



**Framework for Cross-Border Integrated Disease  
Surveillance and Response, for the Southern Africa  
TB Health Systems Support (SATBHSS) Project**

**October  
2017**

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## FOREWORD

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The Southern Africa TB and Health Systems Support (SATBHSS) Project is a regional project covering four countries namely, Lesotho, Malawi, Mozambique and Zambia with the aim to improve coverage and quality of key TB control and occupational lung disease services in targeted geographic areas of the participating countries; and strengthen regional capacity to manage the burden of TB and occupational diseases. The interventions will be implemented through three overarching components of (i) Innovative Prevention, Detection, and Treatment of TB; (ii) Regional Capacity for Disease Surveillance, Diagnostics, and Management of TB and Occupational Lung Diseases; and (iii) Regional Learning and Innovation, and Project Management.

The project is a collaborative effort between the East, Central and Southern Africa Health Community (ECSA-HC), the New Partnership for Africa's Development (NEPAD) and the countries named above. The countries will take leadership on various thematic areas in which they have comparative advantage and support other countries by providing leadership in advancing in the specific areas. Leadership responsibilities for the various technical areas were agreed as follows: Zambia - Mining regulation and occupational health; Malawi - Continuum of Care); Mozambique (Economics of TB/sustainable financing and Laboratory and surveillance and Lesotho - Monitoring and Evaluation and Research.

During the inaugural Regional Meeting on the Community of Practice on Laboratory and Surveillance in Maputo, 22-25 August 2017, it was

- Noted that there are currently weak diseases surveillance systems among the Member States
- Agreed that diseases do not respect administrative borders hence there is need to establish a harmonized consensus-based collaboration and implementation of cross-border disease surveillance (including other health disasters)

The meeting deliberated and agreed to developed a Framework for Cross-Border Integrated Disease Surveillance and Response for the SATBHSS project countries and its neighbors of South Africa, Swaziland and Tanzania and Zimbabwe. The framework for cross-border surveillance is an opportunity for MS to strengthen priority cross-border activities for disease control, including but not limited to disease surveillance, epidemic preparedness and outbreak control as well as building core capacities to ensure compliance to the International Health Regulations (IHR (2005)).

## BACKGROUND

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Diseases do no respect border boundaries and the globalization of the world has exacerbated the threat of diseases reaching far and beyond through cross border areas. Globally, the realization for the increased need for cross-border diseases control is seen with emergency of many inter-country initiatives such as the South East European Center of Infectious Diseases Surveillance and Control (SECIDS), Middle East Consortium for Infectious Disease Surveillance (MECIDS), Southern Africa Center for Infectious Disease Surveillance (SACIDS), East African Integrated Disease Surveillance and Response Network (EAIDSNet) and many others.

The 2003 WHO Regional Office organized inter-ministerial meeting of the ministers of health of the countries of the Great Lakes Region recommended that there be development of joint epidemic preparedness and response plans for cross border areas; formalization of cross-border meetings during interepidemic periods in order to reinforce epidemiological surveillance for timely detection and response to epidemics and improved coordination of partners and advocate for intercountry and cross-border activities to control epidemics. The Southern Africa region face similar challenges which require similar interventions because of the region's inter connectedness politically, socially and economically characterized by increased cross border trade and movement of goods, people and animals

Annex 1b of the International Health Regulations (IHR (2005) mandates countries to establish capacities for disease surveillance and response at designated points of entry to minimize the risk of cross-border disease transmission. Article 57 of the IHR (2005) provides for collaboration of countries in regional blocs like the African Union (AU) and Southern Africa Development Community (SADC), the East African Community (EAC) and others to facilitate joint application of these regulations. Consequently, the African Union developed the Africa Health Strategy (2007 – 2015), which mandates Member States and regional economic communities to strengthen their surveillance and preparedness plans for health disasters as well as prepare to implement the IHR (2005).

An effective surveillance should have key attributes of simplicity, timeliness, flexibility, acceptability, sensitivity, cost effectiveness, data quality, representativeness, stability and compliance. Establishment of the *Framework for Cross-Border Integrated Disease Surveillance and Response* will be supported by the World Bank supported Southern Africa TB Health Systems Support (SATBHSS) Project. Under Component 2: Regional Capacity for Disease Surveillance, Diagnostics, and Management of TB and Occupational Lung Diseases, the SATBHSS project will facilitate cross-border collaboration in disease outbreak management through (i) establishment of cross-border committees between the participating countries and their neighbors who are not in the project (ii) conducting tabletop and field simulation exercises on priority diseases identified by the countries and conducting joint outbreak investigations of communicable diseases when they happen.

To effectively implement these initiatives, there is need to have a harmonized consensus-based collaboration and implementation approach to cross-border disease surveillance (including

other health disasters). This framework provides the basis upon which these coordinated efforts can be implemented effectively.

## **OBJECTIVES**

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### **General objective**

To collaborate and implement a harmonized cross border diseases surveillance, joint outbreak investigation and response under the *One Health* approach in border zones at high risk of diseases within the overall framework of the protocol on Southern African Regional Cooperation in Health

## **SPECIFIC OBJECTIVES**

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1. Establish mechanisms for sharing surveillance data and epidemiological and other related information through periodic reports, newsletters, bulletins and other methods.
2. Set up Cross-Border Zonal disease surveillance and response committees to coordinate and implement cross-border interventions in line with existing structures.
3. Develop common plans for cross-border surveillance, epidemic preparedness and joint outbreak response.
4. To harmonize outbreak response intervention within the border zones in the region
5. Establish mechanisms for local community-based trans-boundary integrated disease surveillance networks in cross-border settings in the region in accordance with the *One Health* approach
6. Organize joint standardized common training, sensitization sessions on capacity building activities on Integrated Disease Surveillance (IDSR), International Health Regulations (IHR 2005) and cross-border surveillance for Health Care Workers (HCW), Community Healthcare Workers (CHW) and other stakeholders in the identified border zones.
7. Joint designation of crossing points for the implementation of the International Health Regulations (IHR 2005)
8. To foster collaborations and partnerships with other stakeholders in strengthening the capacities and resource mobilization

## **PROCEDURE FOR OPERATIONALIZING AND STRENGTHENING CROSS-BORDER SURVEILLANCE**

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All the cross-border surveillance activities will be moderated by the Regional Community of Practice (CoP) on Laboratory and Surveillance through the National CoPs that were established under the SATBHSS Project. The Regional and National CoPs will coordinate the establishment of Cross-Border Zones and Cross Border Committees as described in this Framework. The ECSA-HC Secretariat will play an oversight role by providing technical support to coordinate and harmonize implementation in the region. The Secretariat will also

ensure other regional bodies of WHO, Africa CDC and SADC are always engaged and involved.

