EAST AFRICAN COMMUNITY

AIDE MEMOIRE

**ESTABLISHMENT OF THE EAC REGIONAL POOL OF RAPIDLY DEPLOYABLE EXPERTS FOR RESPONDING TO EPIDEMICS
AND OTHER EVENTS OF PUBLIC HEALTH CONCERN**

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A. INTRODUCTION AND BACKGROUND

Introduction

1. The world has experienced a number of infectious diseases and other events of public health concern causing suffering and loss of lives and major economic and societal impacts. The epidemics range from the Ebola outbreak in West Africa in 2014, in which more than 11,000 lives were lost to the current Corona Virus Disease pandemic (COVID-19). This clearly shows that in our globalized world new pathogens that could emerge anywhere in the world can also spread to EAC region in a short time and can jeopardize public health, economic stability and the livelihoods of citizens. The spread of infectious diseases is promoted by migration and trans-boundary trade, facilitated by the EAC common market, tourism and climate change.

Background

2. In November 2017, the EAC Secretariat convened a regional conference with international participation in Nairobi on "Lessons for the Future – What East African experts learned from fighting Ebola in West Africa". From the Ebola outbreak in West Africa, they learned that preventing and tackling epidemics requires a quick response, close cooperation among various sectors and professions/disciplines as reflected in the One Health approach to disease prevention and management, coupled with organized and coordinated preparations and responses, even across borders.

3. The key instrument in outbreak prevention, in the EAC, is the revised "Regional One Health Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern (2018-2023)" (Regional Contingency Plan) that was approved by the 16th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health on 16 May 2018 in Kigali, Rwanda. The Plan identifies "A lack of standard Regional deployment procedures and plans for emergency rapid response" as one of the weaknesses that need to be overcome. The plan requires the establishment of a regional pool (database) of rapidly deployable experts. The regional pool will be an important means of timely response to outbreaks and as a core element of the EAC crisis management structure.

4. It is against this background that the EAC Secretariat decided to establish an EAC Regional Pool of rapidly deployable Experts ("Regional Pool"), which would reflect the One Health approach as decided and directed by the 14th EAC Sectoral Council of Ministers of Health in March 2017 **(EAC/Health/14SCM/ Decision07)** and **(EAC/Health /14/SCM/ Directive 16)**.

The process that led to the establishment of the regional pool

5. The process of development of the regional pool started with a technical experts workshop on the "Development of a Standard Operating Procedure (SOP) for Establishing a Regional Pool of Rapidly Deployable Experts in the EAC" in June

2018, facilitated by SEEG, GIZ's group of rapidly deployable experts. The workshop brought together technical experts involved in One Health preparedness and rapid response from the EAC Secretariat and the Partner States. They discussed the need for a Regional deployment mechanism and coordination, which interlinks closely with and supports national epidemic preparedness and response mechanisms. They also defined the steps necessary to establish the pool. They discussed different scenarios for the pool and mutually agreed on establishing a so-called "hybrid" or interlinking model that combines national expert pools with an overarching Regional pool.

6. Partner States did not have a technical ICT solution in place for the management of national expert pools, it was recommended to establish a Regional solution that could also be used for the national pools. The EAC Secretariat and the Partner States would both benefit from the Regional tool.

7. The SOP identified four necessary key steps to start and continue the process of developing the Regional pool. These are:

    i.   Launch of the processes at the political level;
    ii.   First technical and administrative activities;
    iii. Creation of an electronic database of experts
    iv.   Identification of experts and their inclusion into the pool.

8. The 17th EAC Sectoral Council of Ministers of Health approved the SOP and the report of the working group with its recommendations in October 2018 **(EAC/Health/SCM/017/2018)**. The development of this concept paper and the establishment of the Regional pool is based on this SOP.

9. In March 2019, the 18th Sectoral Council of Ministers of Health approved the establishment of the pool of rapidly deployable experts **(EAC/SC/Health/18/Decision 08)** as part of the 2nd phase of the "Support to Pandemic Preparedness in the EAC region" (PanPrep) project, which is implemented by GIZ on behalf of the German Government and the EAC Secretariat.

