

MODULE 2
RCCE CROSS-BORDER TRAINING, EAST AFRICA



SETTING THE SCENE: OUTBREAK RESPONSE IN EAST AFRICA

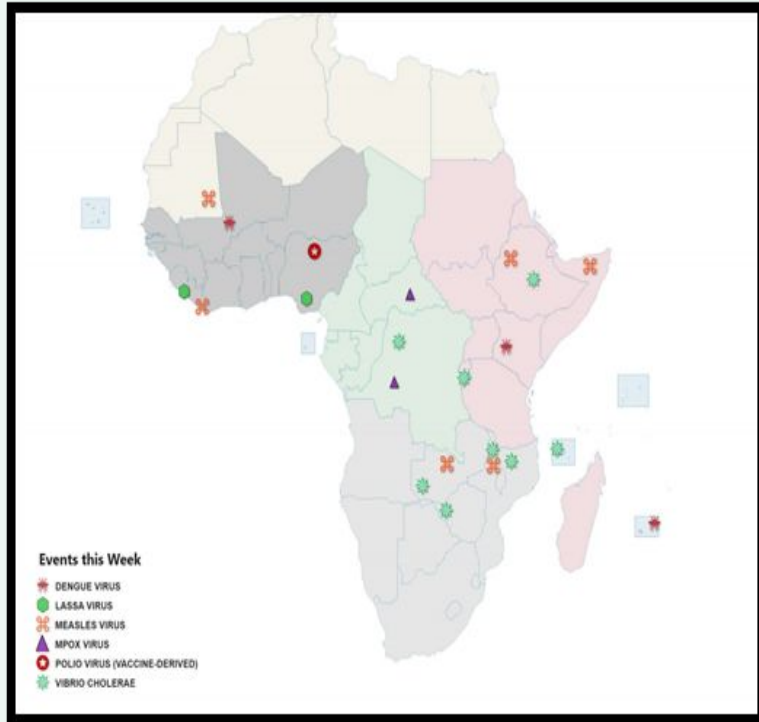
LEARNING OBJECTIVES

At the end of this session, participants will be able to

1. Understand the outbreak trends in East - Africa including the influence of factors such as conflict and global warming, and analyse the dynamics of cross border interactions within the region.
2. Demonstrate comprehension of technical support provided by GOARN and Collective Service in global outbreak response efforts
3. Critically reflect on and share learnings from recent outbreaks on RCCE evidence tracking and how to strengthen this in responses in the region.

PUBLIC HEALTH EMERGENCY TRENDS IN EAST AFRICA

Eastern Africa

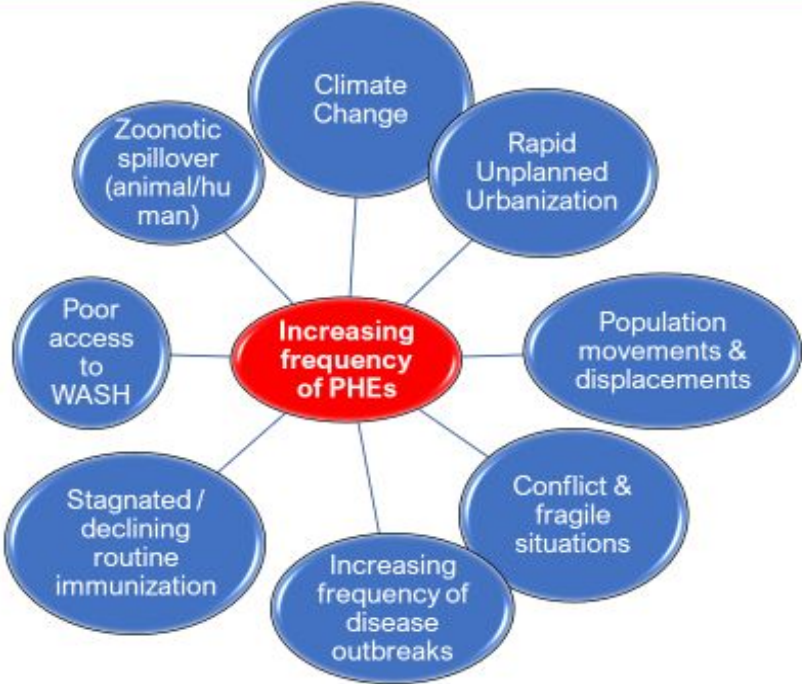


- Cholera, Dengue, Measles reported
- Protracted cholera in horn of Africa
- Dengue in Mauritius and Ethiopia
- Measles and low vaccination coverage
- Impact of climate change on disease dynamics
- Africa CDC supported response to disease outbreaks
 - EVD (Uganda), MVD (Tanzania), Unknown agent (South Sudan), Cholera (Comoros)

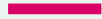
FACTORS AFFECTING THE OCCURENCE OF PHE IN ESAR