The CoP on Laboratory and Surveillance identified the list of priority animal and human diseases for the region as follows:

<b>Proposed list of Southern Africa Region Priority human diseases, conditions and events</b>		
Epidemic prone diseases	Diseases targeted for eradication or elimination	Other major diseases, events or conditions of public health importance
<ol style="list-style-type: none"> <li>1. Acute haemorrhagic fever syndrome*</li> <li>2. Cholera</li> <li>3. Bacillary dysentery</li> <li>4. Measles</li> <li>5. Meningococcal meningitis</li> <li>6. Plague</li> <li>7. Typhoid fever</li> <li>8. Yellow fever</li> <li>9. Hepatitis E</li> <li>10. Schistosomiasis</li> <li>11. Chikungunya</li> </ol> <p>*Ebola, Marburg, Rift Valley, Lassa, Crimean Congo, West Nile Fever, Dengue haemorrhagic fever</p>	<ol style="list-style-type: none"> <li>1. Neonatal tetanus</li> <li>2. (AFP) Poliomyelitis<sup>1</sup></li> <li>3. Trypanosomiasis</li> <li>4. Trachoma</li> <li>5. Leprosy</li> </ol>	<ol style="list-style-type: none"> <li>1. Diarrhoea in &lt;5 years</li> <li>2. HIV/AIDS (new cases)</li> <li>3. STIs</li> <li>4. Malaria</li> <li>5. Rabies (animal bites)</li> <li>6. Pneumonia &lt;5 years</li> <li>7. A Tuberculosis</li> </ol> <p>a. MDR/XDR-TB b. Selected NCDs</p>
	<b>Diseases or events of International concern</b>	
	<ol style="list-style-type: none"> <li>1. Human influenza due to a new subtype<sup>1</sup></li> <li>2. SARS1</li> <li>3. Smallpox<sup>1</sup></li> <li>4. Any public health event of international or national concern (infectious, zoonotic, food borne, chemical, radio nuclear, or due to unknown condition)</li> </ol> <p>Disease specified by IHR (2005) for immediate notification</p>	

#### **Trans-boundary priority animal diseases**

- Highly pathogenic Avian Influenza
- Rift valley fever
- Trypanosomiasis
- Rabies
- African Swine Fever (ASF)
- Anthrax

It is notable that Rift Valley Fever, Rabies and Trypanosomiasis are zoonotic diseases.

The criteria for selection of these diseases into the priority list of diseases was done through a consultative, consensus based processes that involved all the Partner States. The criteria included the following: epidemic potential, targeted for eradication or elimination and disease of public health importance.

# **ESTABLISHMENT OF CROSS-BORDER DISEASE SURVEILLANCE ZONES AND COMMITTEES**

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## **CROSS BORDER ZONES**

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From an epidemiological perspective, the border population between two or more countries will be considered as one epidemiological zone. In this Framework, such a zone will be considered a ‘*Cross-Border Zone*’. Based on a number of factors, the Cross - Border Zone may be made up of one or several districts (or other administrative demarcations as may apply) on either side of the designated borders.

A review of the various borders shared among the SATBHSS countries of Lesotho, Malawi, Mozambique, Zambia and their neighbors of Tanzania, Swaziland and Zimbabwe (who are not project members) was conducted by members of the Regional Community of Practice (CoP) on Laboratory and Surveillance in consultation with each country stakeholders. The Cross-Border Zones were created by matching districts on one side of the border with corresponding districts in the neighboring country. One or more of the following criteria was applied for zoning the cross-border areas

1. Length of the border
2. Convenience
3. Burden of the diseases in the area
4. IHR - human activities including presence of towns; human traffic/movements; trade and commerce
5. Animal health activities – e.g. national parks; movement of cattle
6. Health facilities and Laboratory Services
7. Human population size

Twenty-four (24) Cross-Broder Zones were established as follows:

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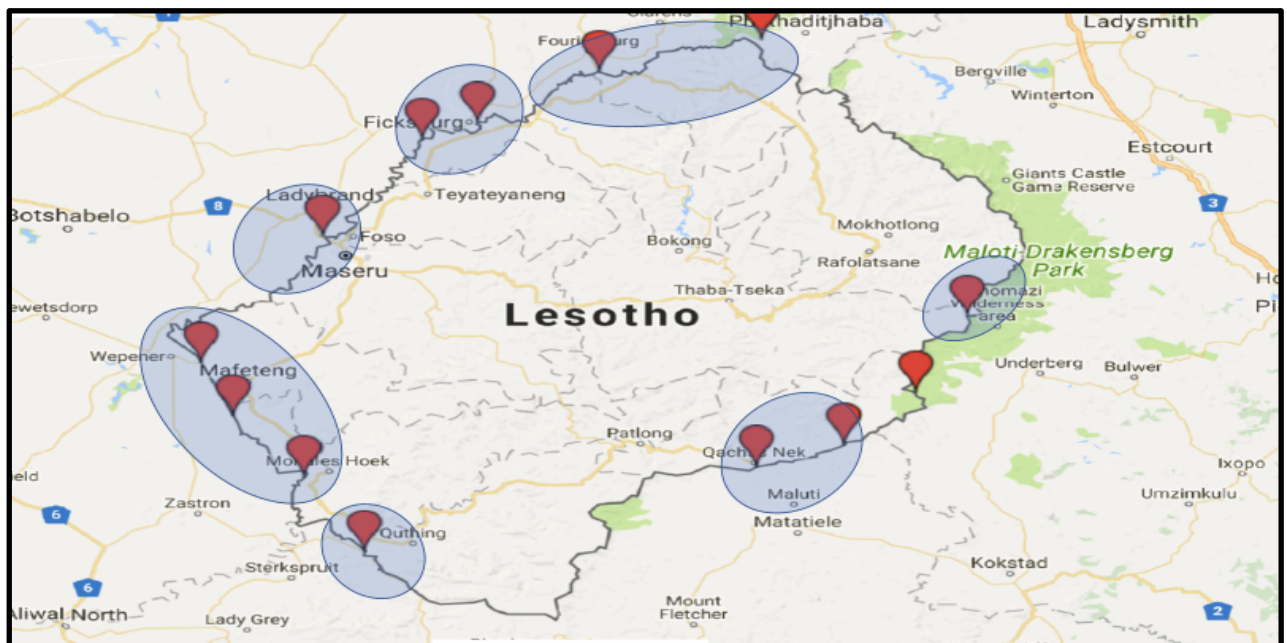
### **KINGDOM OF LESOTHO AND REPUBLIC OF SOUTH AFRICA CROSS-BORDER ZONES**

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Seven (7) Cross-Border Zones were established. The zoning was based mostly on administrative grounds given the municipality system used in South Africa.



Lesotho and South Africa			
ZONES	RSA – Provide & Municipality	Lesotho District	Border/Gate
1	Free State – Mantsopa	Maseru	Maseru Bridge
2	Free State - Setsoto	Leribe	Maputsoe
			Peka
3	Free State - Dihlabeng	Butha Buthe	Caledonspoort
			Monontsa
4	Natal - Okhahlamba	Mokhotlong	Sani Pass
5	Eastern cape – Matatiele	Qacha’s Nek	Qacha Bridge
			Nkoankoane
6	Eastern Cape - Senqu	Quthing	Tele Bridge
			Onglos’ Nek
7	Free State - Mohokare	Mohale’s Hoek	Makhaleng
			Sephapo’s Gate
	Free State - Mohokare	Mafeteng	Van Rooyes’s Gate



**FIGURE 1: LESOTHO - SOUTH AFRICA ZONES 1-7**

**REPUBLICS OF MALAWI AND TANZANIA CROSS- BORDER ZONES**  
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Two (2) cross border Zones were established.

<b>Malawi- Tanzania Cross boarder zones</b>			
<b>Country</b>	<b>Tanzania Districts</b>	<b>Malawi Districts</b>	<b>Zones</b>
Malawi-Tanzania	Kyela, Ileje, Makete; Ludewa	Karonga Chitipa	1
	Nyasa	Nkhata bay	2



**FIGURE 2: MALAWI - TANZANIA CROSS-BORDER ZONES 1& 2**

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## REPUBLICS OF ZAMBIA AND TANZANIA

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One (1) Cross-Border zone was established.

