THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

ALL-HAZARD PUBLIC HEALTH EMERGENCY RESPONSE PLAN

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Foreword

Events of disasters and emergencies in Tanzania due to various hazards have consequently lead into loss of lives, livelihood, infrastructure and other social economic effects. Experience of the health sector in responding to emergencies shows that, their risk may vary not only due to severity and nature but mainly as result of preparedness capacity of the system which in turn result into prompt and effective response measures that enables lifesaving and reduction in health consequences of the event.

Presence of clear procedures and organized structures and systems for alert, early detection, and rapid response to emergency events is of paramount importance for the country to be able to initiate and sustain response operations for any events at all levels of government operations. These procedures need to be developed, documented, oriented and tested by all personnel as well as decision makers responsible for emergency and disaster risk management in health as well as other sectors. On realization of importance of detailed procedures for emergency operations and coordination, the Ministry developed this Plan aiming at strengthening health sectors' emergency response system for all hazards that will lead to reduction of mortality, morbidity and disability arising from various hazards in Tanzania.

This plan has been developed using a participatory approach through a series of meetings that involved a wide range of stakeholders of emergency and disaster risk management in the country using an All hazard Approach. It also considered the gaps observed during the International Health Regulations – Joint External Evaluation that was carried out in 2016 as one of the steps towards improving the countries core capacities IHR 2005 implementation including Emergency Response Operations. It will be a useful guide for the health sector to coordinate response operations of different grades or levels since it has clearly harmonized the procedures and criteria for event grading as well as activation, de-escalation and deactivation of the response. The Incident Management System operational at national level as well as the Public Health Emergency Operation Centre have been applied to guide the concept of operations during response to different emergency levels. Likewise, key issues of transition to recovery have been elaborated so as to facilitate continuation of recovery and further preparedness for future events by considering lessons from previous event response.

This document intends to be used by the health authorities at all levels, decision makers as well as personnel who are responsible for all aspects of emergency response operations at all levels. Furthermore, the document will be useful for all stakeholders of health as well as other sectors for planning and organizing response to emergency events of different nature. It is my great hope that all intended users will find this document very useful as a guide for emergency response operations.

Mpoki

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Permanent Secretary

Acknowledgement

This All Hazard Public Health Emergency Response Plan is a product of efforts and contributions from multisectoral and multidisciplinary experts and institutions. The Ministry would like to acknowledge financial and technical support from World Health Organization Headquarter, AFRO and Country office that facilitated development of this document.

The Ministry also conveys its gratitude to all institutions public as well as Non-Governmental Organizations that were represented by experts who devoted their time and knowledge in the process of developing this Plan. The contribution of Prime Minister's Office - Disaster Management Department, Presidents Office Regional Administration and Local Government Authorities and Ministry of Livestock and Fisheries is highly recognized. Others include Tanzania Food and Drug Authority, Chief Government Chemistry Laboratory Agency, Muhimbili National Hospital, Ardhi University Disaster Management Training Centre and Muhimbili University of Health and Allied Sciences. Dedication and experience from Centers of Disease Control and Tanzania Red Cross Society as well is very appreciated. Contribution from experts who represented Local Government Authorities is also highly commended.

Last but not least, I am also very thankful to all technical experts from Ministry of Health, Community Development, Gender, Elderly and Children departments of; Preventive Services, Curative Services, Community Development, Pharmaceutical Services as well as National Public Health Laboratory and Quality Assurance Training Centre for their expertise and dedication during the entire process. I am also highly grateful to the Emergency Preparedness and Response Section under the Directorate of Health Quality Assurance for the technical expertise and overall organization and coordination of the entire process.

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Acronyms

CAPP – TZ	Chemical Accidents Prevention and Preparedness Plan for Tanzania
CDC	Centers for Disease Control
CHMT	Council Health Management Team
CMO	Chief Medical Officer
CONOPS	Concept of Operations
DMO	District Medical Officer
EPRS	Emergency Preparedness and Response Section
ERP	Emergency Response Plan
EOC	Emergency Operation Centre
EWS	Early Warning Systems
GCLA	Government Chemical Laboratory Agency
GST	Geological Survey of Tanzania
HMIS	Health Management Information system
ICS	Incident Command System
IDSR	Integrated Disease Surveillance and Response
IM	Incident Manager
IMS	Incident Management System
KCRI	Kilimanjaro Christian Research Institute
NEMC	National Environmental Management Council
NHLQATC	National Health Laboratory Quality Assurance Training Centre
PHEOC	Public Health Emergency Operation Center
PMO	Prime Minister's office
PO-RALG	President Office Regional Administration and Local Government
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
RTAs	Road Traffic Accidents
RRT	Rapid Response Teams
TAEC	Tanzania Atomic Energy Commission
TCAA	Tanzania Civil Aviation Authority
TDCS	Tanzania Disaster Communication Strategy
TFDA	Tanzania Food and Drug Authority.
TMA	Tanzania Meteorological Agency
TPRI	Tanzania Pesticide Regulatory
TAWIRI	Tanzania Wild Life Research Institute
WHO	World Health Organization

