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REPORT OF THE COMMITTEE ON GENERAL PURPOSE ON THE OVERSIGHT
ACTIVITY TO ASSESS THE LEVEL OF PREPAREDNESS OF PARTNER STATES IN
THE MANAGEMENT OF EBOLA AND DENGUE FEVER EPIDEMICS

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE:	7 NOV 2019
	DAY: THURSDAY
TABLED BY:	Hon. Aden Duale Leader of the Majority Party
FOR THE SPEAKER:	Lemuna Mosey

Clerk's Chambers
EALA Headquarters, 3rd Floor
EAC Headquarters
Arusha – TANZANIA

2nd October 2019

ACRONYMS

AFENET	AFRICA FIELD EPIDEMIOLOGY NETWORK
BTNIM	BERNHARD –NOCHT INSTITUTE FOR TROPICAL MEDICINE
CDC	CENTERS FOR DISEASE CONTROL AND PREVENTION
DFID	DEVELOPMENT FOR INTERNATIONAL DEVELOPMENT
DRC	DEMOCRATIC REPUBLIC OF CONGO
EAC	EAST AFRICAN COMMUNITY
EALA	EAST AFRICAN LEGISLATIVE ASSEMBLY
ECHO	EUROPEAN CIVIL PROTECTION AND HUMANITARIAN AID OPERATIONS
EVD	EBOLA VIRUS DISEASE
GAVI	GLOBAL ALLIANCE FOR VACCINES AND IMMUNISATIONS
IHR	INTERNATIONAL HEALTH REGULATION
IOM	INTERNATIONAL ORGANISATION OF
IPC	INTER-PROCESS COMMUNICATION
IRC	INTERNATIONAL RESCUE COMMITTEE
JEE	JOINT EXTERNAL EVALUATION
MINEMA	MINISTRY OF EMERGENCY MANAGEMENT
MSF	MEDECINS SANS FRONTIERE
NAPHS	NATIONAL ACTION PLANS FOR HEALTH SECURITY
NGO	NON-GOVERNMENTAL ORGANISATION
OH	ONE HEALTH
PHEIC	PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN
PPE	PERSONAL PROTECTIVE EQUIPMENT
RDTs	RAPID DIAGNOSTIC TEST
SOP	STANDARD OPERATING PROCEDURE
UNDP	UNITED NATIONS DEVELOPMENT PROGRAM
UNFPA	UNITED NATIONS FOR MIGRATION
UNHCR	UNITED NATIONS HIGH COMMISSION FOR REFUGEES
UNICEF	UNITED NATIONS CHILDRENS FUND
URCS	UGANDA RED CROSS SOCIETY
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
UVRI	UGANDA VIRUS RESEARCH INSTITUTE
WFP	WORLD FOOD PROGRAM
WHO	WORLD HEALTH ORGANISATION

1.0 INTRODUCTION

The East African Legislative Assembly (EALA) is one of the Organs of the East African Community established under Article 9 of the Treaty for the Establishment of the East African Community. The Treaty bestows upon the Assembly three cardinal functions: legislation, oversight and representation. In particular, the Assembly largely exercises the oversight function through its Committees. The Committee on General Purpose is one of the six (6) Standing Committees of the East African Legislative Assembly (EALA) that is specifically charged with among other, matters related to health, education, gender, population and the budget.

Annex 5 (f) of the Rules of Procedure of the Assembly provides for the specific functions of the Committee on General Purpose which include but are not limited to, oversight of the work of the EAC and Sectoral Committees emanating from the following provisions of the Treaty; though not restricted or limited to them-

- a) Chapter Sixteen – Co-operation in the Development of Human Resources , science and Technology
- b) Chapter Twenty One –Health, Social and Cultural Activities.
- c) Chapter Twenty Two – Enhancing the Role of Women in Socio-Economic Development; and
- d) the budgeting function

In the exercise of its oversight mandate, the Committee on General Purpose visited and interacted with a number of stakeholders in the Republics of Rwanda and Uganda from 13th – 15th September, 2019 to assess the level of preparedness of EAC Partner States in Management of Ebola epidemic. The Committee was also scheduled to visit the United Republic of Tanzania to assess their level of prepared in the management of dengue fever, but in his letter dated 13th September 2019, Dr. Faraj K. Mnyepe, the Permanent Secretary, Ministry of Foreign Affairs and East African Co-operation communicated to the Clerk of the Assembly about the indefinite postponement of the said meeting (**Annex 1**).