10. In February 2020, Regional experts in charge of infectious disease preparedness and response from human and animal health as well as health informatics started the process of establishment of the regional pool. The Partner States and international organizations presented their pool solutions and shared their experiences pre-and post-deployment, the challenges that they faced and proposed solutions for the gaps identified.

11. The meeting agreed on the roadmap for the development of the regional pool and proposed an experts Task Team (Regional pool Task Force) with the responsibility of establishing the pool in line with the SOP. A consultant was recruited to assess the existing ICT tools and solutions and draft the ICT architecture.

12. In the meeting of October 2020, the report on "Assessment of the current situation of pool solutions for deployable experts in the EAC region was presented by the

consultants. The report was based on a rapid cross-sectional study. The study findings were;

     i.   That EAC does not operate a central pool of experts. Instead, Partner States have departments for emergency response. The departmental employees form the Rapid Response Teams (RRTs) with an average number of 30 people of various professional backgrounds.

    ii.   The Criteria for the deployment of the experts differed, but all Partner States considered professional expertise, availability and experience. Apart from South Sudan, no other Partner State had a deployment policy.

    iii.   Most Partner States used tables under Microsoft Excel as a tool for managing their pool. Other applications available in the different Partner States were customized to handle specific areas such as laboratory services, epidemiologic surveillance and disease reporting among other functions.

13. The study recommended the installation of a web-based system comprising of a data warehouse designed to present and process information for a multiplicity of users, based on their needs, thus offering various views depending on different human resource management functions. The consultant recommended an ICT architecture enabling the database to be accessed through mobile and web interfaces. The proposed platform would have a data repository and user interfaces, allowing users to self-register and apply for deployment. This ICT architecture would be key in developing a suitable web-based solution enabling the pool of experts to be coordinated at the EAC Secretariat and Partner State levels as required.

The rationale for Establishing the Regional Pool

14. Considering the frequency and occurrence of disease outbreaks in the EAC region, there is a need to build the regional capacity to respond to outbreaks in line with the International Health Regulations (IHR 2005). Annex I "Core capacity requirements for surveillance and response" section 6(g) of IHR (2005) provides for the establishment of a public emergency response plan **including the creation of multi-disciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency of international concern (PHEIC).**

15. The gaps identified in the Regional Contingency Plan included a lack of standard Regional deployment procedures and plans for the emergency rapid response. Hence, the development of a Regional deployment plan and procedures for emergency response including accelerated recruitment and deployment of a Rapid Response Team (RRT) are listed in the plan. In the contingency plan as well, is the establishment of a database of rapidly deployable experts. The provision of core personnel to regularly feed and update the database is also mentioned as part of the firsts short-term activities listed in the Plan.

16. The IHR (2005) defines the obligations of countries to assess, report and respond to Public Health Events(PHE), and the procedures that WHO must follow to uphold global public health security. Early detection, risk assessment and response are vital

to ensuring that infectious disease events do not escalate into large-scale outbreaks or pandemics. The IHR also dictates the need for state parties (Partner States in case of EAC) to establish the capacity to respond promptly and effectively; to public health risks. It requires that the authorities and partner agencies identify, recruit, register, verify, train, and engage experts to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment phases.

One Health regional approach

17. The implementation of the Rapidly Deployable experts (RDE) pool will create structures and capacities relevant for all EAC Partner States to facilitate a uniform, effective, responsible and balanced approach in pandemic preparedness. The multisectoral and multidisciplinary "One Health" approach is crucial for effective preparedness and response to each of these threats to public health. The approach promotes the multi-sectoral and interdisciplinary application of knowledge, skills and practices to attain optimal health for people, animals and the environment. It aims at promoting a cross-sectoral and collaborative and whole-of-society approach to health hazards.