	<b>Tanzania Districts</b>	<b>Zambia Districts</b>	<b>Zone</b>
Zambia - Tanzania	Moomba Kalambo	Nakonde Mbala	1

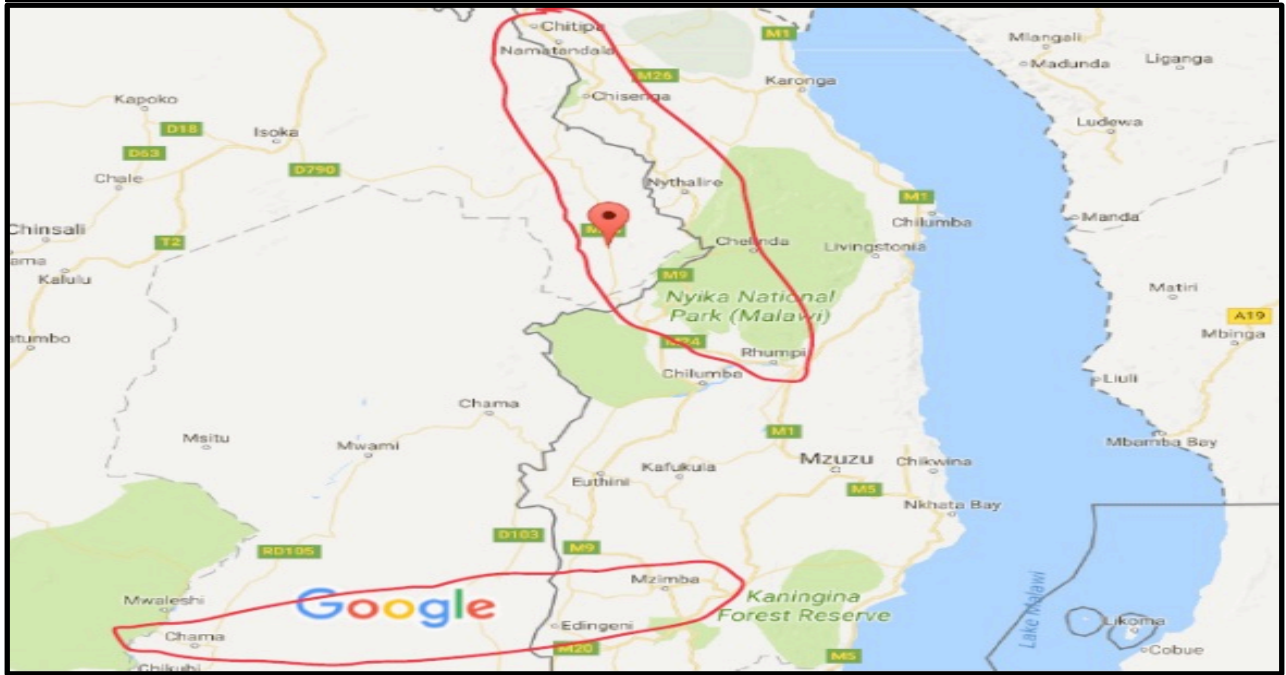


**FIGURE 3: ZAMBIA - TANZANIA CROSS-BORDER ZONE 1**

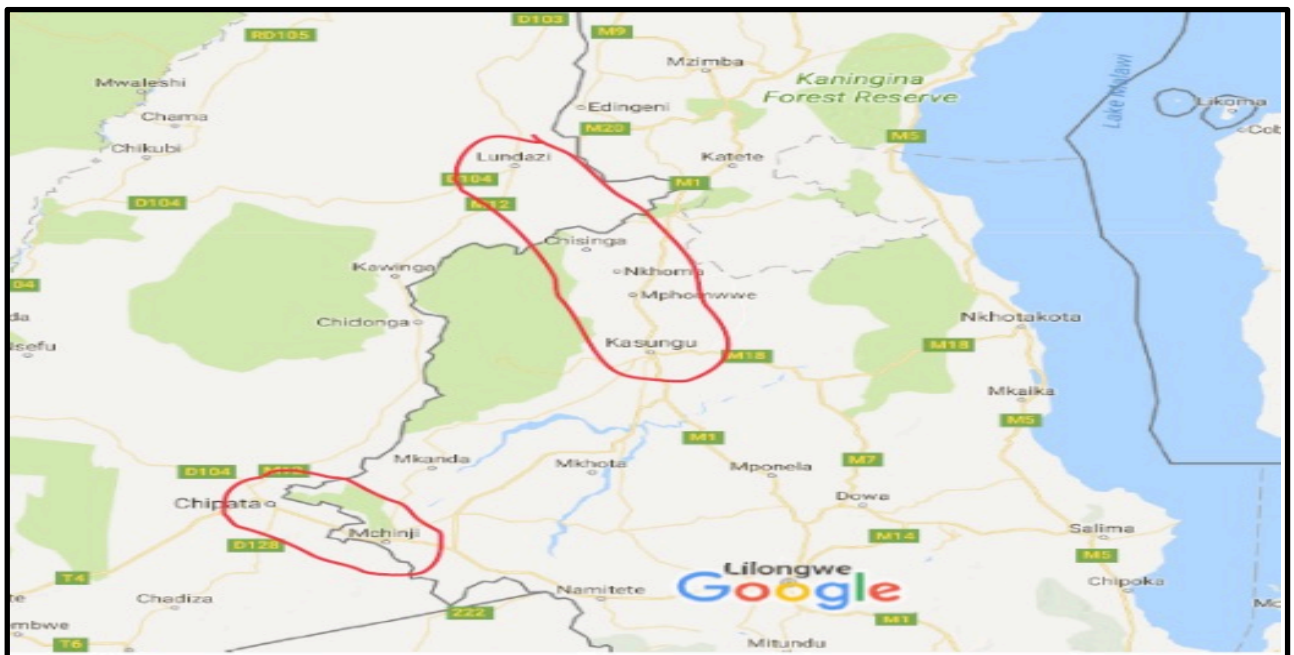
**REPUBLICS OF ZAMBIA AND MALAWI**

Four (4) Cross-Border zone was established.

	<b>Malawi Districts</b>	<b>Zambia Districts</b>	<b>Zones</b>
Zambia-Malawi	Chitipa, Rumphi	Mafinga	1
	Mzimba	Chama	2
	Kasungu	Lundazi	3
	Mchinji	Chipata	4