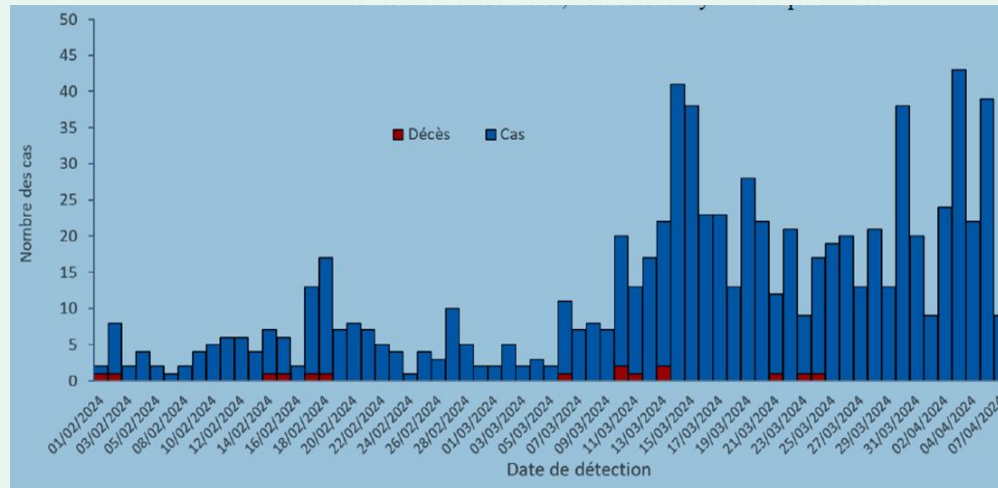
This map does not reflect a position by UNICEF on the legal status of any country or territory or the destination of any frontiers.



CHOLERA IN COMOROS



Cholera cases and deaths in Comoros, 1 February – 7 April 2024



- Cases: 873
- Deaths: 22 (CFR: 2.5%)
- Weak surveillance at port of entry
- Absence of CHWs on the field is a big setback on the country's response efforts
- Efforts are ongoing to identify the drivers of the outbreak

Cross-Border Coordination in Response to Cholera Outbreaks across Eastern Africa

Key outcomes

- Communication and collaboration networks among affected countries to enable timely information exchange and coordinated response measures
- Observed delays in implementing RCCE activities during outbreaks and the need to improve community engagement and trust
- RCCE information should be similar across the borders and available to all those adopted based on local community context



TECHNICAL SUPPORT FROM GOARN AND THE COLLECTIVE SERVICE

- GOARN is a WHO network of over 250 technical institutions and networks globally that respond to acute public health events.
- GOARN can deploy staff and resources to affected countries, in a number of technical areas, including RCCE

GLOBAL OUTBREAK ALERT AND RESPONSE NETWORK

Provides international public health resources to control outbreaks and public health emergencies across the globe.



- Coordinated by an Operational Support Team based at WHO GQ in Geneva
- Aims to deliver rapid and effective support to prevent and control infectious diseases outbreaks and public health emergencies **when requested**.

TECHNICAL SUPPORT FROM GOARN AND THE COLLECTIVE SERVICE

Including (from ESAR region):

- Africa CDC
- AMREF
- Directorate of Public Health and Sanitation, MOH Kenya
- Kenya Medical Research Institute
- Emergency Preparedness and Response Unit (EPRU), MOH Tanzania
- Epidemic Surveillance and Response Division, Rwanda Biomedical Centre
- Ethiopian Public Health Institute
- Infection Control Africa Network (South Africa)
- South African Centre for Epidemiological Modelling and Analysis
- Zambia National Public Health Institute
- African Coalition for Epidemic Response and Training

International organizations:

- IFRC
- Médecins Sans Frontières
- Save the Children International
- Global Task Force on Cholera Control
- UKHSA
- UNICEF

- Multiple academic institutions globally

CORE STRATEGIC AREA: COMMUNITY-CENTRED APPROACHES

A community-centred approach will focus on integrating community engagement as a broad-based foundational concept in all efforts and areas of work by:

- Strengthening capacity by using operational research in the social and behavioural sciences to complement and be integrated into biomedical and epidemiological evidence;
- Using community engagement principles during outbreak response;
- Building capacities to support communities' capacities through supporting community leadership in public health and outbreak responses.

THE COLLECTIVE SERVICE

A collaborative partnership to increase the **scale and quality of RCCE approaches**.

It catalyzes and accelerates expert driven, collaborative, consistent and localized **support for emergency responders, governments and partners involved in national and local response** to public health emergencies and humanitarian crises.

The Collective Service **leverages the expertise and leadership of its partners and key stakeholders** within public health and humanitarian sectors who are on the forefront of delivering RCCE in communities around the world.



