

# Pandemic Preparedness in the EAC Region

Supporting the East African Community in its advisory and coordinating role for the Partner States

## The challenge

The Secretariat of the East African Community (EAC) is mandated to offer advisory and coordinating support for the Partner States Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda in the prevention of and response to outbreaks of infectious diseases of public health concern. The EAC region has experienced numerous outbreaks in the past decade. These include Ebola, Rift Valley, Marburg, Dengue and Crimean Congo haemorrhagic fevers, Yellow Fever, Avian Influenza, Anthrax, Cholera, Polio, Hepatitis A and E and many more. Most of the pathogens are endemic in the region and pose a constant health risk.

The Coronavirus pandemic (COVID-19) clearly showed how quickly new pathogens that could emerge anywhere in our globalised world can spread to the region and jeopardise public health, economic stability and the livelihoods of citizens. The spread of infectious diseases is promoted by migration and trans-boundary trade, which is facilitated by the EAC common market, by tourism and by the impacts of climate change. To prevent and combat these outbreaks of infectious diseases, Partner States need to be prepared.

From the Ebola Virus Disease outbreak in West Africa (2014-2016) the international community learned that preventing and tackling epidemic causes requires close cooperation among various sectors and professions as reflected in the One Health approach to disease prevention and response coupled with organised and coordinated interventions across borders. High levels of risk awareness among relevant stakeholders and continuous horizontal and vertical cooperation and information exchange are also important to meet this objective.

The Ebola epidemic in West Africa revealed major gaps that accelerated the rapid spread of the disease. Two of them were the lack of rapid, clear and efficient communication tailored to the population with its specific cultural and social back-grounds

and of close cooperation between various disciplines. The latter is especially important as around two thirds of infectious diseases of epidemic potential are zoonoses, which can be transmitted between animals and humans. To this end, regional strategies and skills are needed that are lacking in the EAC.

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To be better prepared for future outbreaks of infectious diseases, the EAC Secretariat and the EAC Partner States declared the fight against infectious diseases a health priority for the region.

## Our approach

On behalf of the German Government GIZ assists the EAC Secretariat in its advisory and coordinating role in pandemic preparedness through the 'Support to Pandemic Preparedness in the EAC Region' (PanPrep) project. It contributes to putting the East African Community Regional Contingency Plan into practice and to institutionalising risk and crisis communication in the region.

PanPrep supports the Secretariat on the sustainable integration of One Health. The approach involves disciplines and sectors in pandemic prevention and response which are affected by an outbreak of an infectious disease of public health concern and can contribute to preventing it or to mitigating its impact.



Scenes from the One Health cross-border field simulation exercise at the Namanga border between Kenya and Tanzania. (Photos: GIZ/Lightincaptivity)

Also a healing effect: East African experts who fought the Ebola epidemic in West Africa share their experiences at a conference in Nairobi. (Photos: GIZ/Lightincaptivity)



Sectors involved include, but are not limited to human and animal health, environment and climate, agriculture and wildlife, trade, tourism and defence, communities and the media.

PanPrep offers technical expertise and builds capacity. It is practice-oriented and pursues a participative strategy that involves stakeholders from the EAC Partner States in all activities. Capacity development measures are designed to ensure that the acquired skills promote the countries' systems and cross-border cooperation in the long term. The regional approach aims to create structures and capacities relevant for all EAC Partner States to facilitate a uniform, effective, responsible and balanced approach in pandemic preparedness at regional and Partner States' governments' levels.

PanPrep aims at offering better protection for the population in the EAC region from infectious diseases that threaten public health with the overall objective of improving the population's health-related and economic situation. The project among others:

- Supports the development of Standard Operating Procedures (SOPs) and tests them under real-world oriented conditions;
- Facilitates the collaboration of sectors relevant for the prevention of and response to outbreaks of infectious diseases of public health concern in the spirit of One Health;
- Assists in the development of a post-graduate curriculum on pandemic preparedness under a One Health approach and its inclusion in syllabi of universities in the EAC region;
- Assesses regional and national response capacities and the status of implementation of the International Health Regulations (IHR) in cross-border field simulation exercises;

- Promotes cross-border response activities and harmonisation of national contingency plans and capacities with regional strategies;
- Facilitates the Africa-wide exchange of experiences in pandemic prevention and control and the development of best practices and lessons learned;
- Assists in establishing rapid response systems;
- Establishes and institutionalises risk and crisis communication in the region.