2.0 OBJECTIVES OF THE OVERSIGHT ACTIVITY

The principal objective of conducting this oversight activity was to assess the level of preparedness of the EAC Partner States in mananaging/containing the Ebola and dengue fever epedemics, and to explore possible sustainable interventions to combat these epidemics. It was expected that, during this activity the Committee would:

- a) be briefed about the history of the Ebola and dengue epidemics/pandemic and the progress made in controlling/managing the same;
- b) the challenges faced in the management/containment of the these epidemics;
- c) ascertain if there is any specific bilateral or international engagements/interventions to combat the epidemics;
- d) find out the impact/effect of the said epidemics on the economies and welfare of the citizens of EAC; and
- e) in collaboration with the stakeholders, explore possible sustainable mechanisms/interventions to combat these epidemics.

3.0 METHODOLOGY

While undertaking the oversight activity, the Committee:

- i. held meetings with officials from the Ministry responsible for EAC Affairs, , the Ministry of Health, World Health Organization, Directorate of Immigration, Ministry of Emergency Management, Rwanda NGOs Forum and Rwanda Broadcasting Agency and Members of Parliament on the Committee on Health;
- ii. interfaced with officials from the East African Community Secretariat – Department of Health; and
- iii. prepared a report on the above subject matter for consideration by the Assembly.

4.0 BACKGROUND INFORMATION

Under to Article 117 of the Treaty for the Establishment of the East African Community, Partner States made a commitment to co-operate in, among others, health activities within the Community. Precisely, under Article 118(a) of the Treaty, Partner States undertook to take joint action towards the prevention and control of communicable and non-communicable diseases and to control pandemics and epidemics of communicable and vector – borne diseases that might endanger the health and welfare of the residents of the Partner States and to co-operate in facilitating mass immunization and other public health Community campaigns.

Prior to undertaking this oversight activity, the Committee received a brief from the EAC Secretariat (Health Department) which indicated that disease outbreaks are a common occurrence in the East African Region. The brief further noted that the frequency of disease outbreaks poses 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 2019. Examples of outbreaks include Rift Valley Fever, Ebola, Marburg, Crimean Congo Hemorrhagic Fevers and Yellow Fever. It took Republic of Kenya and the United Republic of Tanzania six months to contain the 2006 Rift Valley Fever (RVF) outbreaks. The region and neighboring Democratic Republic of Congo 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. Recent cases of Dengue fever have been confirmed in parts of the United Republic of Tanzania such as Dar es Salaam, Arusha, Tanga, Morogoro, Lindi, and Dodoma Region. As of week 31 (week ending 4 August 2019), 28 new dengue cases were reported from Dar es Salaam and Tanga (15 cases). It is therefore important that the EAC region prepares for future outbreaks based on international best practices and lessons learned.

What is Ebola?

The Ebola Virus Disease (EVD) is a severe and often deadly disease caused by an Ebola virus. It falls under the category of viral hemorrhagic fevers. A person can get the disease by direct contact with body fluids of an infected person.

Signs and Symptoms of Ebola

The following are the signs and symptoms of Ebola: High fever, severe headache, Fatigue, Muscle pain, Sore throat, Body weakness, Diarrhea, Vomiting, Stomach pain and Bleeding from body openings.

Preventive Measures

- i. Avoid direct contact with body fluids from an infected person;
- ii. Wash hands with soap and water;
- iii. Use protective materials when handling an infected person and contaminated clothes; and
- iv. Allow safe burial of bodies by trained personnel.

