WORLD BANK GROUP

EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY
Fostering Regional Cooperation for Better Health

PREPAREDNESS DISPATCH



Inside ECSA-HC's regional Ebola readiness plan for 10 countries

OVER 30 HIGH RISK POINTS OF ENTRY TARGETED FOR PREPAREDNESS & RESPONSE

The East, Central and Southern Africa Health Community(ECSA-HC) is implementing a six-month intervention to evert possible cross-border transmission of the Bundibugyo Virus from the Democratic Republic of Congo (DRC) where an outbreak of the disease has raised the risk for high-volume trade and mobility routes connecting DRC with 16 major trade corridors. What is ECSA-HC doing to achieve this plan?

Read full story from page 2...



INSIDE THIS ISSUE

READ STORIES

FROM CROSS-BORDER SURVEILLANCE, INFECTION PREVENTION AND CONTROL, AND LAB MANAGEMENT TO HIGH-STAKES HEALTH DIPLOMACY

AND MUCH MORE

We kicked off with the Zambia-DRC borders

Kasumbalesa and Sakania Border Posts



STATEMENT BY THE DIRECTOR GENERAL OF THE EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY (ECSA-HC), DR. NTULI KAPOLOGWE



On August 20, in Lusaka, Zambia, the East, Central and Southern Africa Health Community (ECSA-HC) officially launched a comprehensive six-month cross-border Ebola preparedness and response intervention for high-risk Points of Entry to and from the Democratic Republic of Congo (DRC). This will run for six months.

Through the World Bank-funded Health Emergency Preparedness, Response and Resilience (HEPRR) Program, this initiative establishes a coordinated front to strengthen high-risk Points of Entry (PoEs) and major transport corridors, leveraging ECSA-HC's technical teams in collaboration with technical teams and health emergency experts from across our region.

On behalf of ECSA-HC, I extend our deepest, most heartfelt sympathies to the government and people of the Democratic Republic of Congo, as well as all communities across our region affected by this devastating outbreak. We mourn the lives lost, and our thoughts are with the families bearing the weight of this crisis.

We also stand in profound awe of and solidarity with the courageous frontline healthcare workers who continue to serve selflessly under immensely difficult conditions. Your sacrifice and resilience remain the foundation of our collective response.

As the second largest and fastest-growing Ebola outbreak in history, the risk of rapid cross-border transmission along high-volume trade and mobility routes connecting the DRC, Uganda, and neighboring Member States is exceptionally high. Infectious diseases do not respect national boundaries, and no single country can secure its population in isolation. Our response systems must be as fluid, interconnected, and responsive as the cross-border movement of the populations we are entrusted to protect.

Through financial support of the World Bank, ECSA-HC is deploying a targeted, standardized seven-point intervention package across 33 key Points of Entry and 16 priority regional corridors.

This package is built specifically for high-risk mobile environments including airports, land crossings, river ports, and informal borders, ensuring that frontline teams can detect early, isolate safely, notify rapidly, and refer appropriately.

Over the next six months, our technical teams will focus on executing core operational priorities: Baseline Readiness Assessments, Simulation Exercises and Contingency Planning, Harmonized Standard Operating Procedures, Event-Based Surveillance (EBS), Digital Surveillance and 21-Day Tracking, SAFE BORDER IPC/WASH Packages, Laboratory Readiness and Bio-Safety, Embedded Regional Coordination

By closing critical operational gaps at our borders, this intervention directly accelerates regional containment strategies and aids our collective drive to curb rising case numbers.

Our firm objective is to build a resilient, interconnected regional defense capable of preventing health threats before they take root in our communities. As we launch this intensive deployment today, we look forward with hope to the day, and may it come very soon, when the last patient is discharged, the transmission chains are broken once and for all, and this outbreak is officially declared over.

ECSA-HC remains fully committed to standing shoulder-to-shoulder with our Member States until that day is realized.

Thank you.