**FIGURE 4: ZAMBIA - MALAWI CROSS-BORDER ZONES 1 & 2**

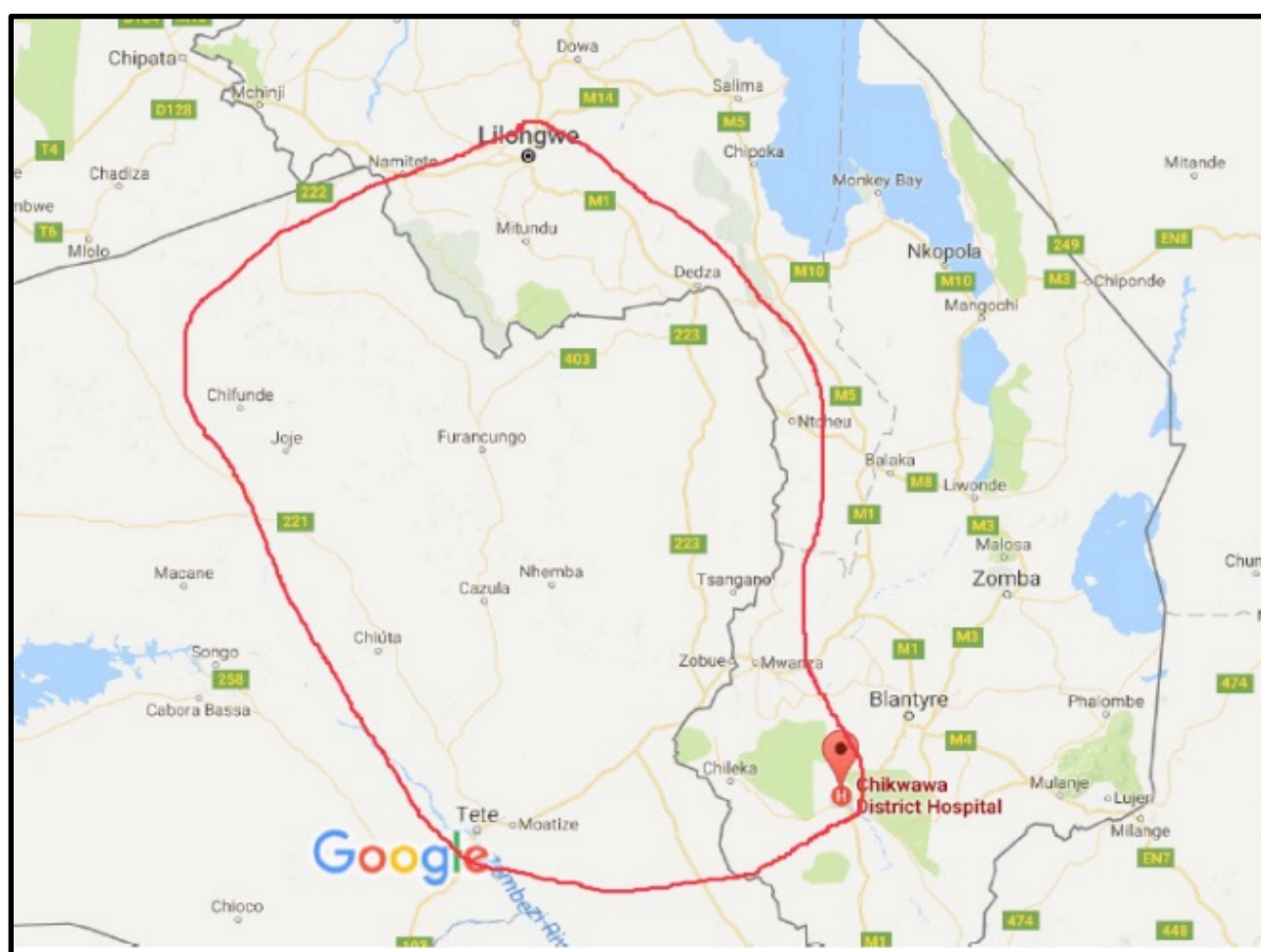


**FIGURE 5: ZAMBIA - MALAWI CROSS-BORDER ZONES 3 & 4**

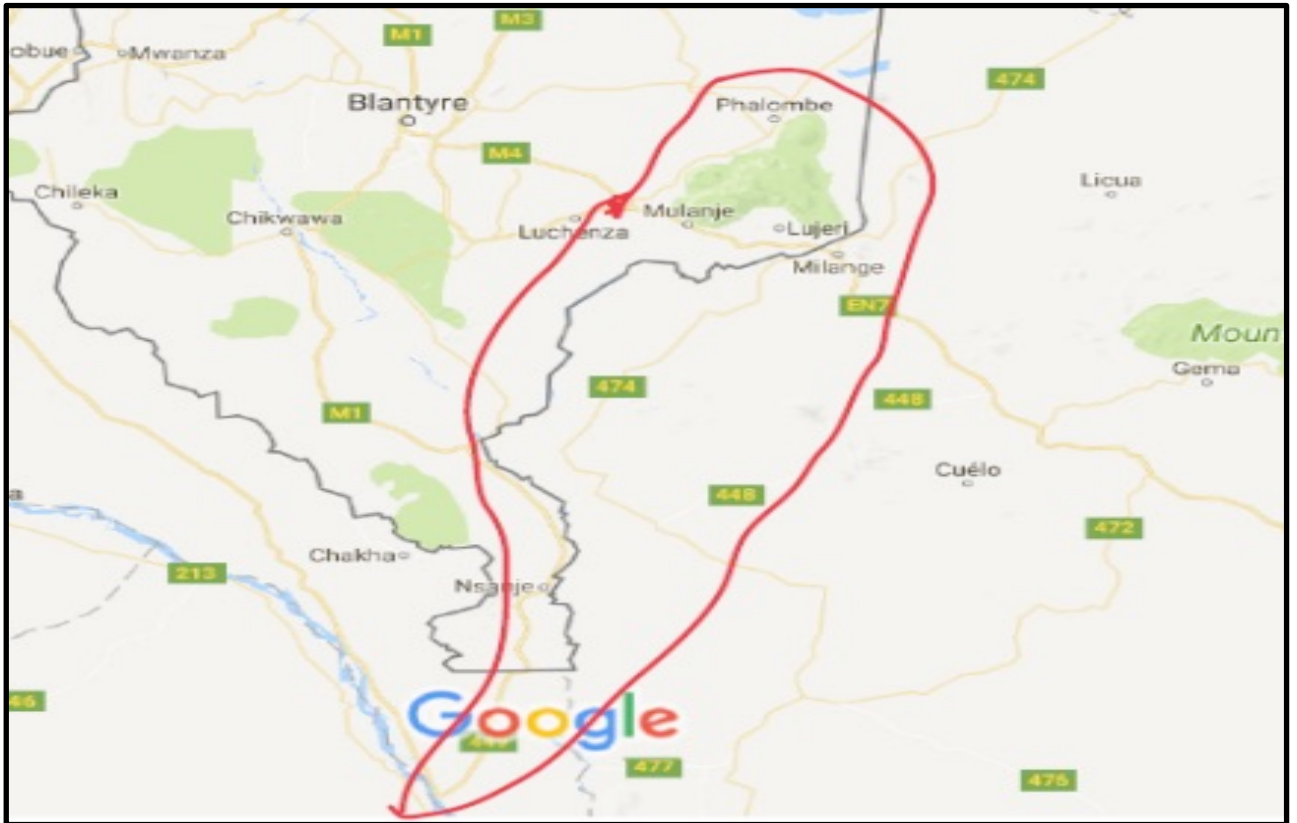
**REPUBLICS OF MOZAMBIQUE AND MALAWI**

Two (2) Cross-Border Zones were established.

	<b>Mozambique Province- Districts</b>	<b>Malawi Districts</b>	<b>Zones</b>
Mozambique - Malawi	<b>Tete Province:</b> Moatize, Tsangano; Chifunde, Macanga Angonia, ,	Lilongwe, Dedza, Ntcheu, Mwanza, Chikwawa,	1
	<b>Zambezia Province:</b> Milange, Morrumbala, Mutarara	Nsanje, Mulanje, Phalombe,	2
	<b>Niassa Province:</b> Lichinga Mecanhelas, Mandimba, Ngauma, & Lago	Zomba, Machinga, Mangochi, Likoma	3



**FIGURE 6: MALAWI - MOZAMBIQUE CROSS-BORDER ZONE 1**



**FIGURE 7: MALAWI - MOZAMBIQUE CROSS-BORDER ZONE 2**



**FIGURE 8: MALAWI MOZAMBIQUE CROSS-BORDER ZONE 3**

**REPUBLIC OF MOZAMBIQUE AND KINGDOM OF SWAZILAND CROSS BORDER ZONES**

One (1) Cross-Border Zone was established.