Outbreak of the Ebola Virus Disease

The current outbreak of Ebola in the Eastern part of DR Congo began in August 2018 and is the biggest of the ten (10) to hit the country since 1976, when the virus was first discovered. As of 12th September 2019, the total number of confirmed Ebola cases in DRC were 2,988 and total deaths 2,077.

In July 2019, the World Health Organisation declared the Ebola outbreak in DRC a “public health emergency of international concern”, a rare designation only used for the gravest epidemics.

According to the Ministry of Health, Republic of Uganda had six (6) Ebola Outbreaks as per the table below:

HISTORY OF PREVIOUS OUTBREAKS IN UGANDA

EVD indicator (outbreaks)	Gulu 2000	Bundibugyo 2007	Kibaale, 2012	Luwero 2011	Luwero 2012
Total confirmed cases	425	149	15	1	7
Total confirmed deaths	224	37	4	1	4

5.0 FINDINGS

5.1 Preparedness in the Management/containment of Ebola

During interaction with stakeholders in Partner States, the Committee was briefed about the specific interventions that the Republics of Rwanda and Uganda have made to manage/contain Ebola. It's important to note that the Republics of Rwanda and Uganda have made significant strides in this regard as indicated below.

5.1.2 Republic of Rwanda

The Committee was informed by Dr. Jose Nyamusore, Division Manager, Epidemic Surveillance and Response Division, Rwanda Biometric Centre that six pillars were identified to strengthen the preparedness and readiness of response. The following are the key achievements under the six pillars:

Coordination, Leadership and Finance

- updated the Ebola virus disease strategic documents, preparedness plans standards operating procedures and the 72 hours response plan.
- established technical and financial partnership, 22,838 plus health workers trained.
- conducted 5 simulation exercises and drills.
- decentralizing Ebola preparedness in most at risk districts.
- signing DRC-Rwanda cross boarder Ebola "Feuille de route" and development of related action plan.

Risk Communication and Community Mobilization and Engagement

- Have aired the Radio EVD spots on RBA.
- conducted radio outreach mass campaigns in 10 high risk districts.
- activated the toll free 114 for Ebola questions and answers.
- fixed billboards in 8 high risk zones districts and posters in schools, markets and restaurants.

Surveillance and laboratory

- Developed and revised Ebola case definition (alert, suspect and probable case) for surveillance of EVD at ports of entries.
- Health facilities at community level.
- fever monitoring established at 37 ports of entries and at KIA with daily reporting mechanism and data analysis.
- enhanced National laboratory testing capacity to test Ebola.

Case Management, Infection Prevention and Control

- renovation of the temporary Ebola treatment center in Regerero- Rubavu.
- assessed the isolation and IPC needs IN 23 health centers located in high risk districts, establishing handwashing at 7 ports of entry: Rusizi I, Rusizi II, Bugarama, Cyanika, kabuhanga, La Corniche and poids Lourd.

Logistics (supplies and emergency transport equipment and material)

- stockpiling Ebola case management commodities at both central and peripheral level.
- acquisition of 3 ambulances for immediate community suspect case evacuation.
- acquisition of burial site.

Vaccination

- Received 3,000 vaccine doses (rvsv ZEBOV vaccine) and vaccination of for health workers front liners.

Other Interventions

The Committee was informed that the following interventions have been made through a multi-sectoral approach:

- i. The Ministry in charge of Emergency Management in conjunction with Rwanda Biometrical Center developed a Contingency Plan for Ebola Preparedness and Response.
- ii. In the Ministry, there is a National Disaster Management Committee made up of Ministers in charge of emergency who advise and coordinate relief efforts.
- iii. The National Platform for Disaster Management was established to strengthen disaster risk reduction and management's capacity and enhance preparedness and reduce risks.
- iv. The National Contingency Platform was updated to include provision of non-medical humanitarian action like shelter, hygiene, sanitation, water, food.
- v. The Republic of Rwanda in partnership with DRC gazetted 7 cross border points between Rwanda and Congo. The boarder officials take daily statistics and register the number of people coming into the country and the volume of trade.
- vi. There has been installation of hand washing facilities and awareness campaigning billboards with Ebola campaigns have been placed at the border.
- vii. Use of the existing structure in fighting HIV to sensitize people about the Ebola Virus Disease (EVD).