Definition of Terms

Terminology	Definition
Activation level	**A** level of readiness or emergency response describing response activities including EOC's activities in response to predetermined criteria related to the severity of an emergency event
After Action review	A process involving a structured facilitated discussion to review what should have happened, what actually happened and why, which is carried out after an activation, operation or exercise has been completed
Alert	An attitude of vigilance, readiness, or caution, as before an expected disease outbreak or event
All-hazards Approach	An approach to the management of the entire spectrum of emergency risks and events based on the recognition that there are common elements in the management of these risks, including in the responses to virtually all emergencies, and that by standardizing a management system to address the common elements, greater capacity is generated along with specific measures to address the unique characteristics of each
Concept of operations	A section or statement in an emergency plan that identifies policies, roles and responsibilities and how the structural or functional elements of the organization will work together to produce a coherent management response
Contingency Plan	A plan that analyses disaster risks and establishes arrangements in advance to enable timely, effective and appropriate responses.
Contingency Planning	A management process that analyses disaster risks and establishes arrangements in advance to enable timely, effective and appropriate Responses
Disaster	A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts
Disaster Risk	A potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society or a community in a specific period of time, determined probabilistically as a function of hazard, exposure, vulnerability and capacity
Disaster Management	The organization, planning and application of measures preparing for, responding to and recovering from disasters
Early warning systems (EWS)	An integrated system of hazard monitoring, forecasting and prediction, disaster risk assessment, communication and preparedness activities systems and processes that enables individuals, communities, governments, businesses and others to take timely action to reduce disaster risks in advance of hazardous events
Emergency	An event actual or imminent, which endangers or threatens to endanger life, property or environment and which requires a significant and coordinated response. An emergency can also relate to hazardous event that do not result in the serious disruption of the functioning of a community or society

Emergency management	The organization and management of resources and responsibilities for addressing all aspects of emergencies, in particular preparedness, response and rehabilitation.
Emergency Operations Centre	The physical or virtual location or facility at which coordination of information and resources to support domestic incident management activities takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction.
Emergency response Plan	Document that describes how an organization will manage its responses to emergencies of various types by providing a description of the objectives, policy and concept of operations for the response to an emergency; and the structure, authorities and responsibilities for a systematic, coordinated and effective response. Also referred to as an **emergency operations plan**
Evacuation	Moving people and assets temporarily to safer places before, during or after the occurrence of a hazardous event in order to protect them
Hazard	A process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation. Hazards may be natural, anthropogenic or seminatural in origin
Incident Action plan	An oral or written plan outlining objective related to the strategy for managing an incident. It may include the identification of operational resources, assignments, attachments that provide direction, and important information for management of the incident during one or more operational periods. Also termed as **event action plan**
Incident Command/ management (a function)	A lead managerial position of the Incident Management System or of an organization's emergency management structure with responsibility for setting the incident objectives, strategies, and priorities, and which has overall responsibility for incident management
Incident Management System	An emergency management structure and set of protocols that provides an approach to guiding government agencies, the private sector, non-governmental organizations and other actors to work in a coordinated manner primarily to respond to and mitigate the effects of all types of emergencies. The incident management system may also be utilized to support other aspects of emergency management, including preparedness and recovery. Also termed **incident command System**
Laboratory Critical Results	Laboratory results at such variance with normal as to represent a pathophysiologic state that is life-threatening unless some action is taken in a very short time and for which an appropriate action is possible
Mitigation	The lessening or minimizing of the adverse impacts of a hazardous event
Multi - hazard	A selection of multiple major hazards that the country faces AND/OR the specific contexts where hazardous events may occur simultaneously, cascading or cumulatively over time and considering the potential interrelated effects.
One Health	A policy concept that links the triad of human, animal and environmental health
Operational level	A level which is responsible for overseeing the response at the scene of the emergency or disaster, determining priority in allocating resources plan and coordinate tasks. It provides technical advice to the strategic level and technical guidance to the tactical level.

Preparedness	The knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters.
Prevention:	Activities and measures to avoid existing and new disaster risks.
Public Health Emergency Operations Centre	Is an emergency operations Centre specializing in the command, control and coordination requirements for responding to emergencies involving health consequences and threats to public health
Public heath Events	Any occurrence that may have negative consequences for human health, including those that have not yet caused disease or illness but that have potential and those that may require a coordinated response
Rapid Risk Assessment	A structured identification of key information using systematic appraisal of the best scientific evidence and/or specialist expert knowledge available at the time in order to provide a clear estimate of the scale of the health risk.
Recovery	Restoring or improving of individual livelihoods and health as well as economic, physical, social, cultural and environmental assets, systems and activities of disaster affected community or society aligning with the principles is sustainable development "build back better" to avoid or reduce future disaster risks
Resilience	The capacity of a system, community or society potentially exposed to hazards to resist, adapt, and recover from hazard events, and to restore an acceptable level of functioning and structure.
Response	Actions taken directly before, during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected
Risk	Combination of the consequences (impact) of an event or incident (hazard/threat) and the associated likelihood (probability) of a harmful effect to individuals or populations.
Risk analysis	The process to comprehend the nature of the risk and determine the level of risk
Risk Assessment	Overall process of risk identification, risk analysis, and risk evaluation.
Risk evaluation	The process of comparing the results of risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable
Risk identification	The process of finding, recognizing and describing risks.
Risk Communication	Public communication throughout the preparedness, response and recovery phases of a serious public health event to encourage informed decision making, positive behavior change and the maintenance of trust
Risk profile	Evaluation of an individual or organization's willingness to take risks, as well as the threats to which an organization is exposed. A risk profile is important for determining a proper investment asset allocation for a portfolio.
Situation report	A routinely produced report that provides current information about an emergency response and immediate and future response actions, an analysis of the impact of the emergency, and identification of related management