18. This concept paper on the establishment of the rapidly deployable experts pool embraces the One Health approach. This will entail the recruitment of experts from various relevant professions that will be part of the response teams and will follow the One Health approach in responding to public health emergencies.

The goal of the Regional Pool

19. The goal of the regional pool is to facilitate the enhanced capacity to respond to Public Health Emergency of International Concern (PHEIC) at all levels leading to improved health of Populations and livelihoods.

Objectives of the Regional Pool

20. The regional approach aims to create structures and capacities relevant for all East African Community Partner States to facilitate a uniform, effective, responsible and balanced approach in pandemic preparedness. It will add value by enhancing capacity and providing experiences through experts from the region and beyond. It will ease the process of identifying, training and deploying the "right" experts when necessary. In addition, it will foster coordination, collaboration towards rapid response among the Partner States and the EAC Secretariat. In summary, the pool will enable:

- Immediate response to public health emergencies;
- Availability of a multidisciplinary team at short notice;
- Support to the Partner States with specific expertise and human resources;
- Capacity building;
- Sharing experience and expertise beyond the national level;
- Enhancement of Partner States' response capacities;

- Coordination of Rapid Response Teams (RRT);
- Supplementation of national teams;
- Improved collaboration and linkages in the region and beyond;
- Comprehensive information sharing;
- Regional provision of training and support before, during and after deployment; and
- Pooled procurement.

Assumptions for the Establishment of the Regional Pool

21. The main assumptions establishment of the regional pool are that the Partner States shall: support the establishment and activities of the regional pool; Participate in the identification of experts for inclusion into the pool; accredit and certify experts as per the Partner State mechanisms; Develop MoUs/ agreements with EAC and experts on their release for deployment; appoint a focal point at the national level as the main contact with the pool; have a National and a One Health EOC; receive and facilitate expert operations during response; and set aside funds to maintain activities of the pool.

B. OPERATIONALIZATION AND COORDINATION OF THE REGIONAL POOL

Use of Advanced ICT as an Enabler of the Regional Pool

22. The operationalization of the pool of rapidly deployable experts will be facilitated by software that has been developed specifically for this project. This is a web-based platform hosted on a server located at the EAC Secretariat that can be accessed through both mobile and web interfaces. It will have a data repository and user interface. Possible users in the system will include selected Partner State users, the rapidly deployable experts, EAC level users, and EAC level content managers. All users will have different roles and permissions in the system. The established structures of EAC on human resources and legal issues may be used to assist in the operationalization of the database. The Regional Coordinator, together with the appointed multi-sectorial/multiagency committee, will be the custodian of the server and the information therein. There will be controlled access to the server and safety of information through protected passwords, backup and installation of specific software.

23. The EAC Regional level will be responsible for briefing, continuous training of pool members and updating information on knowledge, skills and competencies required for PHE in the region. A training concept will be developed to enhance capacity in a coordinated and standardized manner. The responsibility for the continuous training and capacity building of national rapidly deployable experts is part of the Partner States' preparedness plans. Both Partner States and the EAC Secretariat have the responsibility of generating expertise that is not yet available in the region. Partner States and related regulatory bodies are responsible for the accreditation and certification of experts in the regional database.

24. The respective Partner States will have access to the regional pool database and be able to review their respective national experts' profiles. If needed, the individual Partner States may link their national databases to the regional one. Similarly, the Regional Pool can technically be linked to existing databases of international organizations operating in disaster response to utilize synergies. This will lead to enhanced capacity to respond to PHEIC at all levels, ultimately improving the health of the population.

Recruitment into the Pool database

25. Once a request for a particular position has been released, both the Partner States and Secretariat shall actively and systematically look for expertise that is available at the national and/or Regional levels. Nevertheless, the recruitment should fulfil the requirements of implementing the One Health approach. Through adverts, requests and headhunt, regional experts will be asked to apply to the regional pool through the website/link provided. The experts will be invited to provide personal and professional information using a template with specific terms of reference(ToR) and criteria for the position. The applications submitted will first be sieved automatically as the initial stage of assessment. This will be done based on the terms and criteria of selection for the expert position. The candidates auto-selected will then be shortlisted for an interview which will be carried out either in person / virtually by the selection committee.