- viii. The World Health Organization (WHO) in collaboration with the Ministry of Health in continues to provide technical support and enhancing institutional capacity.
- ix. WHO instituted the International Health Regulations (IHR) to which all the Republic of Rwanda is a signatory. The purpose of the International Health Regulations is to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and to avoid unnecessary interference with international traffic and trade.
- x. WHO Undertook a Joint External Evaluation (JEE) to assess country's capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events.
- xi. The results of the Joint External Evaluation other country-based assessments were used to guide the development of National Action Plans for Health Security (NAPHS). The NAPHS aims to address gaps in a country's health security capacity through a system that aligns to the JEE's recommendations.

5.1.2 Republic of Uganda

The Committee was informed by Dr. Allan Muruta, the EVD Incident Manager, Ministry of Health that:

- i. Uganda shares a common border with DRC in the West with 17 districts directly bordering DRC and additional 6 districts hosting refugees from Eastern DRC; the refugees are from Ebola affected areas.
- ii. High volume movements between the 2 countries for social, cultural, economic & medical reasons through official and unofficial crossing points.
- iii. The EVD Epi-centers in DRC have close proximity with Uganda; threat of importation of Ebola into Uganda remains high.
- iv. WHO categorized Uganda as priority 1 country for enhanced preparedness and readiness.
- v. In Phase 1 of Preparedness, they categorised the districts of Uganda into Risk classification: High Risk (20), Moderate risk (10) and Low Risk (Rest of the Country). Uganda has undertaken enhanced preparedness activities in 20 high & 10 moderate risk districts since August 2018 with support from development partners.

Capacities Built and Key Achievements

The Committee was further informed that a number of key achievements were made and capacities built during preparedness in the following areas:

Surveillance:

- 26/30 at-risk districts have capacity for EVD surveillance and contact tracing
- Community based disease surveillance using village health teams in 12 districts
- 702 alerts reported and investigated since 1 Aug 2018.
- Over 7 million screened at ground points of entry; Entebbe Airport: 225,804 screened.

Laboratory:

- 24/30 districts covered with lab training; capacity in place for lab investigation of alert cases.
- 19 Laboratory technicians from Reference Lab trained in Ebola diagnostics – RDTs and GeneXpert.
- Existing National lab specimen referral network – hubs & spoke.
- Specimen transportation materials (triple packaging) are prepositioned

Logistics:

- IPC supplies distributed to 10/30 high risk districts.
- Ambulances in place for transportation of EVD patients in country.
- Motorcycles for surveillance activities.
- Regional warehouses were being developed by WFP.

Case Management:

- 7 Ebola Treatment Units (Bwera-Kasese, Bundibugyo, Kabarole, Kasonga-Kikuube, Mbarara, Lacor-Gulu, Kihih), 2 under construction/ renovation (Naguru, i, Entebbe), 1 Isolation facilities (Oli -Arua).
- 14/30 districts covered with case mgt training, with a total of 526 trainees.
- 17/30 districts had Safe and dignified burial teams.
- 13/30 districts with Psychosocial support training teams.
- IPC committees established in 22/30 at-risk districts.

- 9806 health workers mentored on IPC in 562 Health units within 10 high-risk districts.

Risk communication:

- Press releases were issued by the Ministry of Health.
- Community leaders were engaged for EVD readiness mobilization in high risk districts; Councillors, Religious Leaders, Traditional healers, LCs
- 05/30 districts covered by trained community based responders: VHT training in 10 districts was ongoing.
- Supported 333,021 household visits.
- Had reached 2,346,133 people with EVD prevention messages.
- Over 618,265 people reached through 13,993 community/group meetings social centres
- 21,635 radio spots and 354 radio talk shows had been aired on 21 radio stations

Vaccination and therapeutics:

- 6 vaccination teams trained.
- Over 7,945 vaccinated; 5974 Health workers, 1971 contacts.

