	Measles (2001, 2002)	Yellow Fever (2010)	Meningitis (2012, 2014) Ebola (2012) Marburg Virus Disease (2012) Crimean-Congo Haemorrhagic fever (2013) Malaria (2013) Typhoid Fever (2015)	Marburg (2017) RVF (2017) Crimean-Congo Haemorrhagic Fever (2017)

The EAC region hosts abundant wildlife and vector populations (mosquitoes, ticks, etc.) with the potential of transmitting viral hemorrhagic fevers (Arenaviridae, Bunyaviridae, Filoviridae and Flaviviridae) along with other infectious diseases. The region has experienced more frequent droughts and floods in recent years due to climate change and environmental degradation as consequence of anthropogenic activities. Vector - born epidemics such as Yellow Fever, Rift Valley and Dengue Fever are likely to be precipitated by climatic variations and man-made situations that modify the physical environment.

How easily an outbreak of an infectious disease can spread from one part of the region to another became clear in 2007 when a large RVF outbreak affected mostly new irrigation areas in Sudan. Phylogenetic analysis comparing RVF samples from this outbreak with those from outbreaks which affected Kenya, Tanzania, and Madagascar in the same period (2006-2008) showed that the Sudan RVF variants could all be placed in the lineage with those of the East African outbreak. This finding underlines the need for cross border surveillance and sero-surveys to detect any introduction of new viruses.

In recent years Uganda and the neighbouring Democratic Republic of Congo have had outbreaks of Marburg and Ebola fevers associated with contact of rural populations with wild animals, in particular through the consumption of bush-meat. Human-to-human transmission is also possible by contact with the blood, secretions, organs or other bodily fluids of infected persons.

The Treaty for the establishment of the East African Community sets the basis for the countries in the region to jointly implement disease control measures that are of benefit to their populations. Article 105 (2) (f) provides for the establishment of joint programs for the control of animal and plants, diseases and pests while article 108 focuses on Animal Health and Zoonotic Diseases. Articles 114 and 116 describe a common outlook at the management of natural resources and wildlife. Article 117 defines the scope of the co-operation including health, while Article 118 provides for “joint action towards the prevention and control of communicable and non-communicable diseases and to control pandemics and epidemics”.

The EAC has adopted a **multi-disciplinary “One Health” disease management appr**oach in the control of infectious diseases as approved by the 9th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health in April 2014 (EAC/SCM/Health/Decision 046 and 047) and by the 29th Ordinary Meeting in August 2014 (*EAC/CM 29/Decision 38*). This One Health approach on prevention and control of infectious diseases takes these interlinked complexities into account. The inclusion of all relevant disciplines from preparedness activities to response and recovery measures is essential to successfully addressing public health risks. The EAC Council of Ministers of Health further approved the establishment of the “EAC Regional One Health Platform” involving the human, animal and environmental health sectors (*EAC/CM 35/Decision 64*).

All countries in the region have adopted the WHO-advocated strategies of Integrated Disease Surveillance and Response (IDSR) and International Health Regulations (IHR (2005)) aimed at early detection, confirmation, reporting and response to the epidemics. However, these alone have not been sufficient.

The current version of the contingency plan which will run for a period of five years from 2018 to 2023 was approved in May 2016 by the 16th Ordinary Meeting of the Sectoral Council on Health following revision of the original 2015-2020 version by incorporating lessons from major epidemics such as the EVD in West Africa that lasted from 2014 to 2016. These include strengthening and or inclusion of aspects such as the one health approach, risk and crisis communication and psychosocial support.

1.4 Priority diseases and efforts

Current EAC priority diseases

Given the importance of the above mentioned diseases to both human and animals, the EAC Technical Working Group (TWG) on Communicable and Non Communicable Diseases defined a list of priority diseases which may be revised from time to time. It is attached as annex 1.

Integrated disease prevention and control efforts in the EAC region

The EAC is implementing the “One Health” initiative through the “**East African Integrated Disease Surveillance Network (*EAIDSNet*)**” which is a collaborative regional effort of the national Ministries responsible for human and animal health as well as the national health research and academic institutions of the six EAC Partner States.

The main objective of the network is to promote integrated cross-border disease prevention and control through a “One Health” approach and joint action focusing on innovative human, animal, and ecosystem health interventions specifically to:

- enhance and strengthen cross-country and cross-institutional collaboration through regional coordination of activities and local community participation
- promote exchange and dissemination of appropriate information on Integrated Disease Surveillance (IDS) and other disease control activities
- harmonize integrated disease surveillance systems in the region,
- strengthen capacity for implementing integrated disease surveillance and control activities, and
- Ensure a continuous exchange of expertise and best practices for integrated disease surveillance, the control of pandemics and epidemics of communicable and vector-borne diseases as well as of pests and parasites in the EAC Partner States.

The EAC Partner States’ national ministries responsible for health, animal resources, environmental and natural resources as well as national academic and research institutions have jointly operationalized the EAIDSNet as a practitioner-initiated network which complements the efforts of the Integrated Disease Surveillance and Response (IDSR) and the International Health Regulations (IHR).

The EAC has already implemented a number of EAC regional cross-border emergency preparedness and response measures to control the spread of diseases through the EAIDSNet in coordination and collaboration with the EAC Partner States and national, sub-national, regional, and international stakeholders and actors. Spearheaded by the EAIDSNet these activities all encompass the “One Health” approach of involving health, environment, animal, and plant disease management teams, administrators, customs officials, and all relevant bodies in the control of infectious diseases. An analysis of strengths, weaknesses, opportunities and challenges towards achieving regional EAC adequacy for emergency preparedness and response is hereto attached as SWOT Analysis in annex 2.

At the regional level the project on ‘**Support to Pandemic Preparedness in the EAC Region**’ assists the EAC Secretariat in its advisory and coordinating role for the Partner States with regard to pandemic preparedness. The project is implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German government. It focuses on assistance in putting the Regional Contingency Plan into practice, developing and implementing a regional risk and crisis communication strategy following a “One Health” approach, and strengthening human capacity building especially in the area of One Health.

While the EAC Secretariat is the main partner of this project, stakeholders from Partner States are included in all activities. The project collected the lessons learned and experience of East African experts who fought the Ebola epidemic in West Africa and developed recommendations to be better prepared for future outbreaks in the EAC region and beyond. The project further facilitated the review of the avian influenza outbreak response in Uganda in January 2017 and derived best practices. This contingency plan was reviewed together with the EAC Secretariat and representatives from the Partner States in the context of this project.

1.5 Assumptions

This subsection explains the assumptions that were used in the development of this plan and include:

- The ecological system within and around the East African Community will continue to be favorable for the emergence and re-emergence of infectious diseases in the foreseeable future due to the high number of animal and human interactions as well as favorable climatic conditions;
- The free movement of people, animals, and goods across the porous borders of the EAC Partner States will continue and increase in the future due to population growth, improved regional trade, and the continued gradual depletion of natural resources;
- Each EAC Partner State has weak capacities and resources to mitigate major disasters. However, their individual capacities will complement each other, and as a region they possess considerable joint capacities and resources to mitigate any major outbreak;
- The EAC will remain united and strong economically will work towards expanding the partnership with development partners in the future to increase the continued support of this plan;
- The Regional contingency plan is considered a living document and will be updated regularly to reflect the regional status.

2 Objective and Policy Framework

2.1 Purpose of the Contingency Plan

The purpose of this Contingency Plan (CP) is to guide the EAC Secretariat in harmonization and coordination of national efforts of the Partner States to address public health emergencies, with a primary focus on zoonotic and non-zoonotic infectious diseases of public health concern including those of unknown etiology. The plan outlines the requisite competencies and steps necessary in addressing these emergencies across the region and emphasizes collaboration and partnerships across sectors, disciplines, mechanisms, and institutions, using a One Health approach. It lays a foundation for adequate planning and effective mobilization and use of resources and synergies in the entire region. This plan is consistent with the mandate of the EAC Secretariat to offer advisory and coordinating support to EAC Partner States in combating epidemics. The plan is a living document that will be revised when the need arises, such as to include lessons learned from future outbreaks.

The CP may also be applied to other conditions and events of public health concern, such as natural disasters, if suited.

2.2 Applicability

The CP applies to the functions, operations, and resources necessary at a regional level to prepare for and to respond to outbreaks of infectious diseases of public health concern and events with the potential to spread across international borders, and the ability to restore and resume normal regional operations in the EAC Partner States after occurrence of the event.

2.3 Scope

The CP covers outbreaks of epidemic-prone zoonotic and non-zoonotic infectious diseases of public health concern and those of initially unknown etiology and can also be applied to other health events if suited. As the availability of effective drugs and vaccines is a prerequisite for successful interventions, the plan also refers to antimicrobial resistance. It shall address preparedness, response and recovery from public health disease outbreaks that have overwhelmed the individual Partner States, and/or that are deemed to have potential to spread across the borders to neighbouring countries.

2.4 Legal and policy basis for the EAC CP

This section outlines the existing regional and international legal and policy frameworks and Instruments for a multi-sectoral response to a public health event at regional level:

EAC Regional and National Policy Frameworks

- Under the Treaty of the Establishment of the EAC (as amended on 14th December 2006 and 20th August 2007) the EAC-OH-CP is building on the following legal provisions:
  - Chapter Article 105 (2)f on joint activities for disease control in animals and plants and Article 108 plant and animal disease control;
  - Chapter 19 on Environment and Natural Resources
  - Chapter 20 article 116 on Wildlife Management
  - Chapter 21 article 118 on Cooperation on Health

- The East African Community Protocol on Peace and Security Article 9 - Disaster Risk Reduction, Management and Crisis Response;
- EAC Regional Health Policy
- East African Community Regional Health Sector Strategic Plan (2015-2020)
- The 5th East African Community Development Strategy (2016/17-2020/21)
- EAC Disaster Risk Reduction and Management Strategy 2012-2016;
- EAC Regional Strategy on the Prevention and Control of Transboundary Animal and Zoonotic Diseases (2011-2017);
- Regional Plan of Action for Avian Influenza Emergency Preparedness and Response in East Africa (2006);
- Institutional Framework for Cross-Border Integrated Disease Surveillance and Response in the East African Region (2011);
- Country Emergency Preparedness and Response Funds (EPRF) plans

International, Regional and National Laws, Policies and Standards

- International Health Regulations (IHR-2005)
- World Organization for Animals (OIE) standards
- WHO Avian Influenza Preparedness and Contingency Plan
- WHO Emergency Preparedness and Response Framework (EPRF)
- WHO Consolidated Ebola Virus Disease Preparedness checklist
- WHO-AFRO Technical Integrated Diseases surveillance and Response(ISDR) In the African Region
- WHO/USAID/GOARN Public health events of initially unknown etiology: A framework for preparedness and response in the African Region (2014)
- Sendai Framework for Disaster Risk Reduction (2015-2030)
- The OIE/FAO Global Framework for the progressive control of Transboundary Animal Diseases (GF-TADs)
- AU-IBAR Integrated Regional Coordination Mechanism (IRCM) for disease control
- The African Field Epidemiology Network (AFENET)

2.5 Stakeholders to be engaged

The primary stakeholders of this CP are the ministries of Partner States concerned with human, animal, environmental, public health emergencies and other emergency related officials and ministries. The plan shall be coordinated and facilitated by the EAC Health Department, in collaboration with the EAC Agriculture and Food Security Department, the Livestock Division and other departments as needed (such as Environment, Tourism, Wildlife, Trade, etc.) along with the East, Central, and Southern African Health Community (ECSA-HC).

It will link up and closely work with national public health emergency preparedness and response teams/units in Partner States as well as the with the EAIDSNet, the East African Public Health Laboratories Network (EAPHLN), the African Field Epidemiology Network (AFENET), and other partner networks at national and regional levels such as the Uganda Wildlife Veterinary Network (EWVN).

At the international level, institutions and agencies that will engage in the response may include the African Union (AU), the World Health Organization (WHO), the Food and Agriculture Organization (FAO); the World Organization for Animal Health (OIE) and the US Centers for Disease Control and Prevention (CDC).

3 Structure and Organizational Arrangements

3.1 System Description and Architecture

A regional crisis management structure composed of officers, teams and key stakeholders will be established to implement the CP in the region as shown below.