Regional Management / Selection Committee

26. The following is the suggested composition of the selection committee:

- **At least 3 from each Partner State**s (e.g. Director in charge of Health Services, Director of Veterinary Services, Director of Environmental Health, Commissioner/Manager Health Informatics (Data)/ ICT for health)
- **At least 5 from the EAC Secretariat** (e.g. Human Health, Animal Health, Environment and Natural Resources, Tourism and Wildlife, Trade, Customs, Agriculture, Meteorology, Human Resource and Administration Finance Department)

27. The ToR for the selection committee include Coordinate Partner States in responding to the PHE; Review the application and Curriculum Vitae(CVs) received; Select the experts based on the terms and criteria; Assess the risk levels of the PHE and categorize them accordingly; Ensure that all the data and information on the PHE are updated; Developing, reviewing and updating the ToRs and criteria for selection experts; Consider request from the Partner State that requires assistance; Determine the surge capacity needs in terms of personnel and health products and technologies; Determine the data that should be documented during the PHE; Assist in the coordination of resources mobilization and advise on resources allocation; and Ensure the key policy instruments, guidelines and documents for the management of the PHE in the region are in place

28. The selection will strictly be based on the ToR for the position (service required, desired skills, qualifications and competencies). Those who are successful in the verification and interviews will then be enlisted into the Regional pool of experts.

29. Once selected, the experts could use the software to: Track the applications, payments and deployments; View the deployment requests/notifications accept or decline deployment requests; Update their profile through their content manager; and Submit mission reports and feedback

Triggers for the deployment of experts

30. Deployments will be done at the requests of Partner States. When outbreaks of diseases of public health concern affect more than one Partner State the EAC Secretariat will fulfil its task of coordination and advice. The deployment triggers include:
    - Official request of a single or multiple Partner States for support in a situation where the national capacities are either insufficient (lacking specific expertise) or overwhelmed;
    - Public health events affecting more than one country and/or a disease outbreak, which exceeds a pre-defined threshold in agreement with national, regional and international regulations.
    - Surpassing of national thresholds for communicable diseases;
    - Newly emerging and re-emerging diseases;
    - Public Health Events of International Concern (PHEIC);
    - Public Health security concern from rumours, alerts from media monitoring.

31. On activation of the EAC regional pool (following the triggers listed above), the SGs One health desk/Regional pool coordinator shall.
    i. Convene a meeting of the regional select committee
    ii. Develop a plan of how to assist in terms of personnel and equipment
    iii. Determine the list of professions required, and the service required
    iv. Plan activities
    v. Develop a budget
    vi. Select the team to mount the response with the overall team leader of the EAC Team (hereby referred to as the EAC Liaison officer)
    vii. Guide on reporting structure between the Partner State and the EAC Secretariat
        a. The EAC team operationally reports to the Incident Commander of the host Partner State and horizontally through the EAC Team liaison officer to the Regional Coordinator of the EAC regional pool of experts
        b. It is expected that the EAC will cover transport, Daily subsistence allowance (DSA) and health insurance.

Guidelines on Deployment of Experts

32. Guidelines for the deployment of the experts include:

i. **Request for emergency support:** To initiate an emergency deployment, a reference is made to triggers for the pool. Partner States submit a request for support where they have insufficient capacity or are overwhelmed

ii. **Review by EAC Secretariat:** The EAC secretariat reviews the requests and decides whether to deploy staff from the Regional pool.

iii. **Technical Assessment of the selected experts:** Technical experts are assessed, in coordination with the Partner States before placement. This ensures that their expertise matches what is needed on the ground.