<b>Zone</b>	<b>Mozambique Province- Districts</b>	<b>Swaziland Districts</b>	<b>Zones</b>
Mozambique - Swaziland	<b>Maputo Province:</b> Goba and Namaacha	Lubombo	1

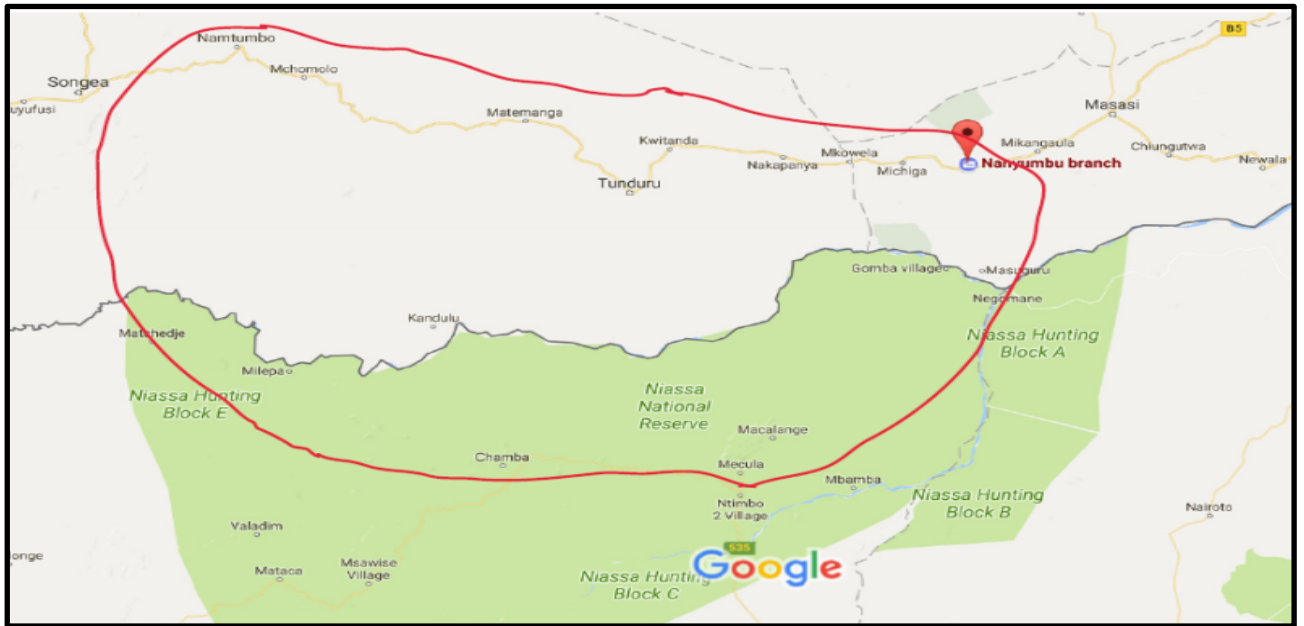


**FIGURE 9: MOZAMBIQUE - SWAZILAND CROSS-BORDER ZONE 1**

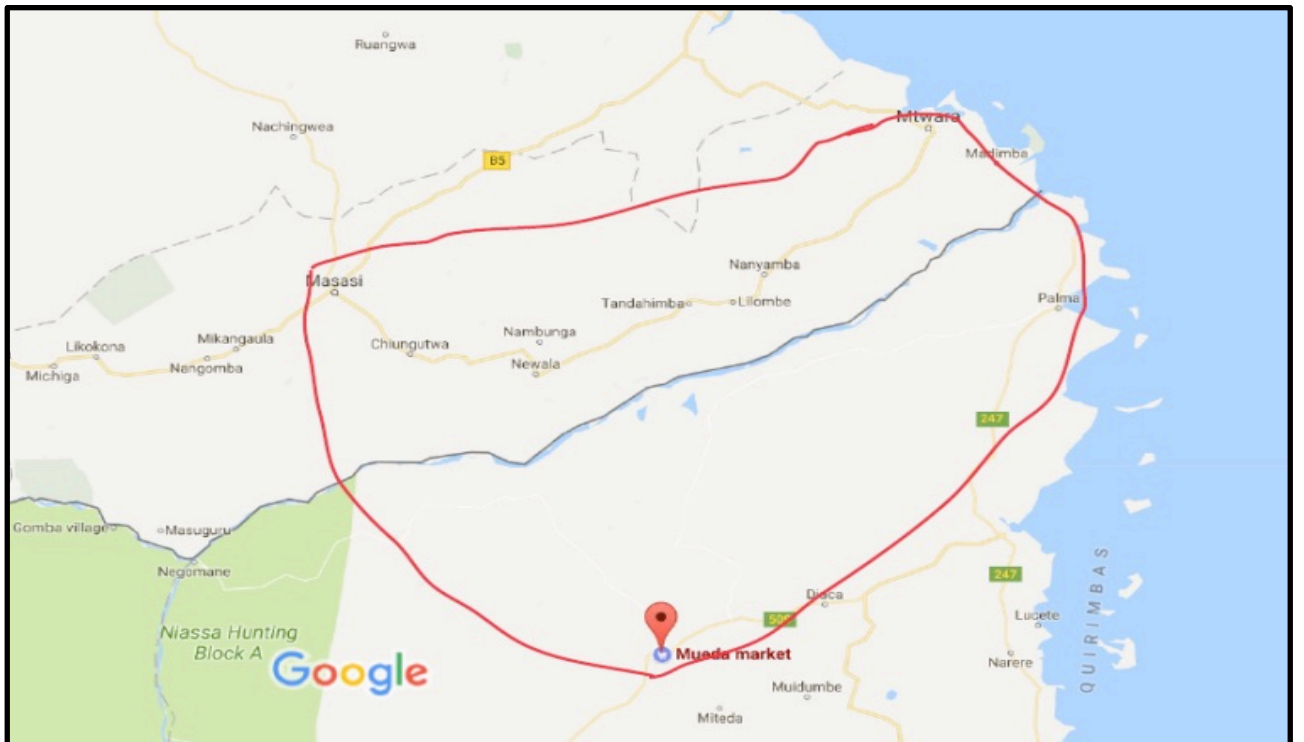
**REPUBLICS OF MOZAMBIQUE AND TANZANIA CROSS BORDER ZONES**

Two (2) Cross-Border Zone was established.

	<b>Mozambique Districts</b>	<b>Tanzania Districts</b>	<b>Zones</b>
Mozambique - Tanzania	<b>Niassa Province:</b> Sanga, Mavago, Mecula	Nanyumbu, Tunduro, Namtumbo, Sangara, Nyasa	1
	<b>Cabo Delgado Province:</b> Mueda, Nangade and Palma	Mtwara rural, Tandahimba, Newala, Masasi rural,	2



**FIGURE 10: MOZAMBIQUE - TANZANIA CROSS-BORDER ZONE 1**



**FIGURE 11: MOZAMBIQUE - TANZANIA CROSS-BORDER ZONE 2**



**REPUBLICS OF MOZAMBIQUE-ZIMBABWE CROSS BORDER ZONES**

Three (3) Cross-Border Zone was established.