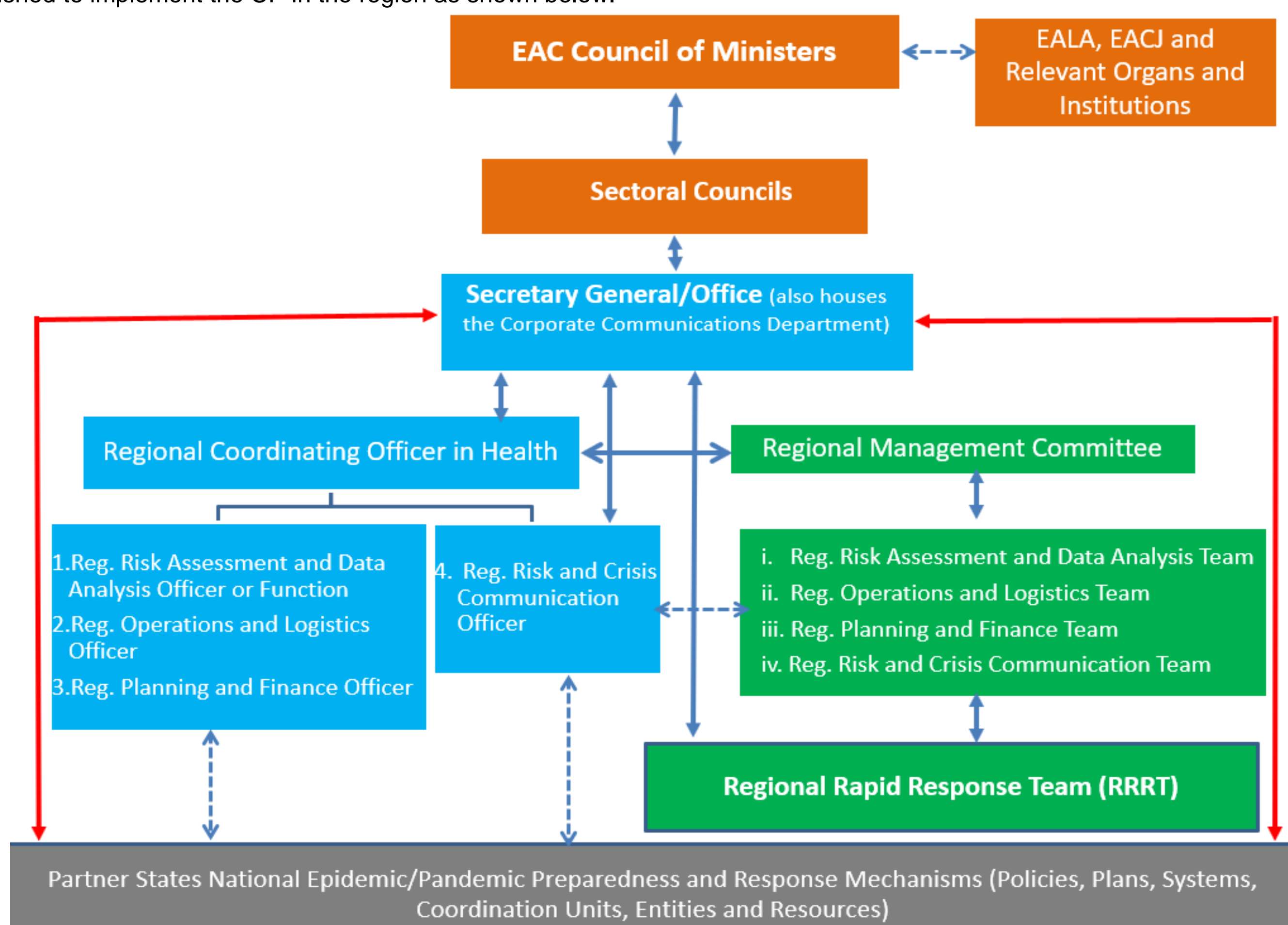

Figure 1 : Stakeholders in emergency management in East Africa

The Incident Command System is shown below: The blue colour depicts positions at the EAC Secretariat; green coloured positions are multidisciplinary teams composed of EAC staff, Partner State experts and eventually experts from international bodies; red coloured is the respective counterpart at the Partner State level. The red arrow represents a report that can trigger a regional response.

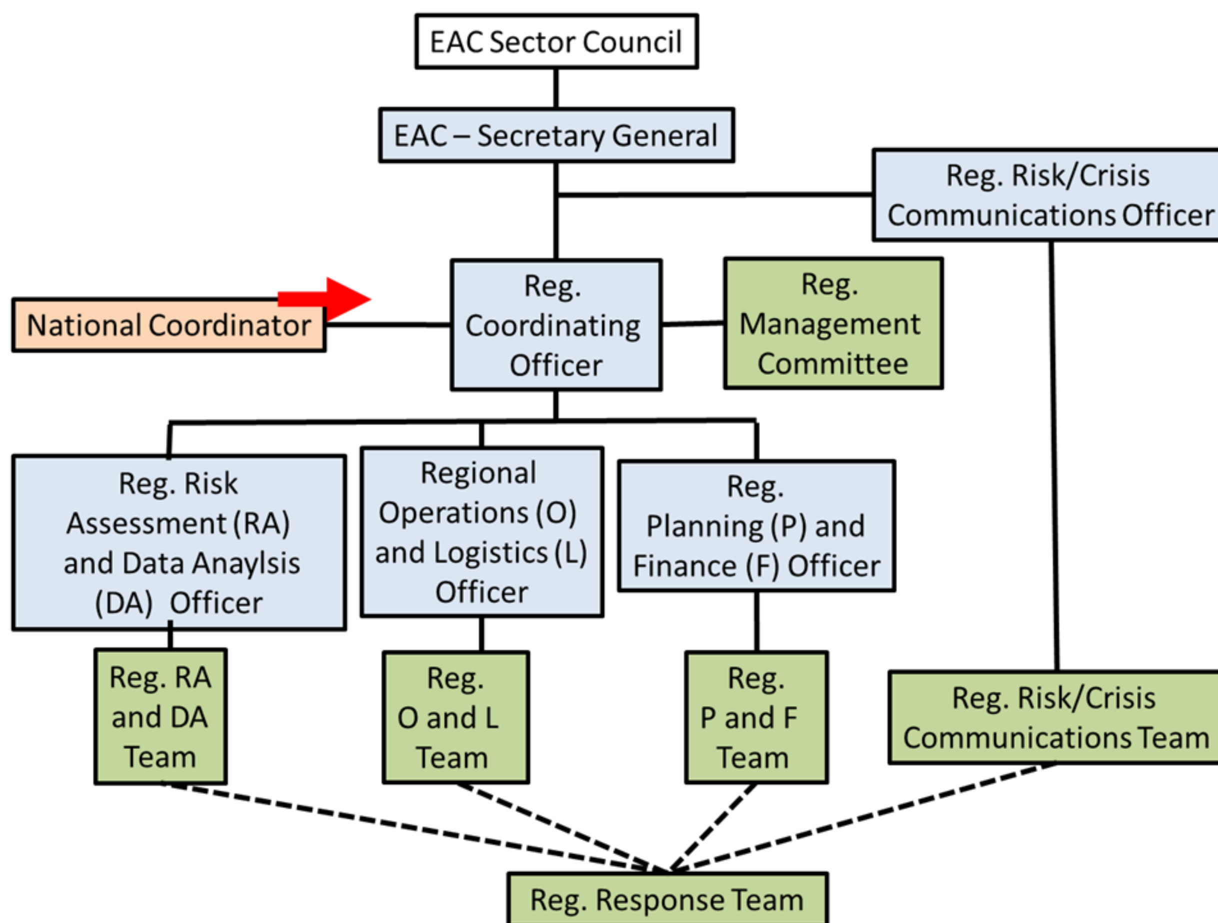

Figure 2: Incident Command System

The EAC Secretariat must establish a functional crisis management operations room (Crisis Command Center) with adequate technical facilities[3]. Partner States should provide similar facilities to enable their officers to quickly get together and participate in the meetings.

3.2 Personnel

At the apex is the Secretary General of the EAC who is in charge of implementing the plan. The key tasks are:

- Approving budgetary allocation and expenditure
- Acknowledging individual, national, regional and global public and private contributions towards the operationalization of the regional contingency plan
- Signing all legal documents related to the Regional Public Health Emergency Preparedness and Response (REPR) Contingency Plan
- Receiving updates on all aspects regarding progress of implementation of the Regional Public Health Emergency Preparedness and Response (REPR) Contingency Plan
- Coordinating adequate risk and crisis communication

[3] The basic requirements of an operation room of a command center include facilities like internet teleconferencing and other communication equipment as well as GIS equipped computers. These will help timely communication and review of activities in the field. However, personnel must have capacity to handle and use the equipment.

At the EAC Secretariat level, five positions will be established (**by naming officers in the positions from already existing staff positions to take on additional assignments)** namely a

- Regional Coordinating Officer (RCO),
- Regional Risk Assessment and Data Analysis Officer (RRADAO),
- Regional Risk and Crisis Communications Officer (RRCCO),
- Regional Operations and Logistics Officer (ROLO),
- Regional Planning and Finance Officer (RPFO),

The RCO shall be the core responsible officer, acting as the liaison officer, overseeing the implementation of activities, convening relevant teams and groups for discussions, keeping records of meetings and related recommendations and facilitating actions of various stakeholders and partners during all phases of the implementation of the CP.

The officers who form the foundation of the crisis management structure will be hosted at the EAC Secretariat, Health Department.

Detailed Terms of Reference for the officers can be found in annex 3.

3.3 Teams within the crisis management structure

Regional Management Committee (RMC)

Under the overall coordination of the RCO, the RMC shall be the multi-sectoral, management-level guiding team of the crisis management structure. The committee shall receive alert reports/notifications through the office of the EAC Secretary General from the national policy head (sector minister) represented by the National Coordinator (NaCO), and initiate any regional response.

Regional Risk/Crisis Communications Team (RRCCT)

Under the overall coordination of the RRCCO, the RRCCT represents a technical team responsible for continuous, coordinated risk and sound and culturally adapted crisis communication.

Regional Risk Assessment and Data Analysis Team (RRADAT)

Under the overall coordination of the RRADAO, the RRADAT represents a multi-sectoral, technical team responsible for adequate sharing of information and data as well as joint analysis of risks.

Regional Response Team (RRT)

Under the overall coordination of the RCO, the RRT is the group of experts deployed during activation of the CP in a composition that is appropriate to fulfil the mission's specific terms of Reference (ToR) in respect to the nature of the encountered event. It consists of members of the workforce/a pool of rapidly deployable experts from each Partner State.

Regional Planning and Finance Team (RPFT)

Under the coordination of the RPFO, the RPFT is composed of experts in planning and finance from Partner States.

Regional Operations and Logistics Team (ROLT)

Under the coordination of the ROLO, the ROLT represents a multi-sectoral technical team, responsible for the setup of the deployable workforce, training, and support of experts during preparedness, deployment, and recovery times.

Regional Risk Assessment and Data Analysis Team (RRADAT)

Under the overall coordination of the RCO and RRADAO, the RRADT represents a multi-sectoral technical team responsible for setting up of a database on diseases and other relevant /associated parameters and maintaining its content. It is also responsible for analysing the data and assessing risks as well as for supporting national experts during preparedness, deployment, and recovery with adequate data and analysis.

The composition of the teams dealing with technical content will have to be adapted to the nature of each event in order to allow the "One Health" approach to unfold without binding excessive resources.

The detailed Terms of Reference for the teams can be found in annex 4.

3.4 One Health Modus Operandi

The crisis management structure of the CP shall operate at all times according to the "One Health" approach during preparedness, emergency and recovery phases:

- All activities undertaken by the officers of the crisis management structure undergo a documented **"One Health" clearance process**, assuring that the following offices at EAC Secretariat have the chance to provide inputs and enable coordination:
    - Productive sectors
        - Agriculture and Food Security Department with Livestock division
        - Environment
        - Wildlife
        - Tourism
    - Social Sectors
        - Health Department
    - Customs and Trade
        - Trade Department
- The sector personnel will participate in the implementation of the plan by:
    - regularly sharing information on disease related matters; and
    - taking up their respective appropriate roles in the rapidly deployable force.
- All activities undertaken by teams established under the crisis management structure should account for the "One Health" approach in the respective team composition.
- During the response phase the "One Health" approach is reflected in the active multi-sector teams of the crisis management structure.