Strategic level	This level involves the planning and directing of the organizations' resources in order to meet its overall objectives.
Surveillance	Systematic collection of data or information, reporting, analysis, interpretation and dissemination of data/ events for the purposes of early warning and action
Tactical level	Level at which the management of immediate "hands-on" work is undertaken at the site(s) of the incident or other affected areas. A level which is responsible for a particular function e.g. casualty clearing station, management of cases, logistics or an area or at the scene of emergency or disaster
Threshold	The magnitude or intensity that must be exceeded for a certain reaction, phenomenon, result, or condition to occur or be manifested.
Vulnerability	The conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards
Zoonosis	Diseases which can be transmitted to humans from animals

Chapter 1. Introduction

1.1. Background

Tanzania is among the countries in the world with significant man-made and natural disasters. Climate change being one of the major contributing factors. These disasters/events affect lives, livelihood, destroy infrastructure and cause health problems. Magnitude and severity of impact vary from one event to the other. Examples of disasters and emergency events which occurred in our country with major health impact, just to mention a few; include flood 1991, MV Bukoba ferry accident 1996, Dodoma Train accident in 2002, bomb blasts (e.g. Mbagala in 2009 & Gongo la Mboto in 2011), Floods (Dar es salaam in 2011),16 story building collapse in Dar es Salaam 2013, Cholera outbreak (2015 – 2018), Kagera earthquake at 6.3 Richter scale in 2016 and RTAs (e.g. Lucky Vincent School bus accident in 2017). In this regard, timely and efficient response is key and it requires effective preparedness including development of a clear response procedures. However, unclear procedures for coordination of response mechanisms during emergency response at all levels has been a challenge experienced during response to most previously occurred events.

This plan addresses emergency response across health system in events of all hazards. It will guide coordination of response activities at different levels and integration of activities by different stakeholders to avoid vertical approach. The integrated planning approach applied will facilitate rational use of scarce resources. Guiding principles of health emergency response strategies described in this document highlight a broad overview of health emergency response mechanisms and approaches in the country and operational support plans.

All health stakeholders involved in responding to emergencies or disasters will use this plan. The plan will guide decision-making and all actions during response by different stakeholders including the private sector. All response action plans will be aligned to this plan. Monitoring and evaluation of response activities will also be guided by this plan. Moreover, it will be used to guide resource mobilization tools and preparation of Standard of Operations and contingency plans.

Furthermore, there will be a midterm review after every three years and the span of the plan is five years. The Emergency Preparedness and Response Unit of Ministry responsible for Health will be responsible to coordinate review, update and developing a new plan as well as monitoring and evaluation.

1.2. Goal, Strategic focus, Objectives and Guiding principles

1.2.1. Goal

To have an effective, efficient and well-coordinated health sector all hazards response system that will lead to reduction of mortality, morbidity, and disability.

1.2.2 Objectives

1. To guide health sector's response coordination to emergencies of all hazards at all levels
2. To elaborate procedures for alert, detection, rapid risk assessment and grading for emergencies.
3. To elaborate structures for decision making and command & control through Incident management systems on responding to emergencies at different levels
4. To describe response procedures including decision making, command & control and concepts of operations at different levels during emergency response.
5. To elaborate procedures for emergency phasing out and recovery processes.
6. To guide sectors, and partners coordination through multi-hazard and multi-sectoral contingency and response planning

1.2.3 Strategic Focus

i. Strengthening governance and leadership capacity of Ministry responsible for Health to coordinate and manage health consequences of emergencies and disasters at all levels of the health care system.
ii. Strengthening core technical services through utilization of key stakeholder's competencies and ensuring quality response to the needs of population at risk
iii. Enhance and strengthen the Information Management and Risk Communication Capacity of Ministry responsible for Health to provide real time information during disasters at all levels.
iv. Enhance mechanisms for mobilization and effective utilization of resources during disaster response at all levels.

1.2.4. Guiding Principles

Taking into consideration the health care delivery system and the challenges associated with emergencies and disaster management in the country, the following principles will guide the development, implementation, monitoring and evaluation and review of this plan:

Coordinated: The Ministry responsible for Health has overall stewardship and responsibility for planning, oversee the implementation, supervising, monitoring and evaluating this all-hazard health emergency response plan at the national level and will advocate for the support of all relevant partners and sectors in this direction
Comprehensive: Development and implementation of this plan will be multi-sectorial and multi-disciplinary taking into consideration cross cutting issues such as gender, health and human rights (the right to health)

Progressive: A health system strengthening approach will be used in the implementation of this plan; this approach will focus on strengthening all the six building blocks (human resources, health financing, medicine & health commodities, leadership and governance, information system and service delivery) of the health system and ensure that they are able to withstand and effectively respond to disasters.
Risk driven: Strong emphasis will be on Disaster Risk Management (DRM) to ensure a comprehensive health care provision at all levels.
Integrated: The plan will be implemented within the framework of existing national policies, strategies and mechanisms such as the National Development Plan (NDP) and National Disaster Management Policy. This plan is in line with the National Health Policy, the Health Sector Strategic Plan IV (HSSP IV) (2015-2020) and other relevant health plans. Its goals and objectives will therefore contribute to the achievement of the goals of the above policies and plans.
Collaborative: Given that, reducing the impact of public health emergencies requires collaboration of various sectors, a participatory and multi-sectorial approach to planning, implementation, and supervision in a holistic manner to involve all stakeholders and resources within the region.
Flexible: While taking into consideration, the need for special emergency health programs (epidemiology, diagnostic, chemicals, Nutrition, special procurement, logistics and blood safety) in some situations allowing reviews and relevant changes according to time.
Professional: The development and implementation of this health emergency response plan is based on an all-hazard approach which focuses on enhancing the capacity of the health and relevant stakeholders to address all types of major risks ranging from epidemics to natural disasters and situations of mass casualty