iv. **Mobilization and travel arrangements:** Liaison between the Partner States that requests the operation and EAC secretariat to ensure the deployee receives all the relevant documentation, travel and budgetary allocations

v. **Deployment:** The deployee travels to the requesting Partner State (or requesting country) and is received by the National Incident Commander for the PHE. They also receive briefing packages containing job descriptions, operating procedures and other relevant documents, based on which they must develop their work plans in consultation with their immediate supervisors.

vi. **Repatriation:** The EAC can repatriate experts before the expiration of their contract. This, as per the ToR can occur if
   • They do not meet the mission requirements
   • Disciplinary issues
   • Compassionate grounds /Personal reasons from the expert
   • Death/Injury in service
   • Earlier conclusion of the need for the precise expertise/end of the incident

vii. **Extension if need be:** On a need basis, and if preapproved by both the Partner State and EAC secretariat, the duration of deployment can be extended, provided the budget allows.

viii. **Performance Management:** Fair and transparent continuous appraisal shall be undertaken periodically by the immediate supervisor during deployment. Experts can be given informal feedback and develop improvement plans with the supervisors. This will be written formally to the EAC and based on the delivery of required tasks. The final appraisal will be undertaken at the end of every deployment. This appraisal will be uploaded to the employee's personnel file for future reference

ix. **Checkout:** The EAC administration can facilitate timely checkout. To ensure appraisals are filled and any personal bills at the duty station are paid. The deployee must submit an end of mission report to the country office, with a copy to the EAC secretariat

Coordination, Command and Control during Deployment

33. For the coordination of the pool of experts during deployment, a regional implementation team for managing the pool has been suggested. This is in line with the EAC Secretariat mandate for coordination and advisory roles. This team will be the hub of the coordination mechanism for the RDE pool. This team will undertake the following functions:
   i. Coordinate the recruitment, and training of Experts
   ii. Notify, organize, assemble, and deploy experts (coordinates joint processes)

iii. Conduct or support expert's safety and health monitoring and surveillance
iv. Demobilize experts
v. Monitor and evaluate the Experts

Regional Coordinating officer and Implementation team at EAC Secretariat

34. The Secretary-General (SG) will appoint a Regional Coordinating officer (Regional Coordinator). The SG may delegate this responsibility. Nevertheless, it is recommended that the office handling coordination should be anchored in the proposed EAC Secretariat One Health Unit. The One Health unit should be suprasectoral as it is multisectoral and transdisciplinary. The SG shall in the spirit of One Health appoint members of the Implementation team at the EAC Secretariat.

35. Following activation of the pool the Command structure will follow the regional contingency plan structure. The relation to other deployment mechanisms shall be defined in Memorandums of Understanding (MoUs) with those countries or regions, whilst considering existing MoUs and other relevant instruments. Framework conditions for crisis management should facilitate quick responses with accelerated processes and short decision-making routes at all levels.