Benefits of heightened Preparedness in Kasese

According to Dr. Muruta, capacities built during phase 1 of preparedness enabled early detection of outbreak in Kasese:

- The first case was timely detected by trained health workers at Kagando Hospital and referred to the Ebola Treatment Unit that was readily available.
- A sample was collected and laboratory confirmation done by the Uganda Virus Research Institute (UVRI).
- Patient management by the trained case management team.
- Cross border meeting was held with DRC immediately after confirmation building on established collaboration during preparedness.
- Established community engagement channels were used.
- Vaccinated health workers who were contacts were not at high risk of infection.

- Contact tracing of persons who might have come into contact with infected persons was immediately initiated by trained contact tracers

As an outcome of preparedness in Kasese, the outbreak was almost contained with no established local transmission.

The Committee was further informed that the Republic of Uganda developed a "Response and Preparedness Plan" whose overall objective is to contribute to the reduction of EVD related morbidity and mortality in the affected area and prevent transmission to new areas in the country.

According to the Ministry of Health, Republic of Uganda, the government has continued to receive support from Development Partners in the fight against Ebola epidemics as per the table below.

PARTNERS

SN	Thematic Area	UN Agencies
1	Coordination and Resource Mobilization	WHO, UNICEF, UNRCO, FOA, IOM, WFP, UNFPA, UNHCR, UNDP, URCS, IDI, GOAL, IRC, MSF, AFENET, DFID, USAID, ECHO, IRISH AID
2	Surveillance and laboratory	WHO, IOM (PoE), UNHCR, FAO, CDC, AFENET, URCS, DFID, USAID, IRISH AID, China CDC
3	Case management, infection prevention and control	WHO, UNICEF, MSF, IDI, USAID, Baylor
3a	Mental Health and Psychosocial support	WHO, UNICEF, IRISH AID
4	Risk Communication and Social Mobilization	UNICEF, WHO, UNHCR, IOM, C4D – OBULAMU, IRISH AID
5	Vaccination, Therapeutics	WHO, UNICEF, CDC, GAVI

6	Emergency Logistics	WFP,WHO,UNICEF,UNHCR,IRISH AID, USAID, DFID, China CDC, MSH
	WASH	UNICEF, UNHCR, WHO, MSF

5.1.4 Challenges in the Management of Ebola

The Committee was informed that the Republics of Rwanda and Uganda are faced with the following challenges in the management of the Ebola Viral Disease:

- i. Infection Prevention and Control practises and supplies in most health facilities still wanting (slow behaviour change); continued mentorship needed.
- ii. Porous points of entry; several unmanned.
- iii. Weak Community based and disease surveillance system.
- iv. Negative perceptions from DRC spreading into communities in Kasese necessitating continued intensified community engagement.
- v. Response plan largely unfunded.
- vi. Lack of infrastructure to facilitate screening.
- vii. Lack of funding of the Phase 2 Plan affecting scale up of preparedness activities.
- viii. Vaccine shortage – Not all frontline health workers in the high risk districts have been offered vaccine.

5.1.5 Regional Coordination and Initiatives

During her appearance before the Committee, Ms. Alison K. Gichohi, Capacity Building Officer, EAC Secretariat informed the Committee that the EAC Secretariat is among others, mandated to play an advisory as well as coordination role to the Partner States in the EAC region to prevent, control and mitigate the impact in case of occurrence. Accordingly, the Secretariat has implemented interventions aimed at ensuring that the region is prepared and ready to respond at any outbreak especially EVD through a number of initiatives as indicated below:

- i. The 18th Ordinary Meeting of the Sectoral Council on Health considered and approved reallocation of 550,000 Euros under the mobile Laboratory project to support the following emergency Ebola response activities in the countries (EAC/SC Health/18/Decision07):
 - a. Accelerated training of laboratory experts.
 - b. Established a training site at the EAC secretariat.
 - c. Imported 2 training mobile laboratories in the EAC region.
 - d. 12 staff were been trained and are proficient in use the mobile Laboratories. These are certified user ready to be deployed. The region now has a team of deployable experts who can use the mobile laboratories, but are also trainers.
 - e. 24 experts (4 from each partner state have been trained on the safe handling of sample use of PPE.
 - f. Have created a contingency buffer fund to buy reagents to support outbreak response in the partner states (to be requested and used on demand in case of an outbreak situation I the country).
 - g. Procurement of additional reagents and supplies including personal protective equipment for the countries.
 - h. Deployed two mobile Laboratories in the field under field condition to test readiness to deploy and ability to operate the mobile laboratories under field condition. This was in June 2019 during the cross-border field simulation exercise at the Namanga.
- ii. The EAC Secretariat reviewed the **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, and the **EAC One Health Regional Risk and Crisis Communication Strategy**.

- iii. For proper coordination, management and response to outbreaks in the Partner States, the following Standard Operating Procedures (SOPs) have also been developed to operationalize the contingency plan;
 - a. SOP – Cross – border Surveillance.
 - b. SOP – Logistics Management.
 - c. SOP – Reporting Emergencies and Activating EAC Emergency Response.
 - d. SOP – Establishment of a Regional Pool of Rapidly Deployable Experts in the EAC.
 - e. SOP – on the management of rumours.
- iv. The Secretariat coordinated joint cross border meeting involving the Republics of Burundi, Kenya, Rwanda, South Sudan, Uganda, the United Republic of Tanzania and the Democratic Republic of Congo. Following the WHO announcement of the Ebola Virus Disease (EVD) outbreak in North Kivu and Ituri provinces on 27th July 2018, the EAC Secretariat in collaboration with WHO, GIZ PanPrep project, the KfW financed EAC Network of Public Health Reference Laboratories and ECSA Health Community convened a regional meeting on 2nd – 3rd October 2018 in Entebbe Uganda to explore avenues for collaboration on disease surveillance and Preparedness and response between the EAC Partner States and the DRC.
- v. During the above meeting, Partner States presented updates on the levels of preparedness, they reported that the movement of people in the region increased the risk of transferring / exporting EVD to the EAC region and other parts of the world. This was compounded by the refugee influx to the EAC Partner States.
- vi. It was further noted that countries had undertaken internal and external evaluation of their national plans, and had contingency plans for outbreak response / internal assessment of their capacities, and updated and costed their contingency plans. Partner States had established coordination structures at national and subnational level with operational Teams to respond to outbreak, these had high level commitment and were meeting regularly some twice a week.
- vii. The Partner states had also put in place Rapid Response Teams and each had an Emergency Operations Center.

- viii. Countries had mapped districts / region / provinces and categorized them as high risk, medium or low risk.

5.1.6 Recommendations/undertakings of the joint cross-border meeting

During the joint cross border meeting involving the Republics of Burundi, Kenya, Rwanda, South Sudan, Uganda, the United Republic of Tanzania and the Democratic Republic of Congo that was held in Entebbe on 2nd – 3rd October 2018, the participants/countries undertook to do the following:

- i. Consider and include the use of Ebola vaccines as one of the measures used to break the chain of transmission of EVD among contacts.
- ii. Include the preparedness activities such as staff training, preparation of necessary protocols and equipment, protocols needed to successfully use the Ebola Vaccine, in the national emergency contingency plans.
- iii. Consider and establish disease surveillance Zones at the border between EAC Partner States, DRC and other neighboring countries, with relevant cross border committees (composed of officials from both countries);
- iv. Facilitate information exchange both formally and informally (phone calls, teleconference, social media like WhatsApp, emails, etc.).
- v. Select official Points of Entry at cross border point and develop capacity for EVD surveillance.
- vi. Conduct mapping of official and unofficial points of Entry in the region; develop a policy framework to guide information sharing between the EAC partner States and DRC.
- vii. EAC Secretariat to develop the Joint Contingency Plans for EVD including resource mobilization in line with the regional contingency plan.
- viii. Partner States to harmonize their EVD contingency plans.
- ix. The EAC Secretariat to develop and implement funding mechanism among Member States for EVD contingency plans.
- x. EAC Secretariat to develop a framework through which non-member states can be supported.
- xi. EAC Secretariat to develop a Monitoring framework for tracking the level of implementation of the contingency plans.
- xii. EAC Secretariat to link Public Health Emergency Operations Centers (PHEOCs) available in the EAC Partner States for information sharing.