3.5 Workforce/Pool of Experts - Regional Rapid Response Team (RRT)

Through the CP crisis management structure and under the coordination of the RCO, a **regional pool of rapidly deployable experts** will be established and fed into a database. The pool of experts shall be of multi-sectoral expertise including human, animal, and environmental as well as public health professions, specialists in epidemiology and disease control, surveillance, data management and analysis, risk and crisis communication, awareness raising, meteorology, social science/anthropology, finance, administration, economics, agriculture, wildlife, trade, tourism and logistics. The team may also include experts from the private sector and from civil society organizations which are involved in preparedness and response activities, like MSF and the Red Cross. Operators of private hospitals for case management and selection of shelter locations can also be part of this pool.

3.6 Risk communication

The analysis of the EVD epidemic clearly demonstrated the importance of rapid, clear and efficient risk and crisis communication involving all relevant disciplines, and of tailoring communication to the respective population with its specific cultural and social background. Risk communication comprises the standardized, continuous and timely flow of information on hazards between all relevant stakeholders and via mediators to the public to build up knowledge and to enable them to take informed decisions in order to protect their health.

Crisis communication kicks-in in the case of an emergency. It aims at clear and easy to understand information aiming at mitigating the impact of an outbreak and includes efforts to change beliefs and to avoid adverse behaviour. In an outbreak scenario, crisis communication serves to raise awareness, encourage protective behaviour and promote acceptance of crisis management measures. Risk and crisis communication is based on trust and therefore needs to follow a 'One Voice' approach.

Risk and crisis communication exercised by the crisis management structure will be guided by the 'Risk and Crisis Communication Strategy for the EAC Region' and will be implemented according to standard operating procedures tested in simulation exercises. The CP crisis management structure shall establish capacity to conduct effective and efficient risk communication in 'peace time' and crisis communication in times of emergencies.

3.7 Envisaged coordination with regional and international bodies

The CP provides a platform for coordination and collaboration, strengthening capacities for preparedness, early warning and rapid response. It is in line with the Protocol on relations between the African Union (AU) and the Regional Economic Communities (RECs) in chapter 5 article 15 (1) which provides for enhanced cooperation arrangements for joint programs or activities. Coordination beyond borders is also consistent with the provision within the WHO IHR regulations, the FAO/OIE Global Framework for Progressive Control of Transboundary Animal Diseases and the Sendai Framework for Disaster Risk Reduction (DRR) of the United Nations Office for Disaster Risk Reduction (UNISDR).

4 Contingency Plan Implementation

Implementation activities are summarized per thematic area to guide technical work and include:

i. One Health, Planning and Coordination
ii. Operations – Surveillance, Field Epidemiology and Laboratory
iii. Case Management and infection prevention and Control
iv. Communication and Social Mobilization
v. Psycho-social Support (PSS)
vi. Logistics
vii. Budget and Resource Mobilization; and
viii. Monitoring and Evaluation

The proposed concrete activities for implementation are captured in annex 5, while the following sections broadly summarize the different phases and critical issues required for CP implementation.

4.1 Installation Phase

i. Establish the crisis management structure at the EAC Secretariat

The crisis management structure as described above needs to be set up and operationalized at the EAC and Partner State level.

ii. Standard Operating Procedures (SOPs) development

Key actions under the EAC CP will be implemented according to SOPs. The list of identified SOPs that need to be developed is attached as annex 6.

iii. Inventory of laboratory and field epidemiology capacities

An inventory of public health and veterinary laboratories and their capacities will be established and updated annually. The inventory will comprise human and animal health as well as other related expertise. It will capture how many laboratories are functional under which biosecurity level and where they are located, which techniques they are able to operate and which amount of samples they can handle. This primary list will be used to select and appoint appropriate regional laboratories to support the collection of samples and specimens for investigations in case of an event. Available mobile laboratories at regional or country level will have to be included. Such inventory will also have an associated list of regional laboratory experts that will be established and updated annually by the Regional Operations and Logistics officer of the EAC Secretariat's Health Department and the RCOs office. It will serve the purpose of rapid identification and recruitment of appropriate individuals for a required laboratory expertise.

An inventory of public health and veterinary field epidemiology research and training centers/institutions and their capacities will also be established under the Regional Field and Laboratory Epidemiology Network like the Field Epidemiology and Laboratory Training Program (FELTP) in Kenya and Tanzania. African expertise outside the EAC shall be identified using the African Field Epidemiology Network (AFENET) and African Society of Laboratory Medicine. At national level, each country shall establish a national inventory of Field Epidemiologists and Laboratory capacities as well as other disciplines through their related national Training Programs or other professional association bodies.

These inventories will be coordinated by the RCO and made readily available to the RMC.

iv. Evaluation of preparedness levels of health and veterinary systems

The WHO's International Health Regulations (IHR) (2005) provide the guidelines and standards for the operations of the health sector. Through the Joint External Evaluation (JEE) tool, countries can assess their IHR core capacities in preparing and responding to disease outbreaks. In this regard some countries have assessed their health systems and are in the process of addressing their weak points.

For the veterinary side, the OIE Terrestrial/Aquatic Animal Health Code provides standards for the operation of veterinary services. Through the OIE Performance of Veterinary Services (PVS) assessment, the competencies of these services to deal with zoonotic diseases and apply the One Health approach have been assessed and Partner States are at different stages of responding to the gaps identified in these assessments.

Through IHR-PVS bridging workshops, capacity gaps in responding to zoonotic disease outbreaks shall be identified and addressed accordingly.

v. **Regional Database for human, zoonotic animal and environmental health / disease events**

Regional level data compilation on "One Health" will be discussed and options for a timely provision of data to EAC crisis management structures will be decided on in order to feed into the risk assessment process. The existing reporting structures under the EAIDSNet and Animal Resources Information system 2 (ARIS 2) should be strengthened and interlinked in order to share data. A 'One Health' database will be established, with the EAC Health Department taking lead and in collaboration with relevant other departments as described in section 14. Reporting structures will be put in place by the Health Department of the EAC Secretariat accordingly.

vi. Trade, travel and tourism

Under the lead of the Trade Department and the Immigration Desk at the EAC Secretariat, a common understanding on the impact of outbreaks on trade, tourism and movement of people during emergencies shall be developed between Partner States. Where applicable, agreements on animal product trade restrictions during outbreaks of zoonotic diseases shall be concluded.

4.2 **Preparedness**

i. Networks and alliances

Under the resolution AFR/RC58/R2, entitled "Strengthening public health laboratories in the WHO African Region: a critical need for disease control", sub-regional networks and reference laboratories should be established. Likewise, capacity to detect and respond to chemical and radiation emergencies should be strengthened. Through FAO and EAC, sub-regional networks of veterinary laboratories (EARLN) and field epidemiology (EAREN) have been established. The RCO will coordinate and strengthen the sharing of information. The EAC Secretariat and Partner States will mobilize resources to support the function of the networks.

ii. Capacity building

The crisis management structure shall build up capacity in responding to emergencies through training and simulation exercises. Through the RCO, the workforce/pool of experts shall be engaged in preparatory training.

iii. Risk assessment

At EAC secretariat level, the crisis management structure will guarantee a continuous risk assessment process under the overall coordination of the RCO and with the support of the technical divisions, as well as rapid risk assessments in the event of an outbreak that provide the basis for adequate action including risk and crisis communication. It will also entail to screen events that fall under the scope of the EAC CP in other regions in Africa and in the world, to constantly exchange with stakeholders at international level and to regularly provide feedback to the EAC Secretariat and the EAC Partner States on the current "EAC Risk Situation". The process shall follow standard operating procedures.

4.3 Notification, regional action initiation and information flow

Not later than 24 hours from the time of passing the thresholds detailed in the SOP which require coordination of regional preparedness and response to outbreaks of infectious diseases of public health concern in East Africa, the National Coordinator of the affected country will initiate the regional process by notifying the Secretary General of the EAC.

The EAC Secretary General, being the Regional Public Health Emergency Preparedness and Response representative in charge, shall be responsible for initiating the decision making process by issuing instructions/directives to the RCO to convene the RMC, following an Incident Report from the National Coordinator of the affected single or multiple Partner States. The RMC will assess and confirm an event grading. The grading of a public health event shall be guided by the SOP for Coordination of Regional Preparedness & Response to outbreaks of infectious diseases of Public Health concern in East Africa as outlined in Table 2.

Table 2: Grading of a public health event based on basic needs

PUBLIC HEALTH EMERGENCY EVENT NEEDS GRADING			
Basis needs	Grade		
	Grade 1	**Grade 2**	**Grade 3**
Technical	Remote technical assistance from international level	Time-limited missions; remote input to strategic plans; technical advice	In-country on-going technical assistance through a surge; issuance of hazard- specific and country- specific guidance
Financial	Minimal to none (handled with financial resources available at country level)	Access to regional WHO financial resources; international resource mobilization on request	Access to global Emergency fund and to regional WHO financial resources; international resource mobilization and donor outreach
Human Resources	Minimal to none (handled with human resources available	Surge of emergency experts, as required	Surge team deployed on a no- regrets basis

The RMC will subsequently make decisions and direct the RCO to take appropriate actions. These actions will primarily target the priority areas planning, field operations, logistics, and finance. The RCO will work with the affected country National Public Health Rapid Response Team (NaRT) to set the necessary fit-for-purpose plans for a RRT to be deployed, including required resources like personnel, finance, logistics and field operations. The RMC shall ensure the early involvement of the military and of the media in health emergencies. It will also assist the host country to implement effective actions and interventions in order to contain the emergency incident.

The Chair of the RRT shall be the head of the host country NaRT. She/he will be technically versatile in the host country on such events and will be responsible for issuing directives that will trickle down to sub national teams following the national rapid response command structure. The RCO may co-opt any individual or group of experts or seek support outside of the region for a particular event as the need arises.

In the event that multiple countries may be affected simultaneously, the RCO shall appoint a Chair and Co-chair from the most affected countries or those with potential to bear the greater part of the impact. Since some of these events will be threatening national security the involvement of the national or regional army units will be considered accordingly.

4.4 Reconstitution to normal

The host country, together with the Regional Incidence Commander and involved international agencies, will conduct a final assessment to declare the return to the normal situation and resume regular activities. It will be conducted in accordance with EAC regional policies, IHR, and other international policies and criteria for specific incidents.

4.5 Emergency Feedback and Evaluation

The RRT and the host country may organize a post emergency evaluation meeting. The team will debrief the host country sector ministries including health, livestock, environmental, and others relevant to the event on the findings at the end of their mission. This forum will review response activities and analyse overall impact of the emergency. Their report will inform on areas that need improvement in planning and preparedness and how to effectively conduct multiagency responses. It will also include a situation analysis and recommendations regarding the following points, where applicable:

i. Human resource reallocation and rehabilitation
ii. Continued level of surveillance
iii. Infrastructure reconstruction
iv. Demobilization of emergency shelters and temporary case management centers.
v. Care to affected individuals, families and communities including financial, material and psycho social support

The outcome of the review will propose revisions to already existing plans and standard operating procedures.

4.6 Recovery

Once the emergency has been declared over, the RMC will collaborate with and assist the country in the recovery period focusing on regional aspects including economic impact. Quarantine activities will be reviewed in collaboration with trade ministries/departments for the reopening of border crossings to allow the flow of food and animal products in compliance with national and regional trade standards.

Vigilance will be maintained via routine surveillance. Not all activities will end at once and a critical assessment will have to guide decisions on maintaining relevant Public Health interventions at a regional level, such as strengthened surveillance. Risk communication activities will continue and clear information should be provided on individual and community measures to minimize any future risk.

4.7 Simulation Exercises

Once per year, the crisis management structure under the CP will undergo simulation exercises in the first two years of implementation and then once every two years for the remaining period of the CP. During such exercises, it will be assumed that country X has made a notification for an outbreak in locality Y, which has a great potential for spreading rapidly to all Partner States. The notification received by the RCO will be forwarded immediately to the EAC Secretary General, who will issue a command to urgently convene the RMC. The RCO will convene the RMC meeting to deliberate on the notification. To ensure a rapid response, the RMC meetings may be conducted online using tele-conferencing. It is recommended that invitations are sent through three communication systems simultaneously including mobile phone calls, skype, and emails within 6 hours of notification.

The RMC will issue immediate directives after its meeting, including setting up of an appropriate RRT through the RCO and initiating adequate risk and crisis communication, based on the nature of the emergency. The RRT will assist the Partner State in assessing the situation and the needs according to the SOP on needs assessment.