C. DEPLOYMENT CYCLE AND ACTIVITIES

36. The deployment cycle is a continuous process, advancing through three key phases: Pre-deployment, deployment and post-deployment. Although it may not be noticeable when each distinct phase comes and goes, deployable experts and their families progress through the cycle.
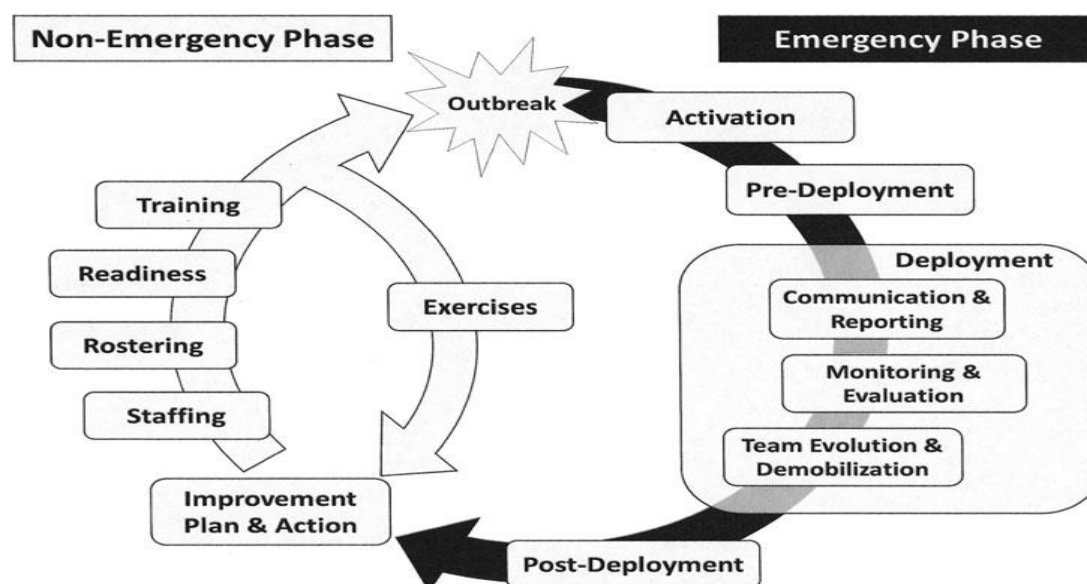The figure below shows the key stages of the deployment cycle.

Figure: Key Stages of the Deployment Cycle

Preliminary activities and approvals

37. The following are the required processes or approvals for the successful establishment of the Regional Deployable Experts (RDE)

    i.   Initial processes at the political level: Council decision; Expert working group meetings to discuss the draft concept papers, and propose decisions for adoption by the council. The EAC Secretariat (Task Team) to coordinate this activity.

    ii.   Technical and administrative activities (approval of the concept note, budget, resource mobilization strategy, roadmap and manuals/forms)

    iii.   Creation of a database (ICT-solution web-based system) at EAC Secretariat;

    iv.   Identification of experts and their inclusion into the pool; and

    v.   Mobilizing resources and executing the activities.

Selection of experts to be coordinated by the EAC Secretariat

38. The selection of experts is to be coordinated by the EAC secretariat will entail

    i.   A selection committee will draft the selection criteria with critical qualifications required for the experts for the specific emergency.

    ii.   Approval of the draft criteria by Experts and the Secretary General/ Council of Ministers

    iii.   Send out a call to experts in the Partner States to apply through the online/web-based tool. The web-based tool will sieve based on programming then secretariat processes next phase based on tool results

    iv.   Select the qualified experts (according to criteria approved) and share the list with the Partner States

    v.   Secretariat to convene the relevant meeting (virtually or physically) to approve the list

    vi.   Communicate to the selected experts and Partner States

    vii.   Secretariat to ensure the up-to-date content management of the web-based system for the pool.

39. There are four key issues/ activities that must be considered or required in each of these deployment cycle phases, namely:

    i.   Administrative requirements

    ii.   Legal requirements

    iii.   Logistical requirements

    iv.   Financial requirements

These requirements help guide the smooth engagement and deployment of experts in the EAC region and beyond.

Pre-deployment phase

40. This phase is mainly referred to as the peace phase in the deployment cycle of experts. In brief, the stage involves identification and selection of experts; training of experts; sharing tor and briefing of experts, distribution of roles and responsibilities, information sharing (e.g., medical, security, travel); briefings; logistical preparation; logistical preparation; administrative issues (administrative matters e.g., human resources, business continuity) legal issues and financial issues. The pre-deployment activities equip the experts with the essential knowledge and skills to perform effectively and safely in the field. It is important that all the pre-deployment phase administrative, legal, logistical and financial requirements are checked and addressed:

Deployment phase

41. Following activation, experts are given at most seven days to be available for deployment. The following key issues are addressed mechanism, coordination; communication, reporting; activities in the field (e.g., impact, relevance, appropriateness, and effectiveness); security; health of experts including stress management, working conditions, accommodation and feeding. It is envisaged that experts deployed in the field will utilize the guidelines developed to enhance safety and security.