We launched the regional Ebola preparedness and response package in Lusaka

Following the launch of the ECSA-HC intervention to Strengthen Cross-Border Ebola Preparedness and Response at High-Risk Points of Entry in Eastern, Central and Southern Africa, a comprehensive response package was developed and launched in Lusaka, Zambia, leveraging the ECSA-HC technical team and regional technical experts across Health Emergency Preparedness, Port Health, Infection Prevention and Control (IPC), Cross-Border Surveillance, Public Health, Epidemiology, Laboratory Services, and Digital Health. Borrowing specialized expertise from Rwanda, Uganda, Kenya, Tanzania, Mozambique, and Zambia, the team successfully finalized the framework, which was later deployed at high-risk Points of Entry points and has been actively applied in the field at the Zambia-DRC borders as part of the broader project which is targeting 30 PoEs across the region.

> ***"Our focus over these six months is operational readiness. We are harmonizing SOPs so that a port health officer, a bus driver, or a border agent knows exactly who to notify within minutes when a suspect case arrives. By linking digital border screening directly to district Rapid Response Teams and strengthening bio-safe laboratory shipping routes, we are closing the operational gaps that outbreaks typically exploit."***
>
> — DR. MOHAMED MOHAMED, SENIOR MEDICAL EPIDEMIOLOGIST, COORDINATOR OF THE WORLD BANK-FUNDED OF HEPRRP, ECSA -HC





OUR 7-POINT INTERVENTION PACKAGE

Baseline Readiness Assessments

Deploying standardized WHO Points of Entry evaluation tools to pinpoint and close operational vulnerabilities.

Simulation Exercises and Contingency Planning

Conducting cross-border functional drills to test referral chains and communication SOPs.

Harmonized Standard Operating Procedures (SOPs)

Streamlining multi-agency workflows across port health, immigration, customs, and transport operators for safe screening and referral.

Event-Based Surveillance (EBS)

Training frontline personnel and community informants along transit hubs to capture early warning signals.

Digital Surveillance & 21-Day Tracking

Linking electronic screening at border posts directly to district Rapid Response Teams (RRTs) for automated follow-up.

Infection Prevention and Control /WASH Packages

Reinforcing safe triage, hand hygiene, personal protective equipment (PPE) compliance, and decontamination.

Laboratory Readiness & Bio-Safety

Strengthening safe sample collection, triple-packaging, rapid transport chains, and diagnostic connectivity with reference laboratorie

Digital Health

For the first time, digital platforms deployed for Ebola preparedness at Zambia–DRC borders

> *"The significance of this is that cross-border preparedness between Zambia and the DRC is, for the first time, evidenced digitally rather than on paper.*



— HENRY MUGUMYA, UGANDAN HEALTH SYSTEMS ENGINEER, PART OF THE EXPERT TEAMS DEPLOYED BY ECSA-HC AT SAKANIA BORDER POST

The ECSA-HC has deployed its digital preparedness platforms at the Kasumbalesa and Sakania Points of Entry on both the Zambian and Congolese sides of the Copperbelt–Haut-Katanga corridor, the busiest commercial crossing between countries. The Digital Ebola Virus Disease Readiness Assessment Module was deployed on both sides of the border and used to conduct the joint Ebola readiness assessment, converting the Ebola-specific capacity domains: screening, isolation, laboratory referral, infection prevention and control, and case management into a structured, auditable digital instrument in place of the manual scoring sheets previously relied upon, and generating the costed, time-bound corrective action plans that were adopted jointly by the Zambian and DRC teams.

Supported by the World Bank-funded HEPRRP, a Digital Simulation Exercise Platform was piloted for the first time in a joint cross-border setting to design, run and evaluate the cross-border functional simulation exercise, delivering scripted injects, real-time facilitator oversight of what every participant was doing, and an automatically compiled hot-wash record and consolidated action plan, collapsing an exercise-evaluation cycle that conventionally takes weeks of manual compilation into an output available at the close of the exercise itself.

Both platforms operated fully offline at the border posts, with automatic synchronization whenever connectivity became available, allowing assessment, exercise and action-plan data from two countries to be captured on a single shared evidence base and made visible to district, national and regional levels immediately at the end of the mission.

Building on this deployment, the Digital IHR Core Capacity Assessment Tool, which digitises the WHO IHR 2005 Annex 1B Points of Entry core-capacity instrument, is scheduled for deployment in Zambia in September 2026, extending the same digital architecture from Ebola-specific readiness to full IHR core-capacity monitoring at national scale



Dr. Malungwe Kalaluka, (right) a Public Health Specialist at the Zambia National Public Health Institute (ZNPHI) facilitates a digital simulation exercise, alongside Mr. Ayebare Timothy, ECSA-HC Systems Engineer, when the platform was piloted for the first time during a joint cross-border meeting at the DRC-Zambia border.