1.3. Rationale

The National Disaster Management Policy of (2004) provides guidance for mainstreaming of disaster management activities as an integral part of development programs of all sectors in the country. Likewise, the national Health Policy of 2007 addresses issues of Disaster Risk Management in Health Sector. The Hyogo Framework for Action (HFA) 2005 – 2015 and its successor Sendai Framework for Disaster Risk Reduction 2015 – 2030 and other Regional Strategies advocate for countries to spearhead DRM activities in health sector. The Sendai Framework for Disaster Risk Reduction (SFDRR) put health at the center of disaster risk management. It emphasizes for countries to enhance resilience of national health systems as well as in the implementation of the International Health Regulations (2005). Experience from management of events of emergencies and disasters with no well-coordinated response efforts, lead to duplication of efforts, delay in response and number of negative consequences such as deaths, disabilities etc. The all Hazard Emergency Preparedness and Response Plan (2016) focused more on preparedness activities and did not elaborate well mechanisms for response including initial stages of rapid risk assessment and event

grading. Therefore, this plan has been developed to clearly elaborate response mechanisms while addressing also addressing key preparedness actions.

The basis of developing this plan is to establish procedures for response operations to emergencies and disasters. It assigns the roles and responsibilities of each health sector level and its stakeholders during emergencies and disasters. This plan will facilitate timely, coordinated and quality response activities. It is will foster effectiveness and efficiency in response operations.

1.4. Scope of the Plan

The Health Sector All Hazard Emergency Response Plan intends to cover all key actors within the sector. It is also intended to enable coordination of operations management during emergencies and disasters. Its coverage will be mainly the horizontal coordination at national level and how it links with sub national levels. For specific diseases, contingency plans as outline in Annex V are available. In addition to, this plan aims to complement *the Tanzania Emergency Preparedness and Response Plan* (2012) and other response plans.

Chapter 2. Country Context

2.1 Country Profile and Information on Hazards and Vulnerability

The United Republic of Tanzania occupies an area of 1,084,004 km^2 which comprises of the Tanzania Mainland and Zanzibar islands. It boarders Kenya & Uganda on the North, Rwanda & Burundi to the north west, Democratic Republic of Congo to the West, Zambia & Malawi on the south west, Mozambique Republic on the south and also borders the Indian Ocean on the East. Hence increases likelihood of cross border transmission of diseases e.g. VHF (Ebola, Marburg, Chikungunya), Cholera and Yellow fever.
Administratively, the country is divided into 31 Regions (26 in the mainland, 5 in Zanzibar) as of May 2018. Based on the national population census of 2012, the country had a projected population of 57.4 million people by 2017 (about 70.4% of whom live in rural areas).

Agriculture is the major means of livelihood in the country and it accounts for 85% of the country's exports and employs 75% of the workforce[1] Drought and pest infestations often affect the agricultural sector resulting in loss of livelihoods, increased poverty and food and nutrition insecurity.

The country has a diverse topography with highlands in the northern and southern parts, plateaus in the central regions and flat plains in the coastal areas. Due to this diverse topography, the country is at risk of various hazards such as; active volcanoes at Mount Oldonyolengai in the north east part of the country while flooding is common in the central plateaus; earthquakes and landslides are experienced in the Northern and Southern highlands.

The climatic conditions in Tanzania vary with geographical zones: tropical on the coast; semi-temperate in the mountains with short rains November-December and long rains February to May; while it is drier in the

plateau region with considerable seasonal variations in temperature. Such diverse climate attracts a wide range of vectors of veterinary and public health importance.
Public health can be affected by disruptions of physical, biological, and ecological systems due to climate change. The health effects of these disruptions include increased respiratory and cardiovascular disease due to poor air quality, injuries and premature deaths related to extreme weather events such as heat waves and flood. Also, changes in the prevalence and geographical distribution of food- and water-borne illnesses due to exposure of food and water to certain pathogens and toxins. Other health effects include altered transmission of infectious diseases and malnutrition. Climatic variations and extreme weather events may have profound impacts on infectious disease. Infectious agents (such as protozoa, bacteria and viruses) and their associated vector organisms (such as mosquitoes, ticks and sand flies) are devoid of thermostatic mechanisms, and reproduction and survival rates are thus strongly affected by fluctuations in temperature. Other hazards are due to increased human population which results into encroachment of game reserves, The ecological alterations by humans may increase the conflict and interaction with wild animals, which may lead to exposition to emerging and reemerging diseases such as EVD (Ebola virus, Marburg & Chikungunya), Hantavirus and SARS.

Mining of minerals and natural gases, as well as developments in science and technology, may result into unforeseeable hazards. The process of mining excavation in many places is locally done without any protective measures which can cause risks and accidents in the mining sites. On the other hand, water bodies such as sea, lakes and rivers provide an economic opportunity for communities surrounding those areas. However, the fishing communities are vulnerable to a variety of infectious disease epidemics due to their geographic isolation, low literacy levels, many activities, and general attitudes towards risk.
As the country is moving towards middle income economy, such developments may increase the risk to industrial hazards.

2.2. Organization of the Health System

The national health system operates in decentralized system of governance. It is organized in a referral pyramid, made up of three main levels namely, I) Primary level, II) Secondary level and III) Tertiary Level. The classification of private health facilities follows the criteria of the national health system.