The RRT will organize itself into coordinated teams on planning and operations, logistics and finance, and risk and crisis communication as per the crisis management organization structure. Each team will assess the Partner State's requirements and take appropriate actions through the Partner State Emergency Com-

manding Officer, who will link the teams to their respective national counterparts. The Operations Team is responsible for involving the affected communities in a timely manner. It is recommended that Partner States should organize their teams in a format allowing direct interaction with the regional teams in the first year of implementation of this CP.

Adequate risk and crisis communication messages shall be developed at the earliest stage for the identified key target audiences and the media involved. Crisis communication shall accompany the whole process of the operation. Once the situation is under control and no longer poses a regional threat, the RRT will make a final assessment and debrief the Partner State Emergency Commanding Officer and make recommendations toward returning to the normal status. The team will also debrief the RMC, which will in turn inform or send a final report to the EAC Secretary General. This exercise is essential for building and maintaining commitment and constant preparedness among the teams and for identifying weak points in the system that must be corrected to maintain regional efficiency in running operations.

Independent evaluators will be engaged in the first year of simulations to assess the quality and swiftness of actions and achievements. They shall have a One Health-related professional background and will monitor the entire exercise in order to provide recommendations for improvement, including the change of strategies.

5 Financial Provisions / Continuity

5.1 Financial Provisions

The EAC Secretariat and relevant organs and institutions of the community will allocate an annual budget for the implementation of the CP from Partner States' contributions. The Secretary General of the EAC will also mobilize donors and other private institutions to contribute towards implementation of the contingency plan.

Two major budget lines are distinguished:

- Maintenance of the crisis management structure (yearly budget)

Establishment of an Emergency Fund (baseline fund with defined mechanism to top up if funds are exhausted) which shall fund the activities of the crisis management structure during the emergency response and meet the costs of deploying the RRT for a joint regional response during public health emergencies, organized by the EAC secretariat together with Partner States. Depending on the available budget, the EAC will provide additional support to the affected country on a case-by-case basis.

The budget is specified in annex 7.

5.2 Financial Support

Implementation of the CP is financially supported by the EAC Secretariat, EAC Partner States, Germany Government through GIZ, the East, Central, and Southern Africa Health Community (through the World Bank-supported EAPHLN Project) as well as international development partners and other public and private partners are envisaged to provide support.

5.3 Monitoring and Evaluation

Implementation of the CP will be monitored through quarterly internal self-evaluations and independent mid-term and end of term evaluations. Quarterly evaluations will be conducted by the EAC Secretariat under the leadership of the RCO, using the tool described in annex 8. It guides the evaluator in assessing the level of accomplishment of the planned activities as outlined in the activity logframe in annex 9. The evaluation is simplified by colour codes so that the status can be ticked and status of achievement of milestones can be easily identified. In case of an emergency, an internal and independent post emergency evaluation will be conducted as a separate undertaking. A financial auditing will be carried out as part of the ordinary auditing of EAC finances following laid down procedures. Where a funding agency may require separate auditing of their contribution, it will be conducted following the conditions laid down in the respective signed joint agreement.

5.4 Recommendations to EAC Partner States

In order to achieve effectiveness of the CP, it is recommended that Partner States appoint focal points for its implementation. They shall ensure that the following activities are carried out:

i. Coordinate national contingency plans of relevance to this plan.

ii. Institutionalize the One Health approach for the prevention and management of outbreaks of zoonotic and non-zoonotic infectious diseases of public health concern at national and sub-national level.
iii. Designate officers and teams of the EAC base crisis management structure.
iv. Establish mechanism for monitoring and evaluation of national One Health contingency plans
v. Establish resource mobilization mechanism to implement the One Health approach internally and from the development partners.

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7 Annexes

Annex 1: List of priority diseases

The EAC technical working group on communicable and non-communicable diseases is a recognized policy development organ and identified the list of priority animal and human diseases as follows:

<table>
<tr><th colspan="3">East Africa Community Priority human diseases, conditions and events</th></tr>
<tr><th>Epidemic prone diseases</th><th>Diseases targeted for eradication or elimination</th><th>Other major diseases, events or conditions of public health importance</th></tr>
<tr><td rowspan="3">a) Acute haemorrhagic fever syndrome*
b) Cholera
c) Bacillary dysentery
d) Measles
e) Meningococcal meningitis
f) Plague
g) Typhoid fever
h) Yellow fever
i) Hepatitis E
j) Epidemic typhus

*Ebola, Marburg, Rift Valley, Lassa, Crimean Congo Haemorrhagic Fever, West Nile Fever, Dengue haemorrhagic fever</td><td>1. Dracunculiasis
k) Neonatal tetanus
l) (AFP) Poliomyelitis
m) Trypanosomiasis
n) Oncocerciasis
o) Trachoma [1]</td><td>1. Diarrhoea in <5 years
p) HIV/AIDS (new cases)
q) Malaria
r) Rabies (animal bites)
s) Pneumonia <5 years
t) A Tuberculosis
u) b. MDR/XDR-TB
v) Selected NCDs</td></tr>
<tr><th colspan="2">Diseases or events of international concern</th></tr>
<tr><td colspan="2">1. Human influenza due to a new subtype1
w) SARS1
x) Smallpox1
y) Any public health event of international or national concern (infectious, zoonotic, food borne, chemical, radio nuclear, or due to unknown condition.

[1] Disease specified by IHR (2005) for immediate notification</td></tr>
<tr><th colspan="3">Trans-boundary Priority animal diseases</th></tr>
<tr><td></td><td colspan="2">1. Highly pathogenic Avian Influenza
z) Rift valley fever
aa) Trypanosomosis
bb) Rabies
cc) African Swine Fever (ASF)</td></tr>
</table>

Note:
This list of priority diseases may be revised from time to time with the EAC technical working group (TWG) **on communicable and non-communicable diseases**

Annex 2: SWOT Analysis

ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES TOWARDS ACHIEVING REGIONAL EAC ADEQUACY FOR EMERGENCY PREPAREDNESS AND RESPONSE				
	STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES**	**THREATS/ CHALLENGES**
1.	**POLICY , PLANNING AND COORDINATION**			
1.1	Supporting policies and legal instruments in place at regional and Partner States levels	No regional multi-sectoral emergency public health management mechanism	High level commitment of all Partner States. Regional commitment for One Health approach documented	Global security
1.2	Partner States have an institutional framework for disaster management in form of National Emergency Preparedness and Response departments/units	Lack of a unifying regional planning and coordination mechanism	Ministerial recommendations for actions (9th Ordinary Meeting of the EAC Council of Ministers of Health, Zanzibar-Tanzania. 17th April 2014)	Regional Political stability
1.3	Regional sectoral planning mechanism in place	Lack of regional contingency plan for emergency preparedness & response		Partner States civil conflicts
1.4	Partner States have adopted some level of One Health approach	No regional pre-pared public health emergency work force and no inventory of regional capacities that would constitute such a force	The global health security agenda initiative	
1.5	A regional risk and crisis communication strategy and standard operating procedures are under development; individual Partner States have risk and crisis communication mechanisms established	There is a strong need for capacity building at all levels	The EVD epidemic in West Africa showed importance of adequate risk and crisis communication and early involvement of communities. East African deployed experts who fought the epidemic named risk and crisis communication as one of the key pillars of an effective response in their lessons learned and highly recommended to set up adequate struc-	High costs of risk and crisis communication and awareness raising measures

ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES TOWARDS ACHIEVING REGIONAL EAC ADEQUACY FOR EMERGENCY PREPAREDNESS AND RESPONSE				
STRENGTHS		**WEAKNESSES**	**OPPORTUNITIES**	**THREATS/ CHALLENGES**
			tures.	
1.6	First steps to establish a pool of rapidly deployable experts are taken	The necessary technical infrastructure (database) still needs to be established	The EAC Secretariat and the Partner States give high priority to the establishment of such a pool	Costs involved, especially for the continuous update of the content
1.7	Basic minimum national emergency preparedness teams in place	Lack of regional defined strategy for integrating a multi-sectoral (One Health) approach		Political instability and insecurity in the region
1.8		Lack of standard regional deployment procedures and plans for the emergency rapid response		Terrorism and piracy
1.9	EAC Regional Health Sectoral Committee in place	Lack of mapping of regional stakeholders concerning logistics & supplies		
2. FIELD OPERATIONS–EPIDEMIOLOGY SURVEILLANCE				
2.1.	East African Integrated Disease Surveillance network in place	Inadequate human resource capacities at all levels and lack of inventory of capacities in field epidemiology and surveillance	East African Integrated Disease Surveillance network in place	Weak health systems
2.2.	Existence of African Field Epidemiology Network (AFENET)	No regional standard structure and guidelines for deployment of field epidemiology capacities at different national levels (strengthening capacities for safe and efficient mitigation of public health emergencies)	One Health global advocacy and support	Political instability and cross border conflicts
2.3.	Every Partner State has established an early warning system	No coordinated regional early warning system	Establishment of a regional contingency plan	
2.4.	Existing public and private R&D institutions supporting training and field operations (KEMRI, NIMR, UVI, ILRI, SUA, Rwanda Biomedical Center, ICIPE, etc.)	Weak capacities for screening at port of entry and no regional standard procedures in place (result in duplication of efforts and delays in reporting)	Existing FELTP training institutes/centers (centers of excellence)	

ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES TOWARDS ACHIEVING REGIONAL EAC ADEQUACY FOR EMERGENCY PREPAREDNESS AND RESPONSE				
STRENGTHS		**WEAKNESSES**	**OPPORTUNITIES**	**THREATS/ CHALLENGES**
2.5.	Gradually building up a pool of field epidemiology & laboratory capacities in national health & veterinary sectors.	Regional capacities for standard screening at port of entry		
2.6.	Regional framework for cross border surveillance in place	Weak operationalization of the framework	Current Ebola threat	
2.7.		Low workforce in field epidemiology and weak epizootic capacities		
2.8.		Lack of joint cross border simulation & standard simulation tools		
2.9.		No regional standard training facility for cadres of field epidemiologist to fit different national levels		
2.10.	Partner States appointed focal persons	Existing focal units not resourced adequately	Institutional frame-work for cross border IDSR in place	
2.11.		Weak capacities for contact tracing, lack of regional guide-lines & training		
3. FIELD OPERATIONS-LABORATORY SURVEILLANCE (CASE IDENTIFICATION AND CONFIRMATION)				
3.1.	Existing public & private R&D institutions for training and field operations support (KEMRI, NIMR, UVI, ILRI, SUA, Rwanda Biomedical Center, ICIPE, etc.)	Weak laboratory biosafety and biosecurity capacities at all levels (regional, national and sub national)	Existing centers of excellence at national levels	Weak health systems

ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES TOWARDS ACHIEVING REGIONAL EAC ADEQUACY FOR EMERGENCY PREPAREDNESS AND RESPONSE				
STRENGTHS		WEAKNESSES	OPPORTUNITIES	THREATS/ CHALLENGES
3.2.		Low workforce in field laboratory capacities in human & veterinary sectors		
3.3.	Field Epidemiology and Laboratory Training Program in two Partner States (FELTEP)	Inadequate human resource capacities at all levels and lack of inventory of such capacities (weak da-ta on laboratory human resources)	One Health global advocacy and support	
3.4.	Regional EAC Public Health Laboratory Network in place (EACPHLNet)	Inadequate laboratory field capacities for safe handling and detection of highly infectious pathogens	Existing reference laboratories at national level	
3.5.		No designated regional reference laboratories for specific pathogens or groups of pathogens	Existing public health quality assurance laboratories at national levels	
3.6.		No regional standard structure and guidelines for deployment of field laboratory capacities	Existing pool of technicians at national levels	
3.7.		Inadequate cross border data and national serological surveys to establish good pathogenic map and hot spots		
4. FIELD OPERATIONS-CASE MANAGEMENT (INFECTION PREVENTION AND CONTROL)				
4.1.	Partner States have at least one National Isolation Centers		Existing medial and veterinary training institutes/centers (centers of excellence)	Weak health systems
4.2.	Partner State referral hospitals have infectious isolation wards	No regional defined standards for case holding and treatment facilities	Existing pool of technical capacities in academia and R&D institutions of Partner States	
4.3.	Insufficient networking and technical resource sharing among Partner States	Inadequate case holding and case management centers that meet WHO standards (targeting high risk areas)		

ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES TOWARDS ACHIEVING REGIONAL EAC ADEQUACY FOR EMERGENCY PREPAREDNESS AND RESPONSE				
STRENGTHS		**WEAKNESSES**	**OPPORTUNITIES**	**THREATS/ CHALLENGES**
4.4.		Lack of subnational sentinel case holding & management facilities		
4.5.		No regional tailor-made training curriculum for case management of highly infectious pathogen diseases for different cadres		
4.6.		Lack of standard burial safety procedures and treatment of dead bodies		
4.7.		Poor health seeking behaviour & lack of regional strategy for strengthening this aspect		

ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES TOWARDS ACHIEVING REGIONAL EAC ADEQUACY FOR EMERGENCY PREPAREDNESS AND RESPONSE				
STRENGTHS		WEAKNESSES	OPPORTUNITIES	THREATS/ CHALLENGES
5. FIELD OPERATIONS-(RISK COMMUNICATION AND SOCIAL MOBILAZATION (PSYCHO-SOCIAL SUPPORT)				
5.1.	Partner States have health education departments/units	Budgeted Regional Risk Communication Strategy not yet available	Existing IT technology	Social cultural customs, traditions and behaviour; high costs involved, weak capacities
5.2.	Partner States have Information Technology and Communication departments/ units	Lack of regional risk communication resource center able to: - produce regional communication materials - develop & disseminate regional risk and crisis communication tools	Existing regional public and private tele-communication facilities	Speaking with 'One Voice'; stigmatization at community level; lack of technical facilities at local level; rate of illiteracy
5.3.		Lack of regional psycho-social sup-port resource center able to: - develop & disseminate standard regional psycho–social support materials - develop & disseminate regional risk communication tools.	Existing Regional private mobile technology and provider companies	
5.4.	The regional risk and crisis communication strategy will provide guidance on risk and crisis communication	Lack of standard guidance and training for national and subnational risk communication capacities	Fibre optics for IT communication available in some places	No access to radio, TV, inter-net due to the lack of power in some rural areas; illiteracy among citizens
5.5.	The regional risk and crisis communication strategy will advise on establishing media contacts at national, district and local level and to utilize local leadership structures to ad-dress rumours and adverse cultural behaviour	Lack of infection outbreak rumour capture and analysis mechanism	Existing media groups; leadership structures in communities (e.g. traditional healers, religious leaders)	Media Distortion
5.6.	Risk and crisis communication is part of the regional contingency plan and shall ensure transparent and timely information sharing through defined channels	Inadequate transparency in sharing information	A rapid team responsible for risk and crisis communication is part of the emergency structure that will be established	Weak capacity in risk and crisis communication at all levels

ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES TOWARDS ACHIEVING REGIONAL EAC ADEQUACY FOR EMERGENCY PREPAREDNESS AND RESPONSE				
	STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES**	**THREATS/ CHALLENGES**
6. PYCHOSOCIAL SUPPORT				
6.1.		Lack of regional psycho-social support resource center able to: - develop & disseminate standard regional psycho–social support materials - develop & disseminate regional risk communication tools.	Existing Regional private mobile technology and provider companies	
7. LOGISTICS				
7.1.	National procurement procedures in place	Lack of regional protocol for logistics support for - joint mobilization procedures - structure for rapid logistic deployment	Existing Global support facilities like WHO.	
7.2.	National public and private medical and pharmaceutical suppliers	Lack of regional stockpile pool of essential consumables Lack of regional strategy for local production of essential consumables	National army capacities for emergency logistic deployment in place	
7.3.		Lack of regional guidelines & training for national stockpiling of logistics		
7.4.		Lack of regional procurement mechanism for emergency equipment, medicines and supplies		
8. RESOURCE MOBILIZATION (FINANCE AND PROCUREMENT)				
8.1.	Minimal fund allocation in the sector budget at national levels	Inadequate regional and national finance allocation for public health disaster mitigation	Global security agenda	Funds inadequacy
8.2.	Extra budgetary funding mechanism in	No regional resource & fund mobilization	Regional economic community struc-	Partner States' reluctance to con-

ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES TOWARDS ACHIEVING REGIONAL EAC ADEQUACY FOR EMERGENCY PREPAREDNESS AND RESPONSE				
	STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES**	**THREATS/ CHALLENGES**
	place in Partner States	plan and structure in place (financial planning indication)	tures	tribute
8.3.	Need for emergency funding recognized at regional and national levels	Lack of Mapping of resource stakeholders	The World Bank	
8.4.		Lack of a regional mechanism for financial and logistic disbursements during disaster situation	African Development Bank	
9.	**OPERATIONAL RESEARCH**			
9.1.	Existence of public health research institutions experienced in conducting quality operational and epidemiological research	Inadequate regional one health operational research and interventions	Establishment of the East African Health Research Commission	Inadequate communication between researchers and policy makers
9.2.	Existence of multi-disciplinary research experts/consortia/ networks in the region & in Partner States	Inadequate dissemination and utilization of research findings in planning and policy making	Occurrence of emerging/re-emerging pandemic threats	Global economic crisis
9.3.	Existence of regional research Forum: Annual East African Health Scientific Conference and Exhibition	Inadequate web-based public health pre-pared-ness and response information sharing	Baseline information on epidemics are existing in different countries/ institutions	Competing priorities of the donor and lack of government commitment after do-nor withdrawal
9.4.	Existence of research information sharing system Annual East African Health Scientific Conference and Exhibition	Lack of a regional ethical review board	Existence of political will Establishment of the East African Health Research Commission	Donor-driven research interest

Annex 3: Terms of Reference for EAC-Contingency Plan Officers

Regional Coordinating Officer
Position level: 5

EAC Secretariat organizational unit: Health Department

Purpose: To ensure full implementation of EAC One Health contingency plan.

Responsibilities:

- To coordinate the work of the crisis management structure at the EAC secretariat and convene the team meetings according to schedule.
- To establish and maintain regularly updated database of all experts that are fix or potential members of rapid response and any other team of the EAC One Health Contingency plan
- To activate the RRT from time to time.
- To submit quarterly reports to Deputy Secretary General Productive and Social Sectors (DSGPSS)/Regional committee.
- To coordinate the establishment of a Regional Public Health Emergency Operating Center (equipped with teleconference facilities).
- To coordinate the continuous regional risk/crisis assessment process and communication.
- To liaise with Partner State ministries responsible for Public health, Animal Health, Environmental Health and other relevant ministries and international development partners.
- To allow local preparedness and response teams (epidemiologists and laboratory scientists) to receive timely alerts for rumors or signals that will need verification, followed by investigation.
- To work closely with international and regional organization (WHO,OIE,FAO, AU-IBAR..) to promote best practices regarding framework, management, processes, standards, datasets, and regulations that shape Partner State surveillance platforms.
- To liaise with the EAC DSGPSS, act with appropriate urgency to mobilize the appropriate resources in support of the response of the affected Partner State, and development partners within and outside the EAC.
- To assist Partner States to address gaps in their compliance with the International Health Regulations and OIE Terrestrial and Aquatic Animal Health code and conduct joint collaborative reviews.
- To coordinate the review and harmonization of policies and legislation with the EAC Secretariat regarding zoonotics diseases and communicable diseases.
- To establish an annually updated inventories of Field Epidemiology and Laboratory capacities in the EAC and existing laboratory linkages.
- To coordinate all joint regional actions for preparedness and response.
- To coordinate trainings for the workforce / pool of experts.

Regional Risk/Crisis Communication Officer
Position level: 4

EAC Secretariat organizational unit: Health Department

Purpose: To ensure full implementation of the EAC-OH Risk and Crisis Communication Strategy.

Responsibilities:

- As Head of Risk and Crisis information responsible for risk and crisis communication at the regional level (RCC Spokesperson):
  - Implement the regional risk and crisis communication strategy
  - Develop further SOPs (e.g. on communication time lines, approval hierarchies, use of communication instruments, communication channels)
  - Test SOPs in simulations at a regular basis
  - Advise the SG on all emergency units on all risk and crisis communication matters
  - Establish and liaise with a pool of key regional and national media representatives
  - Train these media representatives on issues of pandemic preparedness and one health
  - Conduct and coordinate adequate continuous risk communication (develop, reconcile and distribute content of all communications and awareness raising material)
  - Conduct and coordinate crisis communication and awareness raising throughout emergencies
  - Establish and apply risk and crisis communication instruments including social media
  - Coordinate and coordinate risk and crisis communication at the EAC Secretariat level and with Partner States
  - Assure risk and crisis communication with 'ONE VOICE'
  - Drafting of regional documents
- Liaise with the EAC Corporate communication team at a regular basis.
- Regularly liaise and meet with the risk and crisis communication experts in charge at Partner States level.
- Regularly liaise with the risk and crisis communication experts of international organisations (e.g. WHO, FAO, OIE, CDC) and establish joint structures for emergency situations.
- To submit quarterly reports to the RCO.
  - Regularly liaise with the Regional Public Health Emergency Operating Center (equipped with teleconference facilities) to receive and update information on risk and crisis communication to inform decision making
  - Regularly liaise with surveillance units and research institutes to receive timely information on new hazards and identified risks
- Coordinate the continuous regional risk/crisis assessment process and communication.
  - Initiate and coordinate trainings for the workforce / communication pool of experts
  - Advise on and coordinate capacity building and training in Partner States on risk and crisis communication

Regional Operations and Logistics Officer
Position level: 4

Responsibilities:

- To coordinate and facilitate meetings of Operations and Logistics team according to schedule.
- To establish and update database of all Logistics and operations experts.
- To submit quarterly reports to RCO.
- To implement logistics and operation functions of the establishment of a Regional Public Health Emergency Operating Center (equipped with teleconference facilities).
- To implement Logistics and operation functions of joint regional actions for preparedness and response.
- Procurement, maintenance and distribution of equipment and supply for emergency response.
- Maintenance of safety and security.
- To oversee the quality assurance of logistics and operation functions.

Regional Planning and Finance Officer
Position level: 4

Responsibilities:

- To coordinate and facilitate meetings of Finance and Planning team according to schedule.
- To establish and update database of the finance and planning team.
- To submit quarterly reports to RCO.
- To implement finance and planning operation functions of the establishment of a Regional Public Health Emergency Operating Center (equipped with teleconference facilities).
- To undertake emergency cost accounting, audit and reconciliation.
- To implement finance and operation functions of joint regional actions for preparedness and response.
- To generate plans and budget to operationalize the contingency plan.
- To generate the financial report of the CP.
- To establish effective finance policies and controls.
- To oversee the quality assurance of Finance and Planning operation functions.

Regional Risk Assessment Officer
Position level: 4

Responsibilities:

- To coordinate routine activities of data management and risk assessment team.
- To establish and update database of the 'data management and risk assessment' team.
- To submit monthly reports to RCO.
- To ensure data warehouse of a Regional Public Health Emergency Operating Center is regularly updated and data are regularly shared.
- To coordinate the continuous regional risk assessment process and reporting.
- To coordinate joint regional data management activities.

Annex 4: Terms of Reference for EAC Contingency Plan Teams

2. Regional Management Committee (RMC)

Category: Policy-level advisory

Coordination: RCO

Chair: Rotational basis among partners representing the EAC Partner States.

Purpose: To provide guidance on the implementation of the EAC One health Contingency plan, to approve activity plans and budget and monitor implementation of all activities.

Composition:

- One EAC representative from the Health Department
- One EAC representatives from Livestock / Wildlife / Trade on needs basis
- One ECSA-HC representative
- Director General/Chief Medical Officers of Partner States
- National director of environment of Partner States
- National director of veterinary services / Chief Veterinary Officer of Partner States
- WHO country office - Disease Prevention and Control Officer
- FAO country representative / Livestock officer or sub regional officer
- OIE sub regional representative for East Africa
- National Health Emergency preparedness and response "One Health Coordinator"

Responsibilities:

1. The RMC shall promote collaboration and provide guidance to sharing of experts and laboratory facilities, sharing data and advice the EAC-SG on resource allocation. It will also mobilize technical and financial resources and coordinate external financial and technical support. Furthermore, it will participate actively in simulation exercises and evaluate competence of the various teams during such exercises:

- Assess training and capacity building needs
- Support training and resource allocation for capacity building
- Report to and inform the policy group of the regional situation and assist periodic hazard level grading
- Advise key actions to prevent public health emergencies
- Provide guidelines and training to Partner State teams on response actions and procedures

2. The RMC shall receive alert reports, deliberate, make decisions on follow up actions and direct RRTs accordingly. It will also make decisions and give directives on sharing expertise and other resources including laboratory facilities, case management facilities and data. It will furthermore coordinate and monitor regional response to a public health event and mobilize resources and external technical and financial support.