THE COLLECTIVE SERVICE STRATEGIC APPROACH

2022 – 2025 Strategic Priorities

1

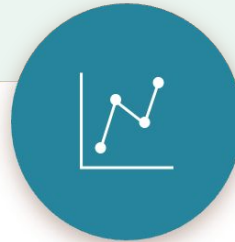
RCCE
COORDINATION



Strengthening collective and coordinated RCCE approaches and services

2

DATA FOR
ACTION

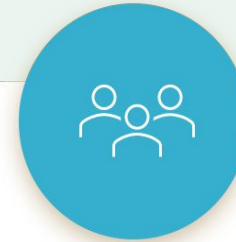


Supporting evidence generation and use to inform policy and programming, decision-making, and community response

3

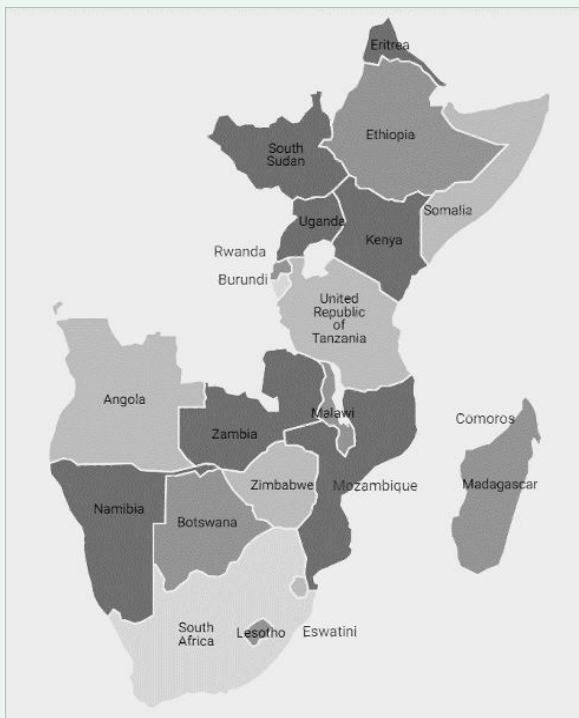
3

ON-DEMAND
CAPACITY & SURGE
SUPPORT



Sustainable, demand-driven community engagement support at the country level for prevention, preparedness, and response

COLLECTIVE SERVICE IN EAST AND SOUTHERN AFRICA



RCCE TECHNICAL WORKING GROUP

Co-led by IFRC and UNICEF under the WHO Health Partners Group, in coordination with regional and country RCCE partners.

Collective Service provides operational support to strengthen national-level RCCE coordination mechanisms, co-led with MOHs.

- Support for development of tools, data synthesis, guidance, training and mentoring for evidence-based, community-centred RCCE response

CS Interagency Staff (Coordinator, Surge and Information Management) provide technical and surge support on request

COLLECTIVE SERVICE IN EAST AND SOUTHERN AFRICA

RCCE COORDINATION

Increasing the uptake of health-seeking behaviours by affected communities through the coordination of partners and governments in their delivery of RCCE.

DATA FOR ACTION

Supporting evidence generation and use to inform policy and programming, decision-making, and community response, through information management, social science, and monitoring and evaluation services and tools.

ON-DEMAND CAPACITY & SURGE SUPPORT

In-country and remote community engagement support and capacity building for prevention, preparedness, and response.

TOOLS, GUIDANCE, CASE STUDIES

Communities influence the outcomes of public health emergencies. The Collective Service has provided enabling platforms, mechanisms, and tools for partner collaboration for community engagement. Development of tools and guidance on request from RCCE TWG partners, included:

- [Cholera Questions Bank](#) in the [Cholera Thematic Kit](#)
- [Guidance on Community Engagement in Cholera Outbreaks](#)
- [El Nino Thematic Kit](#)
- [Information Preparedness and Community Engagement for El Niño in the Eastern and Southern Africa Region](#)
- Expansion of community feedback coding frameworks for cholera, anthrax, drought, cyclone

INTRODUCING THE CS EVIDENCE TRACKING FRAMEWORK

Risk communication (RC), community engagement and accountability (CEA), and social and behavior change (SBC) play a key role in epidemics, disasters, and humanitarian crises response

From April-October 2024, the Collective Service is partnering with Georgetown University to develop an RCCE Evidence Tracking Framework during public health emergencies. The ETF initiative will:

- Map RCCE data and evidence collection, outcomes, and analysis in current outbreaks
- Improve information sharing with communities and response stakeholders
- Strengthen RCCE evidence use by key stakeholders, and increase the uptake of RCCE recommendations



Please help by taking our survey on RCCE Evidence. Scan the code to access the survey.

INTRODUCING THE CS EVIDENCE TRACKING FRAMEWORK

How to Participate: The Cross-Border Workshop is a unique opportunity for partners to share their input regarding the importance and impact of RCCE and SBC during PHE. We want to learn from you! Here are a few ways to participate at the cross-border RCCE technical meeting.