Post-Deployment Phase

42. The post-deployment phase involves the following: debriefing; financial, administrative matters such as recuperation, medical follow-up including mental health and capacity building activities.

Management responsibilities:

43. After the assignment is completed and the Experts are demobilized; there are several things to be done by the Secretariat and Partner States: these include the following:
    - Criteria for demobilization and or team rotation
    - Reintegration preparedness and capacity building activities
    - Post-deployment conference/seminar for Experts and relevant stakeholders
    - Revisiting the administrative affairs
    - Revisiting the financial affairs

Personal issues concerning Experts

44. After deployment there are many personal issues concerning the experts that would require to be considered: They include:

    i.   Return and reunion with families and friends after fighting a pandemic.
    ii. Leave, following deployment
    iii. Reintegration/redeployment to formal employment
    iv. Revisiting the Employment contracts or MOU signed before deployment
    v.   Post Deployment benefits if any

vi.   Psychosocial support to experts and their families
vii.   Formal After Actions reviews
viii.   Secretariat to convene a conference or Seminar for Experts as soon as they return from the field to obtain feedback and address any outstanding issues

Checklists for requirements

45. To help in the management of the pool and the deployment, cycle checklists are developed for administrative requirements, Legal requirements, Logistical requirements and Financial requirements

D. ROADMAP FOR THE ESTABLISHMENT OF THE EAC REGIONAL POOL

46. The roadmap covers the preliminary (preparatory activities towards the establishment of the pool including drafting of concepts, approvals, establishing a web-based system and facilitating the necessary teams and committees to do the work. The initial activities of the establishment of the EAC RDE pool are funded by the GIZ-Government of Germany under the *Support to Pandemic Preparedness in the EAC Region project (PanPrep) II* project.

47. The roadmap and budget proposal are prepared to ensure the smooth path to the establishment of the Regional Deployable Experts (RDE) pool to contain epidemics, pandemics and diseases of public health concern in the EAC.

48. The objectives of the budgeted road map for the establishment of the EAC regional pool include to:
    i.   Ensure the successful establishment of the regional pool of experts by June 2022
    ii.   Install and maintain a web-based system to process the recruitment, selection, updating and coordinating of the RDE pool by Dec 2021
    iii.   Provide for the activities before, during and after deployment of RDE- Experts within one year
    iv.   Provide for resource mobilization and collaborative activities with International, Regional and local Organizations; Inter-governmental Organizations, the Private Sector, Civil Society Organizations and other partners
    v.   Ensure Monitoring and Evaluation of the RDE pool activities, quarterly and annually
    vi.   Be ready to deploy at any time there is a need for the pool

Preparatory stage

49. The preparatory stage for the establishment of the regional will entail: Concept paper drafting and submission; Expert working group meetings and stakeholder consultation; Procurement, training and launch of the ICT infrastructure

It is estimated that this phase will cost USD 272 260.

Pre-deployment

50. The pre-deployment phase will include:
    i. Resource mobilization and advocacy
    ii. Orientation and initial training of pool experts
    iii. Appoint EAC and Partner States Select Committee of 20-24 persons to select the experts
    iv. Share the web link and ensure all key stakeholders can use the system
    v. Receive applications and preselect experts using the online system
    vi. Identify and recruit the initial pool experts into the database
    vii. Successful Experts are notified
    viii. Targeted orientation, training and psychosocial support is provided to the pool members
    ix. Address legal issues in time and ensure any pending issue is identified and resolved
        The amount budgeted for this phase is 1087570

Deployment (In case of an Emergency)

51. Expert deployment and support including remuneration, leave, Psycho-social and logistics will only be undertaken if there is a Public Health emergency. Experts shall not be deployed at all times or serve as a substitute for other non-urgent needs. If the situation demands this phase may cost up to an estimated 5,578,600USD and may vary depending on the scenario.