The project contributes to the EAC-German programme 'Providing support for the integration process to improve the health of the population in the East African Community (EAC)' and co-operates closely with related projects and programmes implemented by the German Development Bank (KfW). It collaborates with German Federal Institutes, and GIZ's Epidemic Preparedness Team as well as with regional and international organisations, such as the World Health Organization, the Organisation for Animal Health and the Africa Centres for Disease Control and Prevention.

### The benefits

When disease outbreaks with epidemic potential are detected early on and measures are taken more rapidly, everyone living in the EAC Partner States benefits. Often, the poor rural population is hardest hit by the impacts of epidemics, since they lack the knowledge and financial means to recognise health risks and protect themselves effectively. They also often have only limited access to health services and effective treatments and thus benefit particularly from the support measures for the EAC Secretariat, especially from improved risk and crisis communication.



Bringing your message across: Participants of a risk and crisis communication workshop in Nairobi train their roles in a mock press conference. (Photos: GIZ)

The application of the One Health approach facilitates a common response across sectors, which contributes to utilising synergies and accommodating different legitimate interests, which in turn can ease the social and economic effects of outbreaks.

### Success factors

The project aims to mainstream pandemic preparedness, implementation of the One Health approach and risk and crisis communication in regional structures and to develop capacities at regional level. It supports implementation of existing and development of new strategies. It strengthens networks and complements them with flanking measures. It involves a variety of national, regional and international partners in its activities, which facilitates utilising synergies, joining of forces and saving costs of individual measures. However, PanPrep's biggest success factor is the practical approach and the close on-site collaboration at regional and national levels.

### Achievements at a glance

- East African experts who supported their West African colleagues in the fight against Ebola between 2014 and 2016 exchanged their experiences for the first time. They developed lessons learned and derived recommendations which since then have influenced political strategy papers and decisions taken at national and regional levels. The recommendations were published and widely disseminated;
- Regional and national experts jointly reviewed the regional response to the bird-flu outbreak in Uganda in 2018 and developed lessons learned to be better prepared for future outbreaks;
- The Regional Contingency Plan was revised and both, the One Health approach and risk and crisis communication are now reflected in the plan and its emergency structure;
- A Regional Risk and Crisis Communication (RCC) Strategy was developed;
- Standard operating procedures were developed to putting the regional contingency plan and the RCC strategy into practice. They were tested in a cross-border Table Top Exercise and in a subsequent cross-border Field Simulation Exercise;
- The standing EAC Technical Working Group on Communicable and Non-Communicable Diseases was expanded beyond the health profession by integrating experts from animal health, environment, agriculture, trade, tourism and risk and crisis communication to sustainably implement the One Health approach;
- Together with representatives from universities of all EAC Partner States, the project developed a generic post-graduate

curriculum on pandemic preparedness under a One Health approach and piloted it successfully in the region. It is open to a broad variety of professional disciplines relevant for the prevention of and response to infectious disease outbreaks and to graduates from all EAC Partner States;

- About 300 experts from all Partner States, Southern African countries, regional and international organisations and institutions participated in a cross-border field simulation exercise between Kenya and Tanzania at the Namanga border, convened by the EAC Secretariat with GIZ support. 23 sites across both countries including border posts, health facilities and international airports were involved in the exercise that assessed the preparedness and response capacity in the region. Lessons learned were widely disseminated. The picture below shows the Exercise Control Room, the "heart" of the field simulation;