Primary Level:

At primary level, council hospital and all other hospitals at this level are referral centers for all primary health facilities that include public and private dispensaries and health centers.

In current arrangement, the Local Government Authorities have full mandate for planning, implementation, monitoring and evaluation of health services within the council. The responsible structure for services delivery at this level is the Council Health Management Team (CHMT) headed by District Medical Officer (DMO). The team is accountable to Council Executive Director through the DMO and is responsible for planning, implementation, monitoring and evaluation of health and in the council.

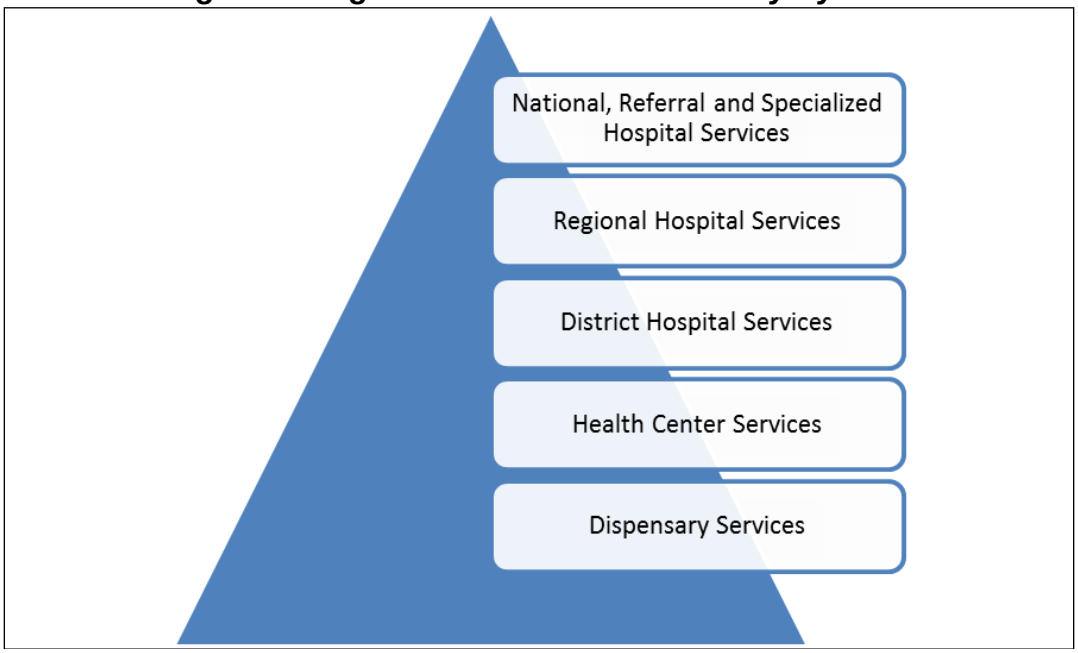
Secondary level:

The Regional referral hospital (RRH) and other referral hospitals at this level are secondary level referral centers for all primary level facilities within the region. The Regional Secretariat (RS) oversees the day-to-day management of health services in the region. The Regional health management team (RHMT), which is headed by the Regional Medical Officer (RMO) as Assistants Administrative Secretary (AAS) health, coordinates health and social welfare services within and at the level of region. As an extended arm of the central ministries, team ensures that policies, strategies, guidelines and plans are in line and correspond to national and local priorities. It provides technical back up to RRHMT and CHMTs.

Tertiary Level:

Zonal referral hospitals are tertiary level referral centers for secondary level facilities. Specialized hospitals are national referral centers for specialized services. Muhimbili National Hospital is the national referral center. All tertiary level referral health facilities are overseen and managed by Ministry responsible for health through different institutional arrangement.

Figure 1: Organization of Health Delivery System



2.3 Public Health Risk Profile in Tanzania

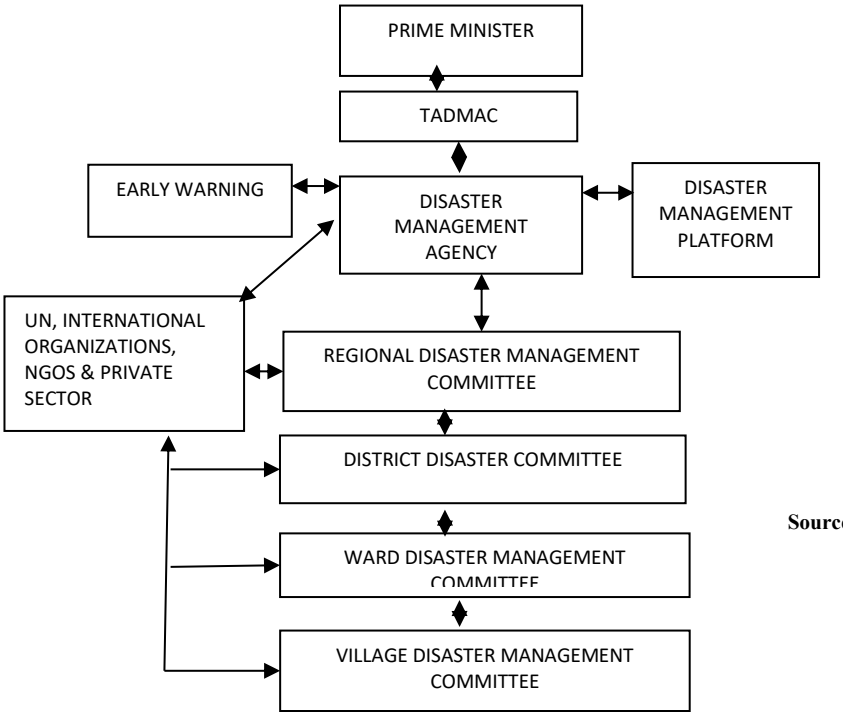
According to the Health Risk Profile of September 2016, Tanzania is prone to about 42 types of public health hazards and its associated health risks, which are summarized in the Annex I. Out of all 42 hazards in Tanzania 4 hazards were found to have high likelihood of occurrence. These include RTAs, Riots, Spill over conflicts from neighboring countries and Cholera outbreaks. Furthermore, three hazards have high risk (Riot /conflicts, spillover conflict from neighboring country and cholera outbreaks). The risk profile will be reviewed annually and strategies to address the risks updated as needed.