6.0 OBSERVATIONS

The Committee made the following observations:

- i. The Committee appreciates the individual efforts made by the Partner States at the national level and all the bilateral, regional, and international initiatives so far made to manage and contain the Ebola Viral Disease and other epidemics in the region.
- ii. It was noted that migration and trans-boundary trade, which is facilitated by the EAC common market, by tourism and impacts of climate change are the factors that prompt these outbreaks. Most of these diseases are of zoonotic nature as the transmitted from both animals and humans.
- iii. The frequent movement of people across the borders of the EAC Partner States poses a greater risk of spreading communicable diseases from one country to another. The EAC Secretariat has embraced (Health Sectoral Council Directive) the **One Health (OH) Approach** to effectively prevent and respond to emergencies of cross-border epidemics in the region.
- iv. According to the *East African Newspaper* dated 17th – 23rd August 2019, Ebola may soon be preventable and treatable after a trial of two drugs in the Democratic Republic of Congo showed more than 90% survival rates. The research done indicated that the drugs will prevent deaths if given to infected persons early, and it will be used to treat all patients with the disease in DR Congo.
- v. The same Newspaper further reported that the drugs, named REGN-EB3 and mAb114, work by attacking the Ebola virus with antibodies, neutralizing its impact on human cells. According to Dr. Anthony Fauci, Director of the US National Institute of Allergy and Infectious Diseases, these are the “first drugs that have clearly shown a significant reduction of deaths for Ebola patients”. It was reported that the survival rate among patients was as high as 94% when given REGN-EB3, and 89% when on mAb114.
- vi. The EAC Secretariat has developed a Regional Contingency Plan for epidemics due to communicable diseases, conditions and other events of public health concern. The purpose of the Contingency Plan is to guide the EAC Secretariat in harmonizing and coordinating the national efforts of the Partner States to

address public health emergencies with primary focus on zoonotic and non-zoonotic infectious diseases of public health concern.

- vii. East African Community in Partnership with KfW and Bernhard-Nocht Institute for Tropical Medicine (BNITM) initiated the Regional Network of Public Health Reference Laboratories for Communicable Diseases Project. The project aims at strengthening sustainable structures and capacities for the rapid identification of infectious disease outbreaks within the territories of the Partner States to enable timely and effective response for the prevention of epidemics caused by various pathogens and biological agents of Biosafety Level. This is a 3 year project that started in 2017 and will run up to 2020.
- viii. It was noted that Phase 1 of the project, EAC acquired nine (9) mobile laboratories and 18 vehicles to help in controlling hemorrhagic fevers, training 70+ laboratory personnel in mobile laboratory diagnostics and biomedical engineers, build a state of the art diagnostic services, ensure regional proficiency testing , development of harmonized standard operating procedures, surveillance of epidemic prone viral diseases and regional exchange of expertize and joint cross boarder investigation while building international networks. Three (3) Field missions will be carried per laboratory in the 1st Phase and this will continue in the subsequent phases.
- ix. Whereas the Regional Contingency Plan requires Partner States to notify the EAC Secretariat in not later than 24 hours of the prevailing epidemic status to enable it undertake her coordination and advisory role, this is rarely done.
- x. The refusal by the United Republic of Tanzania to allow the Assembly to undertake this oversight activity in this Partner State is against the spirit of integration and this gesture frustrate efforts aimed at fighting/containing communicable ones in the region. It is important to note that diseases, more so communicable diseases know no geographical/political boundaries or nationalities. With the signing of the Common Market Protocol and African

Continental Free Trade Area, it is expected that the region will witness increased movement of people and volumes of trade. Therefore, the region should work together to contain the disease/epidemic outbreak, which may potentially affect intra-regional and continental trade as well as the welfare of the people of East Africa.