<b>Zone</b>	<b>Zimbabwe Province - Districts</b>	<b>Mozambique Province - Districts</b>	<b>Zones</b>
Mozambique - Zimbabwe	<b>Mashonaland Central Province:</b> Guruve, Centenary, Mt. Darwin, Rushinga. <b>Mashonaland East Province:</b> Mudzi	<b>Tete Province:</b> Mague, Cahora Bassa, Changara	<b>1</b>
	<b>Manicaland Province:</b> Nyanga, Mutasa, Mutare, Chimanimani and Chipinge	<b>Manica Province:</b> Barue, Manica, Sussundenga, Mussorize and Machaze	<b>2</b>
	<b>Masvingo Province:</b> Rupangwana, Chiredzi, Nyala, Malipati, Matibisi, Boli, Hippo Valley	<b>Gaza Province:</b> Massangena and Chicualacuala	<b>3</b>



**FIGURE 12: MOZAMBIQUE - ZIMBABWE CROSS-BORDER ZONE 1**

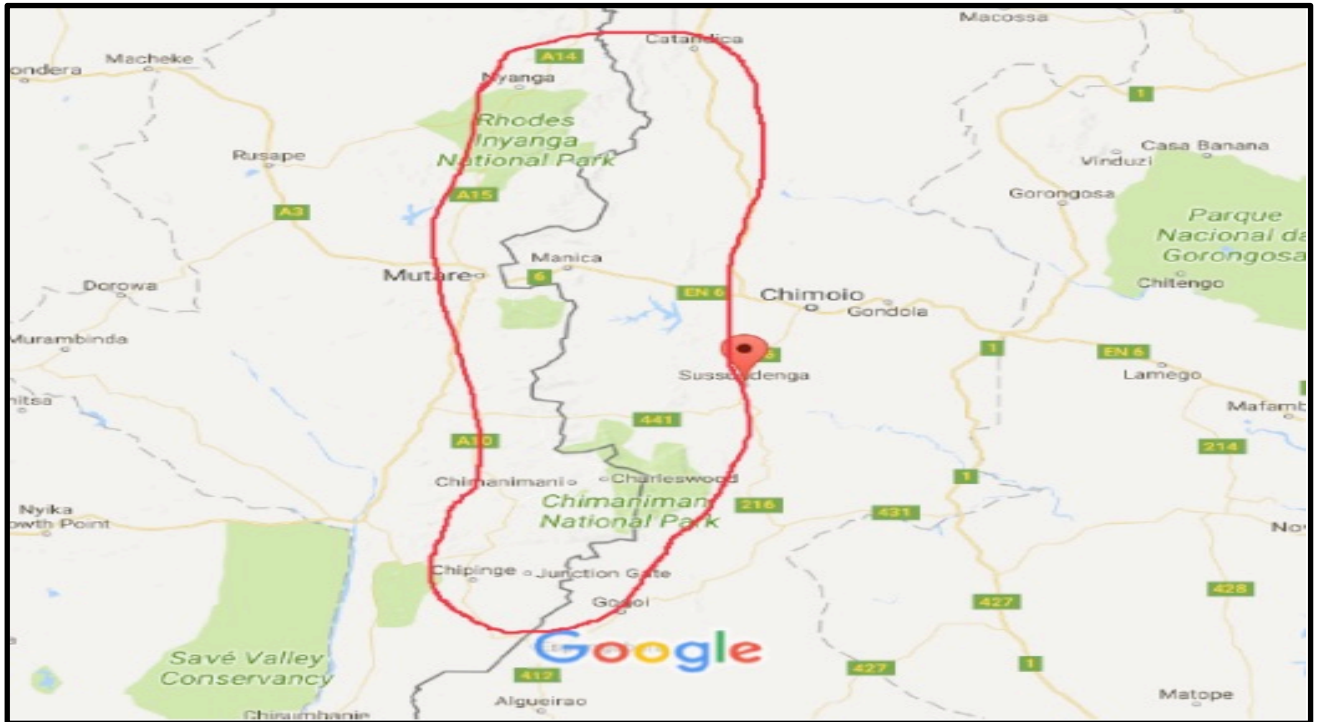


FIGURE 13: MOZAMBIQUE - ZIMBABWE CROSS-BORDER ZONE 2

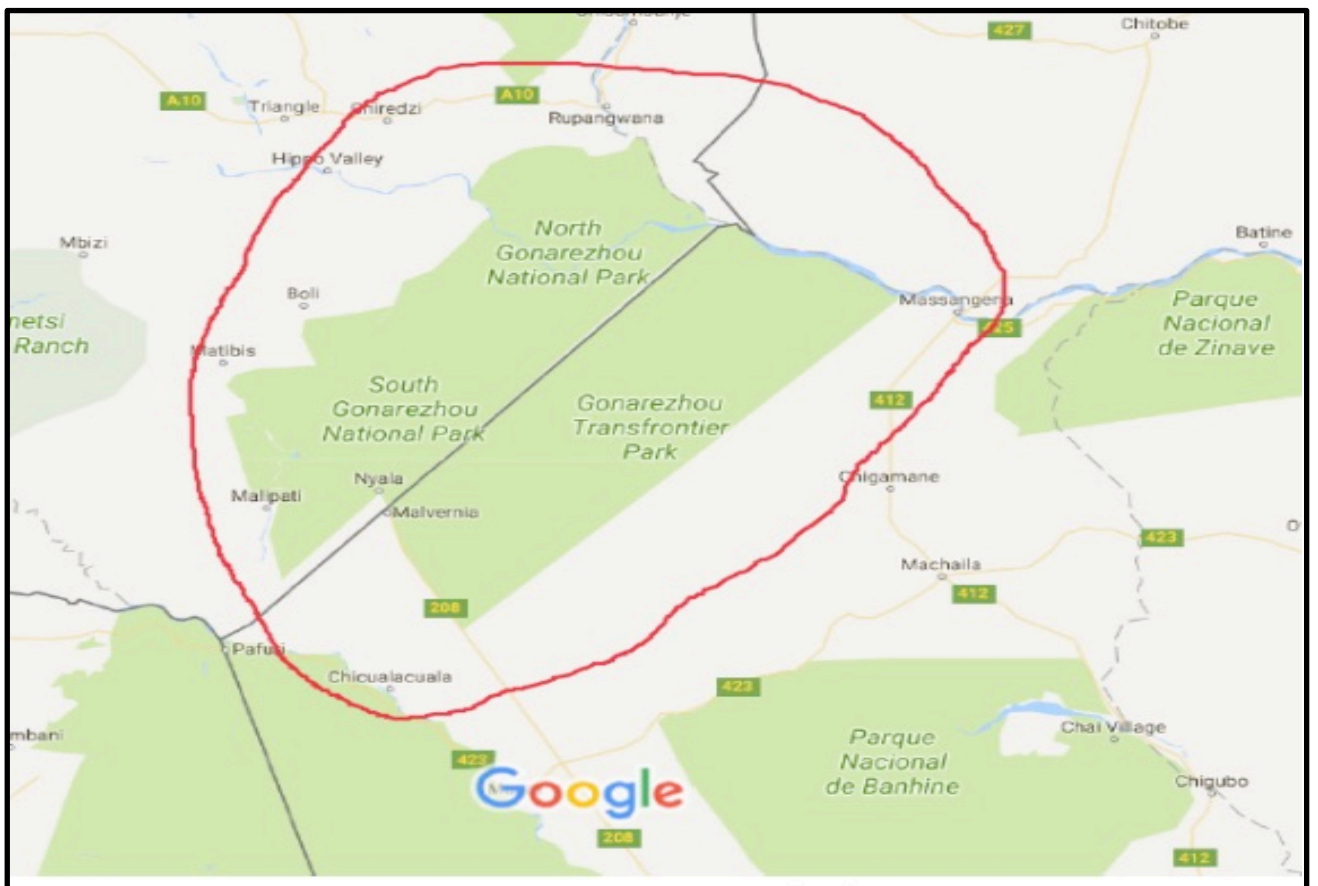


FIGURE 14: MOZAMBIQUE - ZIMBABWE CROSS-BORDER ZONE 3

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## REPUBLICS OF MOZAMBIQUE AND ZAMBIA CROSS BORDER ZONES

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One (1) Cross-Border was established.

Zone	Mozambique Districts	Zambia Districts	Zones
Mozambique - Zambia		Momba and Kalambo	1

### CROSS BORDER COMMITTEES

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To ensure a structured and coordinated approach to cross border disease surveillance activities of prevention, control and investigation of disease outbreaks occurring across the boundaries, **Cross-Border Surveillance Committees** will be set up in each of the designated cross-border surveillance zones. The committees will be established in the identified border zones and will have the mandate to share and discuss epidemiological information, inform the preparation of district plans for the health sector, plan and coordinate interventions, and share experiences and routine surveillance data. Annex 1: Cross- Border Committee Terms of Reference provides details of the terms of reference for these committees.

The cross-border disease surveillance and response committee will draw membership from all districts in the border zone. The following are the proposed officers as members of the committees from each district;

- The district focal person responsible for integrated disease surveillance and response
- The district focal person responsible for laboratory services
- The district medical officer of health or his appointee who will be a clinician
- The district focal person responsible for environmental health
- A senior health worker and member of a Hospital Management Team from the biggest health facility in the district
- One focal person responsible for animal/wildlife health
- One local immigration official
- The local district commissioner or his appointee who will personally attend team meetings for consistency

**Table 1: Cross-Border Surveillance Committee Membership**

1. IDSR focal person	7. Immigration officer
2. Laboratory focal person	8. Nurse
3. District Health/Medical Officer (or representative)	9. District Commissioner/ Administrator
4. Environmental Health Officer	10. Local government officer Community/Traditional Leader
5. Provincial & District Hospital Management representative	11. Epidemiologist
6. Animal/wildlife health	12. Law enforcement Officer-in-charge

The committees will hold routine bi-annual meetings during the inter-epidemic period to review disease trends, other early warning systems, level of preparedness, progress on implementation

of recommendations, organize simulation exercises amongst others. In addition during emergencies the committee will meet as soon as an epidemic is identified and then weekly or fortnightly as the epidemic continues. The cross-border surveillance committee will work very closely with the local immigration officials to facilitate movement of staff and equipment whenever necessary. The activities of the cross-border committees will be moderated by the respective National Community of Practice. Annex 1 describes the terms of reference for the cross-border surveillance committees.

## **DISTRICT RAPID RESPONSE TEAMS**

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Each district within the zone shall have an active Rapid Response Team (RRT). The RRT will comprise of:

- A clinician
- A nurse
- A lab personnel
- A public health educator/officer
- A Health officer
- A veterinary officer
- A water engineer
- A health records officer
- An epidemiologist

The team may co-opt other members from time to time as the need may arise.

## **MECHANISMS FOR SHARING EPIDEMIOLOGICAL INFORMATION**

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Each of the districts in the identified border zones will select at least two health facilities located within the region and most likely handles patients from within the cross-border zone to be included in the cross-border surveillance. The number of health facilities included in the cross-border surveillance may be increased in a phased approach. These facilities will report on a weekly basis the priority diseases for cross-border surveillance to the district disease surveillance coordinator, who in turn will send timely weekly reports to the central MOH.