THE TEAM





Border empowerment

How regional teams are transforming Ebola preparedness at Zambia–DRC borders



At Kasumbalesa, one of the busiest border crossings between Zambia and the Democratic Republic of Congo (DRC), the movement never really stops. Travelers, trucks and border officials and traders pass through a border system that must be able to recognize a sick traveler, separate them from others, alert the right authorities and move a suspected case safely across two countries that share the same border. But these countries did not yet have fully harmonized procedures for doing so.

At Sakania, in the Copperbelt Province, Zambia, corresponding Haut-Katanga Province on DRC side, the picture was similar. "When we conducted the assessments, we found gaps in screening, case identification, referral and cross-border coordination, including the absence of appropriate spaces and clearly documented procedures for handling suspected cases" says Dr. Khalid Azam, Senior Regional Laboratory & Health Systems Specialist from the East, Central and Southern Africa Health Community(ECSA-HC), one of the 19 experts deployed at the High-Risk Points of Entry in Eastern, Central and Southern Africa as part of the Strengthening Cross-Border Ebola Preparedness and Response.

The question being addressed by the experts was not simply whether these border crossings have plans and procedures. It was: **Could they actually use them when a suspected case appeared at the gate? Could Zambia and the DRC recognise, report, isolate and respond to the same threat in a coordinated way?**

That is where the deployment changed the story.

"We didn't simply go to deliver training. We were multidisciplinary technical teams and we worked alongside border personnel from Zambia and the DRC to assess, demonstrate, practice, test and correct," says Dr. Remidius Kakulu, the Head of Border Health Services (and Principal Epidemiologist) under the Ministry of Health in Tanzania, one of the experts deployed by ECSA-HC.

Using WHO Points of Entry readiness tools, they identified weaknesses and then worked with the teams to translate those findings into practical corrective actions. At Kasumbalesa, every identified gap was linked to a responsible institution and individual and this created a clear ownership for follow-up.

The teams then built practical capacity in event-based surveillance, screening and triage, infection prevention and control, PPE, hand hygiene, laboratory specimen collection and transport, occupational safety and referral procedures. At Kasumbalesa, this moved directly to the screening points, where facilitators observed officers screening travellers and provided onsite coaching. At Sakania, practical demonstrations, facilitated group work and simulation helped teams apply the learning to their own border operations.

Then came the test: simulations placed teams in realistic outbreak scenarios, testing whether they could detect, isolate, notify, collect specimens and coordinate across the border.

Regional commitment

Zambia and DRC join forces for joint Ebola preparedness and response

Zambia, DRC, Rwanda, Botswana, Burundi, Kenya, Angola, Malawi, Zimbabwe and Mozambique are set to benefit from the ECSA-HC Regional Ebola Preparedness and Response intervention, funded by the World Bank under the Health Emergency Preparedness, Response and Resilience Program (HEPRRP).

Starting from Zambia-DRC, the technical teams from ECSA-HC went on the ground strengthening the capacity of African countries to detect, track and prevent Ebola outbreaks at Points of Entry and they started from the Zambia with DRC borders, involving health authorities from both countries: national, provincial and district health teams and other stakeholders to equip them with real-time digital surveillance, safe isolation protocols, rapid laboratory transport networks, and cross-border notification systems.

Leading a high-level DRC delegation across the Kasumbalesa Border, Dr. Placide Welo, Director of the National Program for the Elimination of Cholera and Control of Other Diarrheal Diseases (PNECHOL), emphasized the shared commitment to safeguarding public health along critical regional transit corridors. This collaborative effort, he said, reinforces surveillance, rapid information exchange, and laboratory readiness across shared borders.

"We appreciate the efforts by ECSA Health Community in supporting this regional activity, and we are committed to ensuring that we use this opportunity to strengthen surveillance at our borders to prevent cross-border spread of the virus."