- Provide ToR for RRT
- Nominate candidates for RRT
- Initiate deployment through crisis management structure
- Provide technical guidance to RRT throughout deployment

3. The RMC shall conduct periodic reviews of progress towards recovery, assess needs requirements and guide demobilization process to prevent rebound. It shall also continue coordinating regional efforts and external technical and financial support.

- Assure feedback of deployment to Workforce / Pool of Experts

3. Regional Risk and Crisis Communication Team (RRCT)

The RCCT will function will coordinate and advise the EAC Secretariat and Partner States on matters of risk and Crisis Communication during the preparedness , Crisis and recovery phases

Category: Technical-expert level

Coordination: RRCCO

Purpose: Assist the Risk and Crisis Communication Officer to implement the EAC Contingency Plan risk and crisis communication strategy. Liaison with the RCCO and assist in developing and applying risk and crisis communication instruments including raising awareness, develop activity plans and budget and monitor the implementation of all risk and crisis communication activities at the regional level. Provide risk communication on hazards and identified risks in order to prevent outbreaks of infectious diseases of public health concern and provide adequate crisis communication including awareness raising to mitigate the impact of outbreaks and epidemics.

Composition:

- One EAC representative from the Health Department
- One EAC representative from Corporate Communications Department
- One EAC representative from Agriculture / Wildlife // Trade / Tourism on needs basis
- One EAC representative from Environmental Health
- Risk and crisis communication officers from Partner States in line with the One Health approach
- WHO/FAO/CDC country offices – Communication officers – according to the individual case.

Members of this team must have a sound communications background and a thorough understanding of health-related topics. Experience in risk and crisis communication is an asset.

Responsibilities:

- The RRCCT shall promote collaboration and provide guidance to sharing, disseminating information and resource allocation. It will mobilize technical and financial resources and coordinate external financial and technical support. Furthermore, it will participate actively in simulation exercises and evaluate competence of the various teams during such exercises.
    - Assess training and capacity building risk and crisis communication needs
    - Support training and resource allocation for capacity building
    - Report to and inform the policy group of the regional situation and assist periodic hazard level grading
    - Advice key actions to prevent public health emergencies
    - Provide guidelines and training to Partner State teams on response actions and procedures
- The RRCCT shall receive alert reports, deliberate, make decisions on follow up actions and disseminate information accordingly from RCCO It will also make decisions and give directives on sharing expertise and other resources including risk and crisis communication.

- The RRCCT shall conduct periodic reviews of progress towards risk and crisis communication, assess information needs and guide information dissemination.

- Assure feedback of deployment to Workforce / Pool of Experts.

4. Regional Operations and Logistics Team
Category: Technical-expert level

Composition:

- One EAC representative
- Representation of Partner State from Logistic and Operations services
- International Partners providing key support to the event:
    - WHO country officer for disease prevention and control.
    - FAO -ECTAD sub-regional logistic officer

Responsibilities:

- Preparing regional public health emergency logistics and operations guidelines including surveillance (FELTP and Laboratories), case management, Community mobilization and psychosocial support.
- Convening periodically regional logistics and operations experts to develop strategies for regional logistic support and operations capacity building and to conduct simulation exercise
- Training Partner State teams to understand key logistics elements and operations in the event of a public health emergency.
- Producing logistics guide and operations templates for specific public health emergencies.
- Prepare regional public health emergency logistic support needs and related supplies in the event of a regional public health emergency.

- Identify regional logistic supplies and suppliers, and ensure that the regional stock pool is maintained at all times.
- Lead a regional team of experts to support Partner State in meeting their logistics needs implementing field operations in the event of a public health emergency.
- Report to the RMC on prepared plans and their implementation during a public health emergency.
- Report to the RMC on the implementation of logistic activities, achievements and how constraints were solved during a public health emergency.
- Assist affected Partner State to monitor and evaluate logistics support and operations performance, and review strategies accordingly.
- Assist Partner States through the gradual demobilization process and guide gradual reduction of logistic support to prevent rebound.
- Assist Partner States to redefine logistic support, operational needs and allocate resources accordingly.
- Guide Partner States on retention of logistic support and operations capacities built during preparedness and response periods.

5. Regional Planning and Finance Team
Category: Technical-expert level

Composition:

- One EAC representative
- EAIDSNet representative
- Representative of Partner State of Finance and Planning Services
- Representative of Lab Veterinary Services of Partner States
- International Partners providing key support to the event
  - WHO country officer for disease prevention and control
  - FAO-ECTAD sub regional Epidemiologist

Responsibilities:

- Prepare regional planning and finance guidelines for public health emergencies.
- Identify regional planning and finance experts for public health emergencies from the health, livestock and wildlife sectors and maintaining an inventory of such experts.
- Convene periodic team meetings to develop strategies for implementation during a public health emergency event.
- Plan for and participate in simulation exercises.
- Train Partner State teams to understand key planning and finance elements and procedures in the event of a public health emergency.
- Produce planning and finance templates for specific public health emergencies.
- Lead a regional team of experts to support Partner State in planning and coordinating public health emergency interventions.
- Assist Partner States to monitor implementation of their planned activities and make revisions as may be necessary to enhance impact.
- Report to the RCO/RMC on prepared plans and their implementation during a public health emergency.
- Resource mobilization to support the country in crisis.
- Assist Partner States to establish and implement effective recovery plans.
- Assist Partner States to evaluate the implementation of recovery plans and make revisions accordingly.

6. Regional Risk Assessment and Data Analysis Team
Category: Technical-expert level

Composition:

- One EAC representative
- Representatives of key regional networks like the EAPHLN, EARLN, EAREN Field Epidemiology representative
- EAIDSNet representative
- Representative of Partner State of Health Services

- Heads of National Rapid Response Teams
- Representative of Lab Veterinary Services of Partner States
- Representative of AU-IBAR
- International Partners providing key support to the event
    - WHO country officer for disease prevention and control
    - FAO -ECTAD sub-regional Epidemiologist

Responsibilities:

- Identification of risks of the regional concern
- Assess the situation and devise strategies to address public health needs
- Propose risk mitigation measures
- Design and implement tools/guidelines for risks management
- Participate in meetings for the public health emergency
- to establish and budget the plan for risk assessment

7. Regional Response Team

Category: Technical-expert level

Responsibilities: The team is only composed during response and recovery

- Conduct public health emergency investigations, risk communication, surveillance, data management, laboratory confirmation, supplies management, training health workers, case management, infection prevention and control, contact tracing, follow up
- Assess the situation and devise strategies to address public health needs
- Advise the host country's ministry responsible for health on appropriate interventions regarding the current emergency and for future ones
- Prepare a report and debrief the host country on the public health emergency detailing lessons learnt, successes and limitations of the response
- Participate in the national task force meetings for the public health emergency
- Hold review meetings
- Participate in post deployment recovery activities

Annex 5: Short, mid and long term activities of the EAC-OH CP (2018-2023)

One Health Planning and coordination					
No	**Short term (2018-2019)**	**Midterm (2020-2021)**	**Long term (2022-2023)**	**Responsibility - lead agency/ office/personnel**	**Indicative Budget in USD**
1.	Establish the crisis management structure at EAC secretariat (RCO, Risk Assessment and Data Analysis officer, and units for Planning and coordination, operations & logistics, and risk and crisis communication and finance). Facilitate their meetings	Evaluate functionality of the EAC crisis management structure and update/revise accordingly	Evaluate functionality of the EAC crisis management structure and update/revise accordingly	EAC Secretariat, Health Department; Sectoral of Health, EAC Council of Ministers	480,000
2.	Develop regional deployment plan and procedures for emergency response including rapid recruitment and deployment of a RRT	Update regional deployment plan and procedures for emergency response including rapid recruitment and deployment of a RRT	Update regional deployment plan and procedures for emergency response including rapid recruitment and deployment of a RRT	EAC Secretariat Health Department through the RCO	200,000
3.	Establish regional One Health emergency preparedness and response workforce inventory	Facilitate establishment of emergency operation centers in Partner States in collaboration with partners	Update annually the public health emergency preparedness and response work force	EAC Health Department, EAC Partner States	50,000
4.	Establish a Regional Public Health Emergency Operating Center (equipped with teleconference facilities)	Assess functionality of the Regional Public Health Emergency operating Center	Assess functionality of the center and equipment maintenance accordingly	EAC Secretariat, Health, the Sectoral Council of Health	300,000
5.	Establish a database for rapidly deployable experts and provide personnel to regularly feed and update it	Test the database in simulations	Evaluate the functionality of the database	EAC Secretariat Health and the other core areas in One health like Animal Health	300,000
6.	Plan and conduct simulation exercises (Table Top and Field Cross Border Simulations)	Plan and conduct simulation exercises	Conduct regular simulation exercise	EAC Secretariat – Led by Human and Animal Departments, EAC Partner States	400,000
7.	Establish a mechanism of data sharing, information, and response between the EAC and	Operationalize the data sharing mechanism between EAC &	Revise data sharing mechanism between EAC and Partner	EAC Secretariat health Department, Sectoral	300,000

No	Short term (2018-2019)	Midterm (2020-2021)	Long term (2022-2023)	Responsibility - lead agency/ office/personnel	Indicative Budget in USD
	Partner States	Partner States	States annually.	Partner States MoH	
8.	Establish a regional webpage for regular update of surveillance and emergency status and open online discussions on preparedness and response	Update regional website	Update regional website	EAC Department of Health	100,000
9.	Establish a regional One Health platform	Operationalize the regional One health platform	Review the regional one-health platform activities.	EAC Secretariat Human, Animal and Environmental Health Departments	150,000
10.	Establish a One Health Coordination Desk	Operationalize the One Health Desk	Review activities of the One Health Desk	Health Desk, Sectoral Council of Health	200,000
11.	Establishment of a One Health Implementation Team at the EAC Secretariat	Operationalize One Health Implementation Team at the EAC Secretariat	Review the activities of the One Health Implementation Team at the EAC Secretariat	EAC Secretariat, Health Department DSG –PSS	0
12.	Conduct a Quarterly multi-sectoral one-health experts meeting within EAC and Annually for Partner State.	Monitor the activities of multi-sectoral one health experts meetings and evaluate their effectiveness	Update annually the Term of Reference for the Experts meeting on one health approach	EAC Health Department,	90,000
13.	Integrate other disciplines in the Technical Working group on Communicable diseases	Sustainable integration of disciplines relevant to the One Health approach in TWGs and processes	Sustainable integration of disciplines relevant to the One Health approach in TWGs and processes	EAC Health Department, Sectoral Council of Health	120,000
14.	Develop SOPs for the Implementation of the Regional one health Contingency plan	Test the SOPs developed for the Implementation the Regional One health Contingency	Review and Update the SOPs for the Implementation the Regional One health Contingency	EAC Department of Health , TWG on communicable Diseases, Sectoral Council of Health	100,000
	Sub total				**2,790, 000**
Operations –surveillance, Field epidemiology and laboratory					
1	Develop and Operationalize the regional One Health framework for cross border surveillance and contact tracing using	Review the implementation of the regional One Health framework for cross border surveillance and	Revise the institutional One Health framework for cross border surveillance and contact tracing	EAC Secretariat Departments Responsible for Human, Animal and Environmental Health	**250,000**