2.4. National Disaster Management Governance and Coordination Structures

Disaster management in Tanzania is guided by Disaster Management Act No 7 of 2015, which provides for establishment of the Disaster Management Agency under the Prime Minister's Office for coordination of all emergency and disaster management activities in the country. It also provides a framework for disaster management that institutionalizes activities in various sectors and at all implementation levels. Implementation of emergency and disaster management activities by health sector is coordinated by the Ministry responsible for Health and follows the levels of the health system services according to the country's administrative structure. In this regard, this health emergency plan shall be coordinated within the existing coordination mechanism for health emergencies in the country in order to ensure integration and synergy. Ministry responsible for Health is the lead government sector for coordinating preparedness and response interventions in health. At National level coordination is through a designated Emergency Preparedness and Response Section (EPRS); Regional and District levels' coordination is under Regional and District health Departments respectively. Each region and council shall designate a focal person or coordinator for emergency preparedness and response activities as per the existing organization of the regional and council level health services structures.

At the National level, the Ministry responsible for health and its stakeholders shall observe multi-sectorial, multidisciplinary and multi-agency approach in responding to emergencies of all types of hazards. It is mandatory to exercise a unified command, control and coordination of response activities.

Figure 2: National Disaster Coordination structure



Source: Prime Minister's Office - DMD

Chapter 3: Emergency Preparedness

Emergency preparedness is a program of long-term development activities whose goal is to strengthen capacity and capability of a country to manage efficiently all types of emergencies and to bring about an orderly transition from relief through recovery and back to sustainable development (WHO). Implementation of preparedness in Tanzania health sector is integrated with existing health systems as stipulated in HSSP IV 2015-2020 that prioritizes health emergency preparedness and strengthening of health security as a strategy. It is a responsibility of Regional and District Medical Officers to Plan and implement preparedness actions at their respective levels. At the National level different preparedness actions are implemented by various technical departments and are coordinated through Emergency Preparedness and Response Unit and PHEOC facilitates coordination of information.

This section of the plan outlines key aspects of preparedness for response that will ensure standardization, coordination and timely implementation of response activities for all emergencies at all levels. It highlights key interventions that shall be undertaken by the health sector and stakeholders during preparedness and response phases. Mechanisms for monitoring and evaluation of preparedness and response actions are also outlined.

3.1. Key emergency preparedness actions and responsibilities

The key actions required for an effective emergency response to all emergencies include:

i. Strengthening of national and sub-national governance and leadership capacity of the health sector to coordinate and manage health consequences of emergencies and disasters at all levels of the health care system.
ii. Strengthening the core technical services through fully utilization of key stakeholder's competencies, resources, expertise and ensuring readiness to respond to the needs of population at risk.
iii. Enhancing and strengthening the Information Management and Risk Communication Capacity of the Ministry responsible for health to provide real time information during emergencies at all levels.
iv. Establishing mechanisms for mobilization and effective utilization of resources during response to emergencies at all levels.

The key actions are summarized in annex. II

3.2. Supervision, Monitoring and Evaluation of preparedness and response actions.

Generally, the supervision, monitoring and evaluation of the health EPR is integrated into the overall MOHCDGEC supervisory structure. To avoid duplication, the supervision, monitoring and implementation of this response plan shall be integrated in the existing system and will use the existing mechanisms (e.g. HIMS, IDSR, and other sources.) The Emergency Preparedness and Response Unit shall plan and coordinate monitoring and evaluation activities, of which will involve regular monitoring of EPR implementation, after action reviews, simulation exercises and review and maintenance of the plan, while at the operational level, Regional and Council Health Management Teams (RHMT and CHMT) will perform the same functions in the regions and councils respectively. The PHEOC shall facilitate the activities and involvement of relevant departments and actors.

3.2.1. Evaluation

Evaluation is important for reviewing the timeliness and effectiveness of the plan implementation and response to emergencies, it can be through review of reports, observations, field visits, and focus group discussions with affected populations, as well as lesson learned workshops and interviews with key informants within District/councils, Ministry, UN agencies, NGOs and other stakeholders. Lessons learnt and best practices will be documented and continually used to inform decisions in emergency preparedness and response planning in the country.

3.2.2. After Action reviews

After action reviews conducted following response to an actual emergency event or conducted after the simulation exercise are important aspects for the EPR plan evaluation. The Emergency Preparedness and Response Unit is responsible for planning and coordinating these evaluations and ensuring that an After-Action Review (AAR) is completed within one month of an exercise or within three months after an actual emergency. The open and quick evaluation (Hot wash) after the simulation exercises as well as AAR findings following emergency responses are opportunities to evaluate efforts, share experiences, and develop best practices.