Dr. Placide Welo, Director, PNECHOL (DRC)



Dr. Placide Welo, Director, PNECHOL (DRC) addressing the crossborder meeting in Chililabombwe, Zambia on behalf of the delegation from DRC

Copperbelt Province Permanent Secretary Mr. Lawrence Mwanza officiated a high-level cross-border coordination meeting hosted by ECSA-HC bringing together technical health experts and leadership from Zambia and the Democratic Republic of Congo (DRC).

The meeting aimed to align surveillance frameworks, upgrade point-of-entry screening procedures, and solidify joint emergency response mechanisms along the high-density Kasumbalesa transit corridor.



Mr. Lawrence Mwanza, Copperbelt Province Permanent Secretary officiating Joint Crossborder Preparedness in Chililabombwe, Zambia








Ideal Period for Sample Collection and Testing for EVD


Tiredness
Fever
Red eyes
Sore throat
Muscle and body pains
Abdominal pain
Nausea (feeling like vomiting)
Vomiting
Diarrhoea
Bleeding from body openings
If you or someone you know shows any of the signs and symptoms above. Go to the nearest health facility or call 7020/ 116/ 933 or 909
ZNPHI
World Health Organization
unicef
for every child


Tiredness
Fever
Red eyes
Sore throat
Muscle and body pains
Abdominal pain
Nausea (feeling like vomiting)
Vomiting
Diarrhoea
Bleeding from body openings
If you or someone you know shows any of the signs and symptoms above. Go to the nearest health facility or call 7020/ 116/ 933 or 909
ZNPHI
World Health Organization
unicef
for every child






AMBULANCE
STOP



What facilitators say

MY EMPHASIS ON CROSS-BORDER SCREENING

I have learnt that over 50% of the traffic coming from Tanzania passes through the Nakonde border into Zambia, then through Kasumbalesa before heading to the Democratic Republic of Congo. So, this Ebola cross-border preparedness and response is not only important for Zambia and the DRC, but also for my country Tanzania and other countries along this corridor.

As part of this mission, supported by ECSA-HC, I had an opportunity to provide expertise, particularly on screening. I was impressed by how Zambia and the DRC are organised at the border to ensure that things are working and that screening is aligned with the recommended World Health Organization protocols.

Screening is one of the critical components of preparedness. We need to make sure that measures are in place to identify travellers with signs and symptoms consistent with a disease threat.

I also see digitalisation by ECSA-HC as very important because it simplifies the screening process, keeps proper records of people screened, and helps avoid congestion and unnecessary delays for travellers.

For Tanzania, this experience makes a lot of sense. We are also developing a digital system for screening travellers, and what we have seen here provides valuable lessons on how we can strengthen our own systems and improve preparedness for infectious disease threats across our borders.



DR. REMIDIUS KAKULU

Public health expert and epidemiologist. Head of Border Health Services (and Principal Epidemiologist) under the Ministry of Health in Tanzania



DR.PRISCA UWUMURYANGO

Rwandan medical doctor, public health professional, and epidemiologist.

MY EMPHASIS ON EVENT-BASED SURVAILLANCE

For two weeks, I had the opportunity to facilitate a cross-border Ebola preparedness and response exercise at the Zambia-Democratic Republic of Congo (DRC) Points of Entry, supported by the East, Central and Southern Africa Health Community(ECSA-HC).

One area that stood out for me as a facilitator was Event-Based Surveillance (EBS). Early detection doesn't start at a health facility or Point of Entry, it starts with communities recognizing unusual health events, knowing where to report them, and acting fast.

A traveller with unusual symptoms, an unexpected death, or a cluster of illness can be the first signal of a public health threat. Detected, reported, verified and investigated early, these signals give us a real chance to catch cases before transmission spreads.

Preparedness is about catching the signal early and turning information into action.

Infection Prevention and Control

High-risk points of entry set to prioritise infection prevention and control

High-risk Points of Entry (PoEs) across East and Southern Africa, such as Kasumbalesa and Sakania borders between Zambia and the Democratic Republic of Congo (DRC), are set to prioritize strict Infection Prevention and Control (IPC) protocols under the Strengthen Cross-Border Ebola Preparedness and Response intervention implemented by the East, Central and Southern Africa Health Community (ECSA-HC) across 33 PoEs.