No	Short term (2018-2019)	Midterm (2020-2021)	Long term (2022-2023)	Responsibility - lead agency/ office/personnel	Indicative Budget in USD
		contact tracing			
2	Establish One Health standard operating procedures and joint training for Port of entry procedures	Training and coordination / harmonization of One Health SOPs for Port of entry procedures	Review the performance of One Health joint training for Port of entry procedures and impact in relation to capacity built	**EAC Health Department ,** **EAC Partner States**	**120,000**
3	Establish a Regional exchange/visit program (Field Epidemiology, laboratory, faculty, port of entry staff)	Perform regular exchange (Field Epidemiology, laboratory, faculty, port of entry staff)	Review performance (Field epidemiology, laboratory, faculty, port of entry staff)	EAC Secretariat –	**150,000**
4	Establish/Strengthen a regional network for One Health	Operationalize the regional One Health Network	Review the regional one health Network	EAC Human , Animal and Environmental Health departments, Stakeholders	**150,000**
5	Plan and conduct regional simulation exercise	Implement a regional simulation exercice	Continue regular periodic regional simulation exercises and evaluate performance improvements	EAC Department Animal Environment and Human Health, Partner States	**300,000**
6	Prepare a plan for regional One health harmonized curricula and training for intermediate and lower cadres of FE and laboratory	Develop regional One Health harmonized curricula and training for intermediate and lower cadres of FE and laboratory	Implement harmonized One Health regional training for intermediate and lower cadres of FE and laboratory and evaluate impact periodically	EAC Secretariat, IUCEA, Universities in EAC.	**85,000**
7	Prepare a plan to establish designated regional centers of excellence for specific pathogens/ pathogen groups and obtain high level endorsement	Establish designated regional centers of excellence for specific pathogens/ pathogen groups	Conduct periodic assessment of capacities and performance of designated regional centers of excellence for specific pathogens/ pathogen groups	EAC Secretariat(Human and Animal Departments), Sectoral Council of Health	**120,000**
8	Establish regional training programs to build capacities in biosafety and biosecurity	Evaluate training output and deployment of trainees in biosafety and biosecurity	Conduct periodic assessment of capacities and performance of the regional training programs	**EAC Human health, Animal Health Departments, Sectoral Council Universities in EAC**	**120,000**

No	Short term (2018-2019)	Midterm (2020-2021)	Long term (2022-2023)	Responsibility - lead agency/ office/personnel	Indicative Budget in USD
					1,295,000
Case management					
1	Develop Regional guideline for establishing case holding and management (infection prevention and control) centers	Establish case holding and management (infection prevention and control) centers	Assess the standards and operating capacities of case holding and management (infection prevention & control) centers against established guidelines	EAC Human Health Department and TWG responsible for Communicable Diseases	**120,000**
2	Conduct a needs assessment for establishing tailor made training for case management and prevention of highly infectious pathogens	Establish tailor made training for case management of highly infectious pathogen patients	Evaluate the performance and impact of the tailor made training for case management of highly infectious pathogen patients	EAC Human Health Department and TWG responsible for Communicable Diseases, Partner States	**150,000**
3	Establish a regional training of trainers for decontamination and safe burial/disposal procedures for human and animal	Establish a regional training of trainers for decontamination and safe burial/ disposal procedures for Human and Animal	Assess the impact of the established regional training of trainers for decontamination and safe burial/disposal procedures for Human and Animal	EAC Human Health and Animal Departments and TWG responsible for Communicable Diseases	**120,000**
4	Develop harmonized SOPs for handling highly pathogenic infections (case management, safe burials/Disposal	Develop harmonized SOPs for handling highly pathogenic infections (case management, safe burials/Disposal)	Assess the implementation of harmonized SOPs for handling highly pathogenic infections (case management, safe burials/ disposal)	EAC Human Health Department and TWG responsible for Communicable Diseases	**120,000**
					510,000
Communication (Behavioral Change Communication, Risk and Crisis Communication)					
A	Behavioral Change Communication (BCC)				
1	Conduct formative assessment on BCC (situational analysis)	Implement the assessment findings	Continue	EAC Human Health Department and TWG	40,000
2	Develop BCC Strategy	Operationalize the BCC Strategy	Revise the BCC Strategy	EAC Human Health Department and TWG	120,000

No	Short term (2018-2019)	Midterm (2020-2021)	Long term (2022-2023)	Responsibility - lead agency/ office/personnel	Indicative Budget in USD
	Develop capacity for BCC	ongoing	Ongoing	EAC Human Health Department and TWG	50,000
3	Develop Key Messages	Disseminate the key messages developed	Review the key message and adjust accordingly	EAC Human Health Department and Partner States MOH	30,000
4	Produce IEC materials	Disseminate the IEC material	Review and update the IEC materials	EAC Human Health Department and Partner States MOH	50,000
5	Disseminate messages	Continue	Continue	EAC Human Health Department and Partner States MOH	50,000
6	Monitoring and evaluation for BCC Strategy	Continue	Continue	EAC Human Health Department and Partner States MOH	60,000
					400,000
B	**Risk and Crisis Communication (RCC)**				
B1	**Risk Communication**				
1	Risk assessment based on available data	Continue doing risk assessment	Review the risk assessment reports	EAC Health Department and Partner States	30,000
2	Develop a RCC Strategy with SOPs	Implement a RCC Strategy with SOPs	Review and update the RCC Strategy and SOPs	EAC Health Department and TWG on Communicable Disease	120,000
3	Build capacity for RCC through training at regional and national level	Continue	Evaluate Capacity	EAC Health Department and EAC Partner States	150,000
4	Test RCC SOPs in simulation exercises	Improve the RCC SOPs based on	Continue improving RCC SOPs	EAC Health Department and TWG on Communicable Disease	refer to simulation Budget
5	Engage a Risk and Crisis Communication expert to support the EAC Secretariat	Liaise with Partner States to share information on risk and crisis communication	Establish a unit of Regional Risk and Crisis Communication under Health Department	EAC Health Department, Sectoral Council of Health, EAC Council of Ministers	250,000

No	Short term (2018-2019)	Midterm (2020-2021)	Long term (2022-2023)	Responsibility - lead agency/ office/personnel	Indicative Budget in USD
6	Advocate and build a partnerships for risk communication	Continue	Continue	EAC Health Department and TWG on Communicable Disease, Partner States	100,000
7	Continuous communication with stakeholders for informed decision making	Continue	Continue	EAC Secretariat, Health Department and Partner States	Refer to RCC Expert engagement budget
8	Community engagement	Continue	Continue	EAC Health Department, Partner States	100,000
	Media engagement	Continue	Continue	EAC Secretariat and Partner States	20,000
					770,000
B2	**Crisis Communication**				
1	Establish crisis communication command center at regional level	Operationalize the regional crisis communication command center	Continue	EAC Secretariat, Health Department, Sectoral Council of Health	120,000
2	Coordinate outrage management and designate a spokesperson	Continue	Continue	EAC Secretariat and SG	
3	Stakeholder relations	Continue	Continue	EAC Secretariat and SG	Refer to BCC Stakeholder engagement
4	Establish media relations	Continue	Continue	EAC Secretariat	10,000
	Subtotal Crisis Communication				**130,000**
	Total Communication				**1,350,000**
Psycho- Social Support(PSS)					

No	Short term (2018-2019)	Midterm (2020-2021)	Long term (2022-2023)	Responsibility - lead agency/ office/personnel	Indicative Budget in USD
1	Develop a plan for psycho social support in the EAC	Implement the plan of psycho social support	Assess and review the Regional Psycho social support plan	EAC Health Department, Partner States , Sectoral Council of Health	120,000
2	Establishing a regional psycho-social training program	Establish a regional psycho-social support resource center	Assess performance of the established regional psycho-social support resource center	EAC Health Department, Partner States , Sectoral Council of Health	**250,000**
3	Integrate PSS experts in RRT	Continue	Continue	EAC Health Department, , Sectoral Council of Health	**50,000**
					420,000
Logistics					
1	Conduct mapping of stakeholders for logistics support sources and capacities	Update stakeholders map/inventory for logistics support sources and capacities	Update stakeholders map/inventory for logistics support sources and capacities	EAC Health Department – Logistics and Operations Office	**100,000**
2	Establish modus operandi for obtaining logistic support (MoU, LoA, etc.)	Implement the modus operandi for obtaining logistic support (MoU, LoA, etc.)	Assess and review performance of the modus operandi for obtaining logistic support (MoU, LoA, etc.)	EAC Secretariat, EAC Health Department	**90,000**
3	Conduct a needs assessment for a regional stockpile pool for essential emergency commodities.	Establish a Regional stockpile pool for essential emergency commodities	Review performance of the established Regional stockpile pool for essential emergency commodities	EAC Health Department, EAC Partner States	**60,000**
4	Establish a Regional stockpile pool of essential emergency commodities	Continue	Continue	EAC Secretariat, EAC Partner States	**900,000**
					1,150,000
Budget and resource mobilization					

No	Short term (2018-2019)	Midterm (2020-2021)	Long term (2022-2023)	Responsibility - lead agency/ office/personnel	Indicative Budget in USD
1	Map current national fund allocations for emergency preparedness and response and Develop a regional protocol for the establishment of a regional public health emergency fund.	Establish a regional fund for public health emergency preparedness and response	Evaluate periodically the performance of the regional fund for public health emergency preparedness and response	**EAC Health Department – Operations and Finance**	**120,000**
2	Secure Partner State approval and commitment for establishment of a REPR Fund	Establish a regional budget line (vote) for REPR Fund	Maintain and strengthen a regional budget (vote) for REPR Fund	**EAC Secretariat, EAC Partner States, EAC Council of Ministers**	**30,000**
3	Develop a regional strategy for resource mobilization	Implement the regional strategy for resource mobilization	Strengthen regional strategy for resource mobilization	EAC Health Department and EAC Resources Mobilization office	**120,000**
4	Develop a Regional Pandemic Response Fund	Regional Pandemic Fund establishment	Evaluate operationalization and upkeep of the Regional Pandemic Fund	EAC Secretariat, EAC Partner States, EAC Council of Ministers	**120,000**
	Subtotal				**390,000**
Monitoring and Evaluation					
1	Operationalize the regional M&E framework of experts	Midterm M&E Continues	M&E Continues	EAC Health Department and Partner States	**120,000**
2	Conduct regular M&E Experts Meetings at the regional level	Conduct regular M&E Meetings at the regional level	Conduct regular M&E Meetings at the regional level	EAC Health Department and Partner States	**150,000**
	Subtotal				**270,000**

No	Short term (2018-2019)	Midterm (2020-2021)	Long term (2022-2023)	Responsibility - lead agency/ office/personnel	Indicative Budget in USD
	GRAND TOTAL				**8,157,000**

Annex 6: Standard Operating Procedures (SOPs)

Currently, only one SOPs exists at the EAC Secretariat on **'Standard Operating Procedure for Coordination of Regional Preparedness & Response to Public Health Events and Emergencies in East Africa'**

This existing SOP needs to be aligned to this revised CP.

The other SOPs that are required will include but are not limited to

- SOP for needs assessment.
- SOP for health event grading.
- SOP for handling highly pathogenic infections (case management, burial)
- SOP for port of entry procedures.
- SOP for cross-border surveillance.
- SOP and joint training for Port of entry procedures.
- SOP for Infection Prevention and Control.
- SOPs for quarantine (animals and humans).
- SOPs for Decontamination of a transport vessel (i.e. ambulance) that has transported a Person under Investigation or Patient with an infectious disease like Ebola.
- SOPs for Establishing a care and treatment Unit, i.e. ETU.
- SOPs on Risk and Crisis Communication.