- **Focus group discussions:** Join a short (30-minute) online FGD with our researchers to share your RCCE and SBC data, evidence, and coordination experiences.
- **Online survey:** Take our survey on your experiences with SBC and RCCE data and evidence.
- **Contact us:** How can the RCCE Collective Service support you with data and evidence to inform health interventions and to improve your impact? Email us about your experience, and how it has informed your programming – we want to hear from you!

For more information about the Evidence Tracking Framework, or to share your stories, please contact sharon.abramowitz@georgetown.edu or hanasrohan@gmail.com.



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DEVELOPING SITREPS INDICATORS FOR RC, CE, SBC

Situation reports enable regular monitoring of the outbreak and response activities. RCCE inputs into SitReps vary and can include:

Social and behavior change

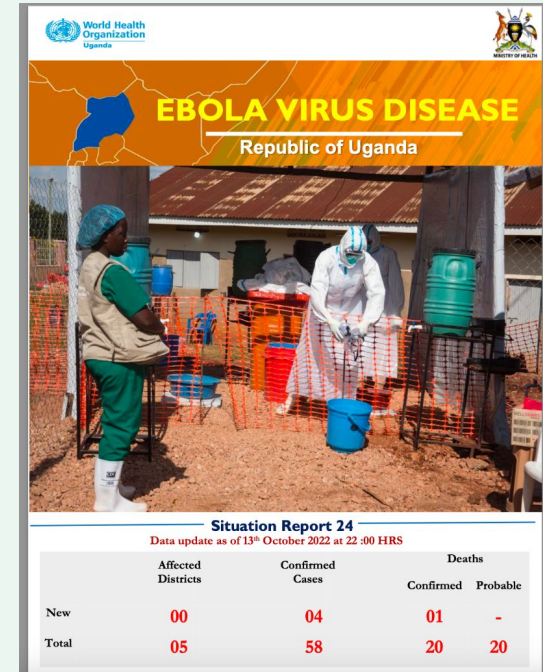
- Knowledge and Awareness
- Behavior Change
- Attitude and Perception Change

Risk communication

- Information Dissemination
- Understanding and Clarity
- Trust in Information Sources

Community Engagement

- Participation and Involvement
- Community Action and Support:
- Feedback and Adaptation:



INJECT: DEVELOPING SITREPS INDICATORS FOR RC, CE, SBC

The regional IMS Lead has heard about the RCCE Evidence Tracking Framework that the Collective Service is developing and wants to make sure that the response to the unknown VHF reflects an evidence-based approach. He is asking each country to brainstorm potential RCCE indicators that can be included in regional and country sit-reps for the response.

TASK

In country teams, brainstorm as many potential indicators for monitoring interventions in outbreak.

Make sure indicators are relevant, measurable and actionable and use qualitative and quantitative indicators.

Star: Indicators that are most important

Circle: Indicators that will be hard to collect data

SBC: Knowledge and Awareness, Behavior Change, Attitude and Perception Change

RC: Information Dissemination, Understanding and Clarity, Trust in Information Sources

CE: Participation and Involvement, Community Action and Support, Feedback and Adaptation

SUMMARY

Current Situation in ESAR



** in addition to COVID-19

Threat	Affected Countries
At least 18/21 ESA countries are responding to ≥ 1 PHE*	
Anthrax (5)	Kenya, Malawi, Uganda, Zambia, Zimbabwe
Cholera (14)	Burundi, Comoros, Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Somalia, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe
cVDPVs (11)	Angola, Burundi, Botswana, Kenya, Madagascar, Malawi, Mozambique, Somalia, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe
Dengue (3)	Ethiopia, Kenya, Tanzania
Diphtheria (2)	South Africa, Somalia
Hepatitis E (1)	South Sudan
Malaria (6)	Ethiopia, Kenya, Uganda, South Sudan, Tanzania, Zimbabwe
Measles (11)	Botswana, Burundi, Ethiopia, Kenya, Malawi, South Africa, South Sudan, Uganda, Zambia, Zimbabwe
Rift Valley Fever (2)	Kenya, Uganda
Yellow fever (1)	South Sudan
Visceral Leishmaniasis (1)	Kenya
10 / 21 Countries are experiencing ≥1 Humanitarian Crises	
Drought/food insecurity	Ethiopia, Kenya, Mozambique, Namibia, South Sudan, Uganda, Zambia, Zimbabwe
Conflict/Civil unrest	Ethiopia, Mozambique, Somalia, South Sudan,
Storms/cyclones/ floods	Ethiopia, Kenya, Tanzania, Somalia
Refugees and /or IDPs	Ethiopia, Kenya, Mozambique, South Sudan, Somalia, Tanzania,