The DRC and Zambia share a highly active border that serves as an economic lifeline for the region, facilitating mineral transport along major trade routes. However, this high connectivity creates major public health vulnerabilities alongside economic benefits.

Close to 700 people cross the Kasumbalesa border each day, whether in trucks, buses, or private vehicles. With this high daily volume, and the ongoing Bundibugyo Virus Disease outbreak in DRC, the risk of infection transmission remains exceptionally high, according to Mr. Kalaluka Koome, the Port Health Officer in Charge of Kasumbalesa border on the Zambian side.



Mary Ndinda, an IPC specialist from Kenya facilitates a cross-border simulation exercise in Chililabombwe town near Kasumbalesa, where Zambia and DRC teams convened with ECSA-HC

ECSA-HC and regional experts conducted joint assessments at Kasumbalesa and Sakania, agreeing with Zambian and DRC teams on the urgent need to strengthen border posts against potential viral importation.

The PoE are now expected to enforce strict PPE donning and doffing protocols under safety observer supervision to avoid self-contamination. Additionally, border facilities are expected to maintain clear operational procedures for biological spill management, daily environmental cleaning using a 0.5% chlorine solution, and safe handling of suspected infectious remains.

Mary said "Observing IPC at Points of Entry requires a seamless, multi-layered approach starting at primary screening. We must establish primary non-touch thermal screening and robust hand hygiene facilities right at entry lanes to catch potential symptoms early without creating unnecessary contact,"

> ***"Systematic risk mapping, proper waste management, and consistent hygiene precautions directly protect border officials and prevent cross-border disease transmission"***
>
> — DR. VISHNU MAHAMBA, PUBLIC HEALTH MANAGEMENT SPECIALIST, TANZANIA. HE WAS A FACILITATOR DURING SAKANIA CROSSBORDER ASSESSMENT



MEDIA COVERAGE





Regional bodies launch ebola preparedness

MAYENGO NYIRENDA
Chipata

IN AN effort to prevent the cross-border transmission of the ebola virus into neighbouring high-risk transit countries like Zambia, the East, Central and Southern Africa Health Community (ECSA-HC) has launched a comprehensive six-month cross-border ebola preparedness and response intervention for high-risk borders bordering the Democratic Republic of the Congo (DRC).

Under the Health Emergency Preparedness, Response and Resilience (HEPRR) programme, ECSA-HC is deploying a targeted, standardised seven-point intervention package across 33 key points of entry (PoEs) and 16 priority regional corridors.

Built specifically for high-risk mobile environments, including airports, land crossings, river ports and informal borders, the programme ensures that front-line teams can detect cases early, isolate patients safely, notify authorities rapidly, and refer individuals appropriately.

ECSA-HC director general Ntuli Kapologwe in a statement released on Friday said the initiative establishes a coordinated front to strengthen high-risk PoEs and major transport corridors, leveraging ECSA-HC's technical teams in collaboration with regional health emergency experts.

During the launch in Lusaka, Dr Kapologwe said the risk of rapid cross-border transmission along high-volume trade and mobility routes connecting DRC, Uganda and neighbouring countries is high.

He said infectious diseases do not respect national boundaries and that no single country can secure its population in isolation.

"Our response systems must be as fluid, interconnected and responsive as the cross-border movement of the populations we are entrusted to protect," Dr Kapologwe said.

He said that by closing critical operational gaps at borders, the World Bank-supported intervention directly accelerates regional containment strategies and helps the collective drive to curb rising case numbers.

He said ECSA-HC's firm objective is to build a resilient, interconnected regional defence capable of preventing health threats before they take root in local communities.

"As we launch this intensive deployment, we look forward with hope to the day, may it come very soon, when the last patient is discharged, transmission chains are broken once and for all and this outbreak is officially declared over," he said.

Dr Kapologwe said the intervention package focuses on seven key operational areas, namely baseline readiness assessments, functional drills, multi-agency workflow streamlining, early warning systems, digital integration, infection prevention control, and diagnosis and specimen transport.

He said the major regional effort aims to prevent the cross-border transmission of ebola into neighbouring high-risk transit countries, including Uganda, Rwanda, Burundi, South Sudan, Zambia, Tanzania, Kenya, Angola, Malawi and Mozambique along 16 critical trade and migration corridors.