Post-deployment

52. The posts -deployment phase will involve: Demobilisation and debriefing of experts Drafting of the Post-deployment reports; addressing post-deployment issues; Psycho-social support; Knowledge management and seminars to Share lessons learnt; Updates and maintenance of the database. The budget for this phase is USD 285,910

E. FINANCIAL PLAN TO ENSURE A FUNCTIONAL REGIONAL POOL

53. The EAC is desirous of establishing and maintaining a pool of Regional Deployable Experts to contain epidemics and other events of public health concern. Developing a sustainable mechanism for funding the pool and the deployment of experts is a prerequisite for rendering the pool viable. Without a functional and sustainable funding mechanism, the Regional pool will not take off. The EAC Secretariat should take the lead in mainstreaming maintenance costs of the RDE pool into the EAC Budget. The EAC Secretariat should also undertake resource mobilization for the pool. It will be necessary to budget reasonably in emergencies to make the best use of limited resources and be able to operate and respond without delay.

54. At the national level, it is proposed that the One Health Task Force will have an emergency (basket) fund attached to the Offices of the President/Prime Minister. It is

proposed that the Partner States put in place/implement a mechanism of access to contingency funds during epidemics or public health events of international concern.

55. Already, through the support of the PanPrep project, the ICT infrastructure has been developed. The key activities for the three-year plan and indicative budget have been outlined. They are in line with EAC strategic plan 2018-2023 and include:

Maintenance of the Pool

56. This involves costs for the maintenance of the pool**.** They will include**:**
    i. Maintaining the web-based system to coordinate and manage the RDE pool
    ii. Meeting of the expert working groups to monitor, review and evaluate the implementation of the Concept paper and IT systems
    iii. Procurement of necessary tools and equipment and requirements to be stocked at EAC
    iv. Meeting to follow up and monitor deployment
    v. Consultancy and Publication

    This will require an estimated cost of USD.992420 per year

Pre-deployment phase

57. This phase includes: Recruit key staff, coordinate activities and train experts; prepare personnel for the field; address legal issues and mobilize resources. The estimated cost per year is USD 252160 per year for the three years

Deployment phase (This will be required if an emergency occurs that requires deployment)

58. Though the concept does not focus on actual deployment, there are certain situations where a deployment may be necessary and this involves:
    i. Notifying experts
    ii. Orientation
    iii. Enhancing their safety and health
    iv. Provision for allowances
    v. Availing key supplies
    vi. Deployment costs
    vii. Remuneration of experts
    An estimated amount of USD 5,565,600 will be required per year if deployment is undertaken.

Post-deployment (Only if deployment is undertaken)

59. This phase following deployment includes Post-deployment affairs; Demobilization; Psychosocial support; and Knowledge management amongst other things. The estimated costs of **USD 292,710** will be required each year only if deployment is conducted.

60. The above activities have an indicative budget of USD 21,308670 distributed as follows; Year 1 will cost **USD   7,102, 890; Year 2 7,102 890; and Year 3 USD 7,102890**

Note: Funds for deployment and post-deployment will be required if there is a disease outbreak where experts are deployed. Otherwise, only maintenance costs for the pool are required estimated at USD.992, 420 per year.

F. MONITORING AND EVALUATION
G.

61. The Rapidly Deployable Experts Pool is coordinated at the EAC Secretary General's office. There exists a regional coordinator who together with the EAC Secretariat and Partner States appointees, will coordinate, supervise, monitor and evaluate the regional pool.

62. Monitoring will involve the following; achievement of scheduled activities/meetings; Proper records of the minutes of the coordination meeting and tracking actions therein; Updates on the database; Advocacy messages developed and shared; Quantification of support to the Partner States during PHEIC; Number of applications to the pool; Sieving applications by the system to a sizable number, presenting it to the Selection Committee for interviews and final selection; Reports from field experts; Number of training, assessing their impacts and recommendations; Number of simulation exercises and audits on expert and Partner States performance; Final reports, publications, distribution and use in the EAC and Documentation Center and with other relevant stakeholders amongst other things.