3.2.3. Simulation exercises

The EPR plan needs to be tested at least once every six months through a simulation exercise or may be done in case of an actual emergency. It is a responsibility of the Emergency Preparedness and Response Unit to develop the exercise plan, organize and coordinate the simulation exercises.

3.2.4. Plan review and maintenance

The Emergency Preparedness and Response Unit will ensure the regular updating and revising the ERP in every five years, this will include review and update the ERP as needed and ensure all information, annexes and attachments are maintained and are up to date.

3.3. Contingency Planning

Contingency Plans are guiding documents for preparedness and early response, meant to provide a coordinated response for a hazard specific emergency or public health event. Such Public Health events include biological, physical, chemical, radio-nuclear agents or Mass causality events due to natural or man-made disasters. Developing contingency plans requires joint planning by stake holders at a specific jurisdiction to outline and budget for specific actions required for early response to specific events. Components of the contingency plan include scenario building to identify the best, most likely and worst - case scenarios, and triggers for activation of different phases of response and a detailed outline and prioritization of measures to be undertaken for risk mitigation, preparedness and response. It has to be carried out after conducting a risk analysis and assessment.

3.3.1 Development of contingency plans

The contingency plan shall be developed prior to the event and be considered as a model for responding towards adverse outcomes, to respond to different public health consequences of a particular hazard. Contingency plan is a subset of the All Hazards Health Response plan and considered as its annex. Therefore, need to be linked to and used in conjunction with the All Hazards Response plan. The Incident Management System Model for hazard specific contingency plan will be tailored to facilitate response of that particular hazard and shall be well documented. However, application of the IMS and concept of operations for each level shall follow the All Hazard Emergency Response Plan. Regional and District

Medical Officers are obliged to coordinate and ensure that contingency plans for their respective levels are developed based on the assessed risk and guidance from National level. The following criteria guide development of contingency plans at the national level.

3.3.2 Criteria for deciding to develop a contingency plan

i. The hazard has been identified as one of the priority risks in the country through the risk profiling or other mechanisms within the country.
ii. For epidemic prone diseases, the disease has been identified as one of the potential threats to the international community (public health event of international concern)
iii. There is potential for emergency due to a particular hazard because of diversity of activities related to such hazards involving a big range of stakeholders with limited coordination and inadequate preventive and mitigation measures. E.g. Chemical related emergencies
iv. The hazard has been identified as a potential emergency but was not included in the risk profile due to either absence of the stakeholder's responsible dealing with such hazards or it was not of importance during the risk profiling
v. The hazard is available in the country and was not ranked higher in the risk profile due to lack of historical information but the consequences of its exposure can be very high e.g. Heavy metals exposure.

3.3.3. List of Contingency Plans and Updating Timeframe

Development of new hazard specific contingency plans and updating of available ones is a continuous process at all levels. It is recommended to review and update a specific contingency plan after every 3 years or after it has been tested or utilized through a simulation exercise or a real event response based on observed gaps or new risks or any other changes in organizational policies that have effects on response procedures. Hence review and update requirements of each specific contingency plan shall be well documented in each specific plan. Annex III outlines list of available hazard specific contingency plans and those that need to be developed

Chapter 4. Alert, Detection, Rapid Risk Assessment and Grading

This chapter outlines Alert, Detection, Rapid Risk Assessment and Grading of Public Health Emergencies. Public health emergencies in this context include both infectious and non-infectious hazards.

4.1 Alert and Detection

Alert and detection facilitate response to public health emergencies and are obtained through effective surveillance and early warning system.

The captured information from surveillance and early warning system is essential to facilitate timely identification to potential infectious and non-infectious events such as disease epidemics, natural disasters, chemical spills, food safety, nuclear accidents and nutritional deficiency. Health Management Information system (HMIS) is main source of information in the health sector. However, priority infectious diseases and public health events/conditions are monitored through Integrated Disease Surveillance and Response (IDSR) system. Currently the country has established an electronic reporting system (e-IDSR) that facilitates real time surveillance and reporting for prompt response to disease outbreaks and public health events. In this system, priority diseases or events are reported directly from the health facility (Indicator based surveillance) to national level through districts, and regions in real time. Also, community-based surveillance has been initiated in some high-risk regions in which trained community health workers identify, report and refer ill persons with suspected prioritized infectious diseases, public health events or conditions to the nearby health facility for further scrutiny and reported through the IDSR system. In addition, rumors of events at different levels are captured in a "Rumor Logbook" throughout the country.

Surveillance and early warning systems for other sectors exist as outlined in Table 1. Information sharing among sectors is crucial in facilitating early warning, detection and timely response in order to comply with the Disaster Management Act No 7 of 2015.

In some emergencies or disaster events detection is through observation, however in some specific events such as disease epidemics (biological), chemical and radiological events, laboratory testing is required for confirmation**.** The Health Sector has Biosafety Level Two (BSL-2) and Three (BSL-3) Laboratories for detection of infectious hazards. These include National Health Laboratory Quality Assurance and Training Center (NHLQATC), KCRI, Zonal and Regional Laboratories that are BSL-2. Mbeya Zonal Reference Laboratory and Ifakara health Institute laboratory in Bagamoyo, are BSL-3. NHLQATC is the National Referral laboratory which coordinates the shipment and referral of public health biological samples. Also, Tanzania Food and Drugs Authority (TFDA) and Government Chemist Laboratory Authority (GCLA) offer opportunity for testing non-infectious hazards[1] Other Institutions provide laboratory services and have analytical capacity for detection of different etiological agents (Biological, Chemical and Physical). These include Muhimbili University of Health and Allied Sciences (MUHAS), So koine University of Agriculture (SUA), National Institute for Medical Research (NIMR), Catholic University of Health and Allied Sciences (CUHAS-Bugando),), Tanzania Veterinary Laboratory Agency (TVLA), Tanzania Atomic Energy Commission (TAEC), Tropical Pesticides Research Institute (TPRI), Water Authorities Laboratories, National Environmental Management Council (NEMC) and others.