MCL | MwanaClick

THE CITIZEN

HOME NATIONAL INTERNATIONAL

ECSA Health Community launches Ebola preparedness measures along DRC borders

FRIDAY, AUGUST 21, 2026 - 4 min read





Ministry of Health Zambia's post



112

Like Comme

With active Ebola transmission ongoing in a neighboring country, and with our borders at a high risk, testing blood drawn less than 72 hours after symptom onset carries a high risk of false negatives because early viral loads are simply too low. To prevent the unmonitored cross-border spread of the virus, suspected cases must remain safely isolated and undergo repeat testing after the 72-hour mark. That' why we are supporting borders on standardized sample collection protocols across all Points of Entry because reliable sampling is our primary defense against diagnostic errors and cross-border outbreaks.

— Dr Khalid Azam, Senior Regional Laboratory & Health Systems Specialist at ECSA-HC



Regional Biosafety

Regional action mobilised to address Ebola diagnostic gaps



Laboratory Technologist tests urine sample as part of assessment for laboratory capacity and Ebola readiness at Kakoso Hospital in Chililabombwe, Zambia during the Joint ECSA-HC, Zambia, and DRC cross-border assessment.

The ECSA-HC Senior Regional Laboratory and Health Systems Specialist Dr Khalid Azam has emphasized that rapid and secure laboratory testing is key for containment of cross-border Ebola virus disease (EVD) at high-risk Points of Entry (PoEs). Presenting in Ndola, Zambia, during the official start of field activities on Crossboder Ebola Preparedness and Response Dr. Azam said that safe sample collection, packaging, transport, and feedback mechanisms serve as the primary defense against cross-border pathogen transmission. To address gaps at PoEs, ECSA-HC has deployed a standardized intervention package to be used across 33 key Points of Entry and 16 priority regional transit corridors.

> ***Countries lined up for this initiative will benefit from unified border surveillance, faster diagnostic turnarounds, and robust infection controls across high-risk transit corridors***
>
> — DINIS JAINTILAL, LABORATORY SPECIALIST FROM MOZAMBIQUE



As part of the intervention, ECSA-HC is doing the following:

- *Laboratory Readiness:* Standardizing sample collection, triple-packaging, and rapid transport to reference labs.
- *Digital Surveillance:* Connecting border electronic screening to RRTs for 21-day traveler tracking.
- *IPC/WASH Packages:* Providing frontline border staff with PPE, triage tools, and decontamination protocols.
- *Point-of-Care Diagnostics:* Setting up rapid molecular testing directly at border posts.

Gender integration



Let's look at regional crossborder Ebola preparedness with a gender, equaity lens

EVENESS ZUZE MELEKE

Gender and Equity Specialist at ECSA-HC

Picture a busy border post like Kasumbalesa, between Zambia and DRC. It is dusk. Then, a female trader shows up at the screening booth, carrying goods and caring for an unwell child. She is exhausted and hesitant, and she notices the line is staffed entirely by male officers and the screening takes place in full view of the crowd. She is uncomfortable disclosing her symptoms publicly or explaining her child's fever to a male staff. She steps out of line, and ends up delaying medical checks.

This is a real-life scenario that happens daily along transit corridors in our region. It also shows why health emergencies hit women differently. Recent 2026 reporting highlights that women and girls represent over 53% of laboratory-confirmed Ebola Virus Disease (EVD) cases in ongoing outbreaks in the DRC and Uganda, with adolescent girls accounting for over 61% of confirmed cases.

Women are not biologically more susceptible to Ebola; their disproportionate risk is tied directly to caregiving roles at home, in health facilities, and across communities.
At border Points of Entry (PoE), traditional emergency readiness often neglects these social dynamics. Cultural norms heavily influence who reports symptoms, who can safely seek care, and who accesses screening. Furthermore, emergency response structures frequently exclude women from core leadership and decision-making roles, treating their health security needs as an afterthought.

As a Gender and Equity Specialist at the East, Central and Southern Africa Health Community (ECSA-HC), I am part of the expert team at the borders supporting Strengthening Cross-Border Ebola Preparedness and Response at High-Risk Points of Entry in Eastern, Central and Southern Africa.I am noticing what should be fixed as we tackle these health emergencies going forward.