Similarly, laboratories in the selected health facilities in the border zones and the SATBHSS supported or National Laboratories will confirm the identified priority diseases and report this to the district disease surveillance coordinator who will then in turn forward these reports with the syndromic surveillance reports as above. This will form the basis of laboratory based surveillance.

Cross-border districts shall also share informally disease outbreak/alert/rumor information among themselves and across boundaries.

The district disease surveillance coordinator will notify the counterpart in the cross-border zone, province & national levels and SATBHSS Secretariat immediately (within 24 hours) once the alert and/or epidemic threshold for priority diseases have been passed. The means of

communication used to notify these levels should be through the fastest and feasible means. Outbreak related information will not only include those reported in the facilities included for cross-border surveillance but rather the whole district. During outbreaks, affected countries will make efforts to avail daily or regular updates to the other Member States.

Using the SATBHSS Website, Member States will explore possibilities of sharing confidential epidemiological information in a secure form among Member States and relevant authorities through the secure web portals. Such web portals, under the direct management by the Member States in terms of content, shall also provide for discussion forum, sharing information, posting interesting information etc. SATBHSS Project will develop bi-annual bulletins/newsletters where cross-border committees will also share their epidemiological information as well as show-case work undertaken in implementing collaborative cross-border surveillance and response activities.

A patient with a notifiable disease detected in a country in which the case does not reside will be reported by the country in which the case has been detected. A case of binational interest is one with an infectious disease that incubated in another country, or had contacts with persons in another country or a case in which there is need for joint investigations or management. Such cases will be reported in the cross-border surveillance system.

The cross-border surveillance committee in collaboration with the Regional and National CoPs will facilitate surveillance officers from a district in one country to short term assignments in the neighboring district in order to gain an in-depth understanding of the surveillance system in the neighboring district. This will include handling of surveillance data, investigation of alerts, rumors etc.

## **COMMUNITY BASED DISEASE SURVEILLANCE IN THE CROSS-BORDER ZONES**

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Organized groups of community health workers/units within the catchment area of the targeted health facilities will be identified and trained on community based disease/event surveillance, cross border surveillance and the priority diseases. They will collect information on priority diseases occurring within the community using lay case definitions and report to the disease surveillance focal person at the health facility who in turn forwards the reports to the district disease surveillance coordinator. These reports will then be forwarded through the normal channels that the syndromic and laboratory based surveillance systems are using. The community health workers will therefore be linked to health facilities. The community health workers will be supervised and trained by identified personnel who could be community strategy coordinator or the disease surveillance focal person/coordinator.

## **JOINT PLANNING FOR EPIDEMIC PREPAREDNESS, INVESTIGATION AND SYNCHRONIZED RESPONSE**

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Common plans for surveillance, epidemic preparedness joint outbreak investigation and response will be developed at the designated cross-border zones within the SATBHSS project countries and their neighbors. This activity will be undertaken by the designated cross-border surveillance committees with support from the respective National CoPs, relevant TWGs and the laboratory located in the zone. Financial support for the plans will be from the local authority/government and partners within or outside the zone including the SATBHSS project for cross-border surveillance.

The MoHs of the SATBHSS Project countries will designate IDSR Focal Persons (Surveillance Focal Persons) at district, regional (state, provincial) and national levels. Response to outbreaks will be coordinated by the zonal teams but implemented by RRTs.