- One Health experts from the region and beyond are developing a Regional One Health Strategy;
- Experts from the regional and national level with support from regional and international organisations are establishing a Regional Pool of Rapidly Deployable Experts;
- Staff from various sectors at the international airports in the EAC region are being trained on COVID-19 preparedness and response ahead of resumption of international travel in cooperation with the EAC Civil Aviation Safety and Security Oversight Agency and AMREF Flying Doctors;
- Awareness on COVID-19 preparedness and response is being strengthened in border-post areas across the region;
- The regional response to the COVID-19 pandemic will be assessed in a second cross-border Field Simulation Exercise between South Sudan and Uganda jointly with experts from the EAC Secretariat, Partner States and regional and international organisations.

From left to right:  
 Jackson Ntipapa (left photo in the middle)  
 took a “panya route” to bring his animals  
 across the border and is held up by police.  
 Dr Madina Hussein (extrem right) worked in  
 Sierra Leone during the Ebola epidemic.  
 (Photos: GIZ/Lightincaptivity)



## Two examples from the field:

### Fighting Ebola

Dr Madina Hussein from Kenya was one of almost 500 East African health experts deployed to West Africa to help fight the Ebola epidemic between 2014 and 2016.

Dr Hussein worked on emergency medicine and infection prevention and control in Sierra Leone in 2015 for WHO. She was one of almost 100 participants who shared their experiences at a conference organised and facilitated by the ‘Support to Pandemic Preparedness in the EAC Region’ project.

‘Even the media reports and pictures could not prepare you for the human suffering’, said Dr Hussein, ‘Ebola is brutal, gory and a horrible way for people to die. When we got to Sierra Leone, we saw dead bodies on the streets, mothers crying after losing their only babies. That was very scary. I had only seen such things in horror movies, so it was shocking to see it in real life.’

Dr Hussein urged deploying institutions to make sure that people understand what they will be doing before they are deployed. They should, she argued, at least get some training and be mentally prepared through psychological counselling. ‘Seeing so many people die in such a savagely violent manner changes you and how you think about pandemic responses’, said Dr Hussein; ‘I gained the experience that I craved, and we did the best we could in an emergency situation - but 11,000 lives lost? I would like us to speak for these people by taking the lessons learned forward and coming up with a programme that prepares us to respond better next time, rather than just to react to circumstances’.

### Preparing for the worst

By local standards the Head of the Parksanka boma, Jackson Ntipapa, with his 450 cows, 300 goats, 500 sheep and 20 donkeys, is a rich man. He has special dispensation to graze his animals in the nearby Amboseli national park. When the pastures are bad,

he drives them south across the nearby border to Tanzania, like generations of Maasai have done before him. For them the border is an artificial construct, and largely meaningless.

Ntipapa and his family are key players in a four-day cross-border Field Simulation Exercise (FSX) to test preparedness for and response to outbreaks of infectious diseases of public health concern. It is the largest exercise of its kind ever to be held in the region. The exercise starts on Ntipapa’s farm in Kenya and is replicated on a similar homestead just across the border in Tanzania.

The scenario being tested during the exercise is based on a theoretical outbreak of Rift Valley Fever (RVF) that transforms into a new disease with human-to-human transmission. The exercise is designed to test preparedness and responses not just for RVF, but for any epidemic. Viruses – just like Ntipapa’s cows - don’t need visas to cross borders, so it is vital that the countries in the East African Community region are alert and prepared and know how to respond to contain any infectious diseases emergency.

The cross-border exercise was convened by the East African Community Secretariat with PanPrep assistance and the World Health Organization as technical lead. For the first time, several other regional and international partners also cooperated in such an exercise.

‘This field simulation exercise has been an eye opener and it provided opportunity to reassess and to evaluate the progress made, especially with regards to the documents developed and human resource capacities, in terms of outputs and collaboration and coordination between sectors and between partnering states and actors’, commented Fasina Folorunso, Tanzanian Team Leader for FAO’s Emergency Centre for Transboundary Animal Diseases and one of the participants.

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