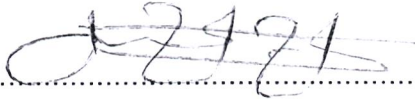
7.0 RECOMMENDATIONS

In view of the foregoing, the Committee would like to make the following recommendations:

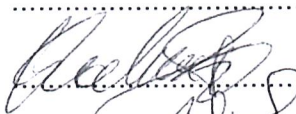
1. The Assembly to urge the Council of Ministers to develop the EAC Policy on the Management of Communicable diseases in the region.
2. The Assembly to register its vote appreciation to and commend the Development Partners such as WHO and GiZ among others, for their technical and financial support to the EAC in the management of Ebola and other epidemics in the region.
3. Urge the Assembly to explore ways of establishing and strengthening a collaborative engagement with the WHO and GiZ in enhancing its oversight mandate in the promotion of the health sector in the region.

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13TH – 16TH SEPTEMBER 2019**

1. Hon. Abdikadir Omar Aden



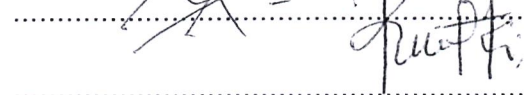
2. Hon. Ayason Mukulia Kennedy




3. Hon. Dr. Kalinda Francois Xavier



4. Hon. Dr. Makame Abdullah Hasnuu



5. Hon. Kim Gai Duop Ruot



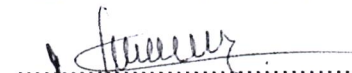
6. Hon. Eng. Maassay Pamela Simon




7. Hon. Gasinzigwa Oda



8. Hon. Gatkek Dut Thomas




9. Hon. Karerwa Mo-Mamo



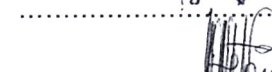
10. Hon. Namara Dennis



11. Hon. Nduwayo Christopher



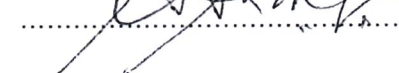
12. Hon. Nooru Adan Mohamed



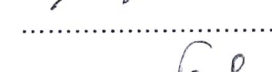
13. Hon. Nzeyimana Leontine



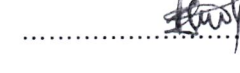
14. Hon. Odongo George Stephen



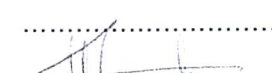
15. Hon. Opoka-Okumu Christopher



16. Hon. Sergon Jematiah Florence



17. Hon. Maryam Ussi Yahya



18. Hon. Uwumukiza Francoise



ANNEX I

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF FOREIGN AFFAIRS AND EAST AFRICAN COOPERATION

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Fax: +255-26-2323208
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Government City,
Mtumba Area,
P. O. Box 2933,
40466 DODOMA.

In reply please quote:

Ref. No.CDA.177/800/01

13 September, 2019

The Clerk,
East African Legislative Assembly,
P.O. Box 1096,
ARUSHA, TANZANIA

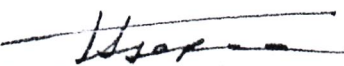
**Re: CANCELLATION OF THE OVERSIGHT ACTIVITY TO ASSESS THE
LEVEL OF PREPAREDNESS OF THE EAC PARTNER STATES IN THE
MANAGEMENT OF EBOLA AND DENGUE FEVER OUTBREAKS**

Reference is made to your letter with Ref: EALA/GPC/COMM 1(D) dated 27 August, 2019 related to the activity mentioned above.

The United Republic of Tanzania regrets to inform you that, due to unforeseen circumstances requests for this activity to be postponed. New dates would be communicated on due course.

We apologise for any inconveniences that may occur.

We thank you for your continued cooperation.


Dr. Faraji K. Mnyepe
PERMANENT SECRETARY