Joint Rapid Response Teams will be constituted by the cross-border surveillance committees to ensure that all outbreaks in the designated zones are investigated with participation of experts from both countries. The joint rapid response teams will be trained and equipped with outbreak investigation kits to facilitate the implementation of joint outbreak investigations as well as the initiation of synchronized outbreak response interventions on either side of the border.

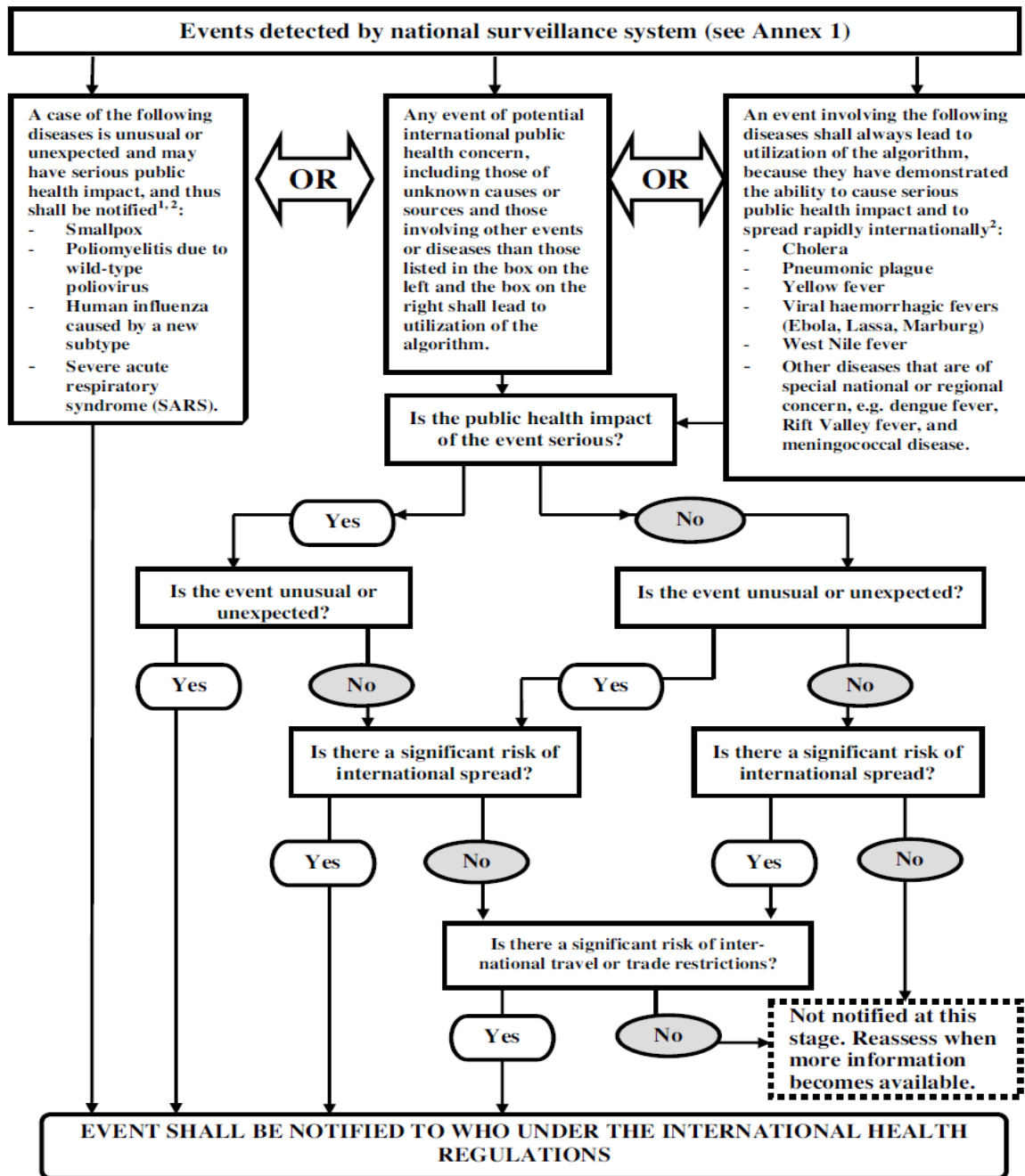
Countries will also explore and implement mechanisms that will enable patients on long-term treatment who cross borders to access and use services in the country unhindered.

## **JOINT DESIGNATION OF GROUND CROSSING POINTS FOR IHR (2005) IMPLEMENTATION**

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The cross-border surveillance zones provide an opportunity for joint designation of ground crossing points for the implementation of the International Health Regulations (IHR (2005)). The designated ground crossings will be supported to establish a competent public health authority to oversee the implementation of a set of agreed health interventions in line with the IHR (2005). The competent public health authority at designated ground crossing points will ensure water, sanitation, & food hygiene standards, as well as proper waste disposal. Additionally, first aid & ambulance services as well as screening for and conducting Yellow Fever vaccination will be undertaken. The decision instrument will be used in reporting public health events of international concern.

**DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN**



<sup>1</sup> As per WHO case definitions.

<sup>2</sup> The disease list shall be used only for the purposes of these Regulations.

**WORKPLAN FOR THE OPERATIONALIZING AND STRENGTHENING CROSS-BORDER SURVEILLANCE**

Each year, the Regional Community of Practice on Laboratory and Surveillance will develop an annual workplan to be implemented the subsequent year. The workplan shall include activities to strengthen cross-border surveillance activities to be implemented at Regional and

country level. The approved workplan shall apply and immediately become part of this Framework

Cross- Border Committees are encouraged to draw their annual work plans from the Regional COP Workplan to ensure alignment of regional and country priorities, including priorities of the districts ion the zone.

## **FINANCING OF THE FRAMEWORK**

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The Framework will be financed using funds made available through the SATBHSS Project both at regional and national level for cross-border surveillance activities. The Regional and National CoPs shall also source and make use of other available resources from the national budget and other implementing partners.

## **MONITORING OF IMPLEMENTATION**

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Each annual workplan shall have a set of indicators to be used to track progress of implementation. Progress will be reviewed Quarterly via Regional CoP Conference calls and during the annual meeting.



## **ANNEX 1: TERMS OF REFERENCE FOR CROSS-BORDER SURVEILLANCE COMMITTEES**

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### **FUNCTIONS**

These will include but will not be limited to:

- Develop Joint Annual plans to guide Zone activities
- Conduct Threat & Hazard Identification and Risk Assessments for conditions and events of public health concern in the zone
- Conduct situational analysis and mapping of resource availability for emergency response within the zone
- In collaboration with other stakeholders, coordinate Emergency Preparedness and Response activities within the Zone
- Organize routine quarterly and emergency meetings
- Organize joint training and capacity building activities of teams in the zone
- Send timely reports to the respective administrative offices as required by each country (District, Provincial, National)

### **REPORTING**

The cross-border surveillance committees will report to the respective National CoP or applicable TWG who will in-turn report to the Regional CoP. Other national reporting lines must be respected and adhered to. Reporting will entail maintaining and availing records of minutes, plans and such other documents as may be needed for monitoring and evaluation.

## REFERENCES

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2. The Official website of the East African Community; < <http://www.eac.int/about-eac.html>>.
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4. The East African Community Treaty; Articles 108 and 118 < <http://www.eac.int/>>.
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