Annex 7: Contingency Plan Budget Summary

Budget Summary	
Planned Funds (USD)	
I. PLANNING AND COORDINATION	**2,790,000**
II. OPERATIONS SURVEILLANCE FETP & LAB	**1,295,000**
III.CASE MANAGEMENT AND INFECTION PREVENTION & CONTROL	**510,000**
IV. COMMUNICATION AND SOCIAL MOBILIZATION	**1,350,000**
V.PSYCHOSOCIAL SUPPORT	**420,000**
VI. LOGISTICS	**1,140,000**
VII. RESOURCE MOBILIZATION	**390,000**
VIII. MONITORING AND EVALUATION	**270,000**
GRAND TOTAL FOR THE CONTINGENCY PLAN	**8,165,000**

7.1 Annex 8: Monitoring and Evaluation Framework

ACTIVITIES UNDER MAIN AREA OF FOCUS	STATUS OF ACCOMPLISHMENT				MILESTONE
A. PLANNING AND COORDINATION ACTIVITIES	<25% Initiated	25-<75% Ongoing	75-<100% Near completion	100% Completed	State Milestone Reached
List activities here					
B. OPERATIONS: Surveillance, field epidemiology and laboratory	<25% Initiated	25-<75% Ongoing	75-<100% Near completion	100% Completed	State Milestone Reached[*xx]
C. OPERATIONS: Case managements	<25% Initiated	25-<75% Ongoing	75-<100% Near completion	100% Completed	State Milestone Reached
D. COMMUNICATIONS: Behavioural Change Commu-nication, Risk and Crisis Communication	<25% Initiated	25-<75% Ongoing	75-<100% Near completion	100% Completed	State Milestone Reached
E. LOGISTICS	<25% Initiated	25-<75% Ongoing	75-<100% Near completion	100% Completed	State Milestone Reached
F. FINANCE	<25% Initiated	25-<75% Ongoing	75-<100% Near completion	100% Completed	State Milestone Reached
G. MONITORING AND EVALUATION	<25% Initiated	25-<75% Ongoing	75-<100% Near completion	100% Completed	State Milestone Reached

[*] Milestones refer to the completion of sub-activities under each objective and are listed in Table 8 above (Activity log frame)

7.2 Annex 9: Contingency Plan Activities – Logframe

Summary of activities	Performance indicators	Source of verification	Assumption/s
One Health Planning and coordination			
Establish the crisis management structure at EAC secretariat (RCO, and units for Planning and coordination, operations, logistics and finance). Facilitate their meetings	• Crisis management structure established. • Units established • Meetings facilitated	• Availability of crisis management structure. • Existence of units. • Reports and Minutes of the meetings	• Political will • Resource availability
Develop regional deployment plan and procedures for emergency response including rapid recruitment and deployment of a RRT	• Regional plan developed	• Availability of the plan for dissemination.	• Resources
Establish regional One Health emergency preparedness and response workforce inventory	• Workforce inventory established	• Availability of the inventory document • Workforce inventory with categorized expert in place	• Resources
Establish a Regional exchange/visit program (Field Epidemiology, laboratory, faculty, port of entry staff)	• Regional exchange program established	• Mission reports • Number of visit conducted	• Political will • Resources
Plan and conduct simulation exercises	• Simulation exercises conducted	• Number of simulations conducted. • Simulation reports	• Re-sources
Establish a regional webpage for regular update of surveillance and emergency status and open online discussions on preparedness and response	• Regional webpage established	• Number emergencies reported in the regional webpage. • ICT infrastructure and materials available • Number of research published	• Political will • Resources
Establish a regional One health platform	• One Health platform established	• Availability of establishment documents. • Team of experts	• Political will • Resources
Conduct a Quarterly multi-sectoral one-health experts meeting within EAC and Annually for partner state.	• Experts meetings conducted	• Meeting reports. • Minutes	• Resources
Integrate other disciplines in the Technical Working group responsible on Communicable diseases	• Multi-sectoral/ Multi-disciplinary TWG integrated	• Reports on number of discipline integrated • ToRs	• Resources
Develop SOPs for the Implemen-	• SOPs developed	• SOP documents	• Resources

Summary of activities	Performance indicators	Source of verification	Assumption/s
tation of the Regional one health Contingency plan			
Operations –surveillance, Field epidemiology and laboratory			
Develop and Operationalize the regional framework for cross border surveillance and contact tracing using one health approach	• Regional framework developed	• Availability of regional framework document.	• Resources
Establish One Health standard operating procedures and joint training for Port of entry procedures	• One Health SOP established • Joint training carried out	• One Health SOP documents available • Training reports	• Political will • Resources
Establish a Regional exchange/visit program (Field Epidemiology, laboratory, faculty, port of entry staff)	• Regional exchange program established	• Mission reports • Number of visit conducted	• Political will • Resources
Establish/Strengthen a regional network for One Health	• Regional One health network established/Strengthened	• Establishment order available • Networking meetings reports	• Resources
Prepare a plan for regional One health harmonized curricula and training for intermediate and lower cadres of FE and laboratory	• One Health training curricula developed	• Training Curricula in place • Number of Institutions using the curricula.	• Political will • Resources
Prepare a plan to establish designated regional centers of excellence for specific pathogens/ pathogen groups and obtain high level endorsement	• Regional centers for excellence established	• Assessment reports on designated centers. • Number of Centers designated in the region	• Political will • Resources
Establish regional training programs to build capacities in biosafety and biosecurity	• Training program established	• Training reports.	• Resources
Case management			
Develop Regional guideline for establishing case holding and management (infection prevention and control) centers	• Regional guidelines for case management developed	• Guideline documents	• Resources
Conduct a needs assessment for establishing tailor made training for case management and prevention of highly infectious pathogens	• Need assessment conducted	• Assessment Reports.	• Resources
Plan to establish a regional training of trainers for decontamination and safe burial/disposal procedures for human and animal	• ToT plan established.	• ToT plan documents available.	• Resources
Develop harmonized SOPs for handling highly pathogenic infections (case management, safe	• SOPs for Highly infectious pathogens	• SOP documents	• Resources

Summary of activities	Performance indicators	Source of verification	Assumption/s
burials/Disposal	developed		
Communication (Behavioral Change Communication Risk and Crisis Communication)			
Develop BCC Strategy	Strategy in Place	Strategy	Resources
Develop Key Messages	Number of emergency issues of crisis nature addressed with BCC messages	Number of Messages	Resources
Produce IEC materials	Number of IEC materials developed	Number of IEC materials developed	Resources
Disseminate messages	Number of Messages disseminated	Number of channels disseminating messages	Resources
Monitoring and evaluation for BCC Strategy	Monitoring framework for BCC	Monitoring Indicators in place	Resources
Make plans and seek approval for establishing a regional psycho-social support resource center	Plans in place	Approved plans in place	Commitment from EAC secretariat
Risk assessment based on available data	Report in place	Report with recommendations to be undertaken	Resources Linkages with Partner States
Engage a Risk and Crisis Communication expert to support the EAC Secretariat	Expert recruited	Expert deployed	Resources Commitment from Develop-ment Partners
Develop a RCC Strategy with SOPs	Strategy in Place	Strategy with a Plan	Resources
Test RCC SOPs in simulation exercises	Recommendations and issues of modification identified	Report	Resources Simulation exercises implemented
Promote and support regional and partner State One health risk & crisis communication skill building	Number of Partner states collaborating and sharing information in areas of risk and crisis communication	Reports shared	Commitment from Partner States
Continuous communication to stakeholders for informed decision making	Number of correspondences and Media statements issued	Reports and correspondences	Resources and commitment to share information
Community engagement	Number of communities engaged	Reports	Acceptance of communities to comply with stakeholders information

Summary of activities	Performance indicators	Source of verification	Assumption/s
Establish crisis communication command center at regional level	Command center in place	Guidelines for operationalizing command center	Resources Commitment from EAC
Coordinate outrage management and designate a spokesperson	Spokesperson in place	Guidelines	Resources
Engage Stakeholder	Number of stakeholders engaged	Reports	Commitment among stakeholders
Establish media relations	Number of Media Houses engaged	Media reports published	Commitment from Media Houses
Monitor and evaluate the crisis communication activities	Monitoring framework in place	Indicators to monitor	Resources
Logistics			
Conduct mapping of stakeholders for logistics support sources and capacities	Stakeholder mapping conducted	Reports	Resources
Establish modus operandi for obtaining logistic support (MOU, LOA, etc.)	Modus Operandi established	Number of MOUs and LOA available.	Resources
Conduct a needs assessment for a regional stockpile pool for essential emergency commodities.	Need assessment conducted	Assessment reports	Resources
Budget and resource mobilization			
Map current national fund allocations for emergency preparedness and response and	• National funds for emergencies mapped	• Reports	• Resources
Develop a regional protocol for the establishment of a regional public health emergency fund.	• Regional protocol for emergency fund developed	• Protocols for emergency fund in place	• Resources
Secure partner state approval and commitment for establishment of a REPR Fund	• REPR establishment approved	• Approval document	• Political will
Develop a regional strategy for resource mobilization	• Regional strategy for resource mobilization developed	• Resource Mobilization strategy available	• Resources
Develop a Regional Pandemic Response Fund	• Regional pandemic Response fund developed	• Budget line for pandemic response in place	• Political will Resource
Operationalize the regional M&E team of experts	M&E team of experts operationalized	Operationalization documents	Resources
Conduct regular M&E Meetings at the regional level	M&E meetings conducted	Meetings reports	Resources

8 Glossary

Term	Definition
Affected area:	A geographical location specifically for which health measures have been recommended by WHO under these regulations.
Behavior change communication (BCC):	An interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall program) to develop communication strategies to promote positive behaviors which are appropriate to their settings. This in turn provides a supportive environment which will enable people to initiate, sustain and maintain positive and desirable behavior outcomes.
Crisis communication:	Refers to the information that is exchanged by and between public authorities, organizations, the media, affected individuals and groups before, during and after a crisis. When Risk communication breaks down or is overwhelmed by the events then crisis communication sets in to mitigate the situation.
Disease:	An illness or medical condition, irrespective of origin or source that presents or could present significant harm to humans.
Endemic:	Refers to the constant presence and/or usual prevalence of a disease or communicable agent in a population within a geographic area.
Epidemic:	The occurrence in a community or region of cases of an illness, specific health – related behavior, or other health – related events clearly in excess of normal expectancy. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.
Event:	A manifestation of disease or an occurrence that creates a potential for disease.
Health:	A relative state in which one is able to function well physically, mentally, socially, and spiritually in order to express the full range of one's unique potentialities within the environment in which one is living.
Health Crisis:	For the purposes of this Plan, the focus is on health crises arising from outbreaks of new, acute or re –emerging communicable diseases that pose a threat of international spread. In general, a health crisis is an event that exceeds the ability of the health system to contain spread and avoid excess morbidity and mortality, perhaps occurring from a disease outbreak, a natural disaster or some other event.
Health measure:	Procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures.
Ill person:	An individual suffering from or affected with a physical ailment that may pose a public health risk.
Information, education and communication (IEC):	The WHO operational definition of Information, education and communication (IEC) refers to a public health approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. IEC materials may include among others; flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. as a means of promoting desired, positive behaviors in the community.

Invasive: The puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive.

Isolation: Separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination.

Medical condition: Refers to all diseases, illnesses, and injuries except for mental disorders. (Refer to the Diagnostic and Statistical Manual of Mental Disorders (DSM), the widely used psychiatric manual that defines all mental disorders, uses the term).

One Health: The collaborative effort of multiple disciplines working locally, nationally, and globally, to address critical challenges and attain optimal health for people, domestic animals, wildlife, and our environment. One Health Commission: http://www.onehealthcommission.org/

Pandemic: Refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people.

Pathogen: An Organism that Causes Disease in Human beings, Such as a bacterium, virus, parasite or fungi.

Personal Protective Equipment (PPE): PPE is equipment that is designed to protect workers from Serious workplace injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Besides face shields, safety glasses, hard hats, and safety shoes, protective equipment includes a variety of devices and garments such as goggles, coveralls, gloves, vests, earplugs, and respirators. Without sufficient training in its use, removal and disposal, PPE will not provide effective protection.

Public Health: Public health is the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.

Public Health Emergency: An occurrence or imminent threat of an illness or health condition, caused by events including an epidemic or pandemic disease, that poses a substantial risk of a significant number of human fatalities or permanent or long – term disability.

Public health emergency of international concern: An extraordinary event which is determined, as provided for in IHR regulations

i. to constitute a public health risk to other States through the international spread of disease; and

ii. to potentially require a coordinated international response.

Public Health Event: any occurrence that may have negative consequences for human health, including those that have potential and those may require coordinated response.

Public health observation: The monitoring of the health status of a traveler over time for the purpose of determining the risk of disease transmission.

Public health risk: A likelihood of an event that may adversely affect the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger.

Quarantine: The restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination; whose presence may constitute a public health risk.

Reservoir:	An animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk.
Risk analysis:	The process for controlling situations where populations or ecological systems could be exposed to a hazard. It usually comprises three steps, namely risk assessment, risk management, and risk communication.
Risk assessment:	The identification, evaluation, and estimation of the levels of risks involved in a situation, their comparison against benchmarks or standards, and determination of an acceptable level of risk. It includes hazard identification; hazard characterization; exposure assessment; and risk characterization.
Risk communication:	Refers to the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being. The ultimate purpose of risk communication is to enable people at risk to take informed decisions to protect themselves and their loved ones against threats. Risk communication is thus a continuous and pro-active process.
Surveillance:	Ongoing, systematic collection, analysis, and interpretation of health data, essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination to those who need to know.
Zoonotic Disease:	A disease that can be passed between animals and humans. Zoonotic diseases can be caused by viruses, bacteria, parasites, and fungi.

EAPHLN Regional Surveillance TWG who developed the concept and First Draft of the Regional Contingency Plan

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