At this point, I recommend that we systematically integrate gender and equity across core technical areas, including surveillance, Infection Prevention and control, WASH, lab testing, and risk communication.

Preparedness requires well-structured contingency plans, sex-disaggregated data analysis, properly sized Personal Protective Equipment (PPE), and private screening spaces to guarantee confidential referral pathways.

For the past 10 days that I have spent at the border, I have equipped the team from DRC and Zambia with is a comprehensive framework to operationalize gender-responsive approaches during preparedness and simulation exercises. This includes standard procedures for confidential reporting of gender-based violence (GBV) and safeguarding, multi-sized PPE inventory management, gender-inclusive shift rosters, and practical indicators to audit physical PoE operations so that no traveler or responder is left vulnerable.It's key we look at health emergency preparedness with a gender lens.

GOVERNMENT-LEVEL ENGAGEMENT











WAY FORWARD FROM THE HEAD OF MISSION



"At Kasumbalesa and Sakania border posts, Zambia and the Democratic Republic of Congo have shown what regional partnership can achieve. This mission has strengthened our shared understanding and reinforced the importance of working across borders with openness, trust and a common commitment to protecting our people."

Dr. Benedict Mushi, Senior Specialist in Health Systems Strengthening | Expert in Knowledge Management, M&E & Disease Surveillance at ECSA-HC



SEVEN PRIORITIES FOR ACTION GOING FORWARD

COORDINATE

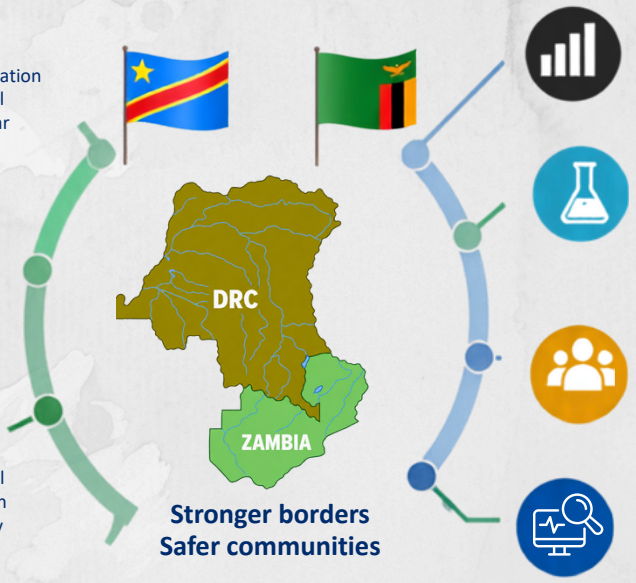
Formalise a cross-border coordination mechanism with designated focal points, regular meetings and clear information-sharing pathways.

HARMONISE

Adopt common SOPs for screening, notification, isolation, referral, IPC and surveillance.

REFER SAFELY

Operationalise a bilateral referral protocol and strengthen isolation and referral capacity, particularly where infrastructure remains limited.



DETECT AND SHARE

Strengthen Event-Based Surveillance, digital surveillance, traveller monitoring and population mobility mapping.

EQUIP AND TEST

Close critical PPE, Wash, logistics and laboratory preparedness gaps, including safe specimen collection, packaging and transport.

TRAIN AND SIMULATE

Continue competency-based training, practical mentorship, joint simulation exercises and after-action reviews.

IMPLEMENT AND MONITOR

Turn identified gaps into time-bound corrective actions with clear owners, resources and follow-up assessments.

KEY RECOMMENDATION

FROM PERIODIC COLLABORATION → **TO INSTITUTIONALISED CROSS-BORDER PREPAREDNESS**

The missions at Kasumbalesa and Sakania border posts concluded that some preparedness functions cannot be effectively managed by either country alone. These include alerts and information sharing, coordinated surveillance, referral, population mobility mapping and joint testing of response arrangements.

The next phase should focus on routinely tested, adequately resourced and institutionalised cross-border preparedness between Zambia and DRC.



Contact Us :

+255 272549362/5/6

https://ecsahc.org

info@ecsahc.org

Plot 157, Olorien, Njiro road
P.O.Box 1009, Arusha-Tanzania

WORLD BANK GROUP

EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY
Fostering Regional Cooperation for Better Health