Procedures for sample management and testing are followed according to respective laboratory protocols. Laboratory results exceeding agreed threshold and critical results[2] (according to defined criteria for each

level/institution), are reported. In addition, the Country has collaborative mechanisms for backup and confirmation with other countries' Laboratories such as KEMRI (Kenya), UVRI (Uganda), NICD (South Africa) and CDC-Atlanta (USA).

There are systems, agencies and authorities (Table 1) that have been mandated to provide early warning, follow up and monitoring of specific indicators that are essential in the prediction of emergencies or disasters and disease epidemics

Table 1. Systems, Agencies and Authorities for Early warning

Systems	Description	Agency, Authority or Institution
Early warning system on Weather and climate related hazards	Provision of meteorological services weather forecasting, climate services, alert, advisory and warnings	Tanzania Meteorological Agency (TMA)
Seismological waves assessment	Provides information for Early warning, for earthquakes	Geological Survey of Tanzania (GST)
Food Security Assessment	Provides food information and prediction on food shortage and famine	Ministry of Agriculture Food Security Department
Food, Drugs and cosmetics Safety monitoring system	Provides information about safety issues involving food and drugs.	Tanzania Food and Drugs Authority (TFDA)
Water Quality and Safety monitoring	Monitors water quality and safety	Ministry responsible for Water and Irrigation Ministry of Health and departments responsible for water and food safety (TFDA)
Animal Diseases Surveillance System	Reports suspects and tested zoonotic diseases of epidemic potential	Ministry responsible for Livestock Ministry Responsible for Wildlife Local Government Authorities
Chemicals Safety Monitoring System	Provide information on chemical and event that have potential effect on human health.	Government Chemist Laboratory Authority
Integrated Disease Surveillance and Response (IDSR), Community based Disease surveillance and event-based surveillance	Reporting of suspected diseases of epidemic potential,	Ministry responsible for Health
Detection of epidemic prone diseases and events	Detecting and reporting results exceeding agreed threshold, epidemic potential and life-threatening etiological agents	Ministry responsible for Health, TVLA, NHLQATC, TAWIRI and Laboratories across agencies, LGAs health Laboratories

Laboratory Information Systems	Provides information system regarding epidemic prone diseases within existing MoHCDGEC surveillance system	Diagnostic section (NHLQATC)
Environmental Management system	Provides Environmental Impact Assessment reports that have potential effects to human health	NEMC& PoRALG
Radiation monitoring system	Provides information on radiation sources that have adverse effect to human health	Tanzania Atomic Energy Commission (TAEC)
Indigenous Early Warning	Provides early warning signs for different hazards	Community

Upon receipt of information from different authorities or stakeholders concerning early warning, alerts and/or specific event occurrence, to the Ministry responsible for Health, the information shall be channeled and coordinated by Emergency Preparedness and Response Unit (EPRU) for action within the sector through the Public Health Emergency Operation Centre.

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4.2. Verification and Investigation of Alert and Rumors

Timely investigation and verification of alert and rumors are critical for containing the hazard. Rumors can be either captured passively by establishing mechanisms for obtaining information from the community or actively by gathering information from media outlets. Verification of rumors refers to gathering right information about a rumor from where it originates. Once the rumor and alerts have been verified, it is essential to find out the etiological agent and risk factors through investigation. Rapid Response Teams serve as an important tool for verification and investigation of alerts and rumors.

4.3 Rapid Response Teams

Rapid Response Teams (RRT) are Multidisciplinary teams designed to intervene during Public Health Emergencies. The teams are key components of rapid-response systems, which act as initial stabilizing resource in the earliest phase of the Emergency. The teams shall strengthen the local investigation and early response and help setting up early coordination mechanisms at different levels. The RRT has to be all hazard in nature and composed of personnel who are experts in different technical areas that are required for any public health emergency response. During an emergency, composition of the RRT for deployment at either National, Regional or District level will vary depending on the nature of the event. Generally, the following experts may be included:

i. Clinician
ii. Nurse
iii. Epidemiologist
iv. Laboratory expert
v. Environmental Health expert
vi. Anthropologist /social mobilization expert
vii. Psychosocial support expert/social welfare worker
viii. Logistician/Pharmacist /technician
ix. Data manager
x. Infection Prevention and Control expert
xi. Media expert/Public Relation officer/communication officer
xii. Driver
xiii. Security expert
xiv. Disaster Management experts
xv. Other experts/specialized teams depending on the nature of the event, for instance environmental health specialist, food safety expert, radiation expert, veterinarian, burial team, etc.

The RRT should be guided by specific Terms of reference and Specific roles depending on the Nature of the event.

The following scenarios may warrant deployment of the RRT:

i. Rumor verification and investigation
ii. Investigation of alert messages
iii. Respond to Mass Casualty incidents e.g. Cholera, Road Traffic Accident, chemical spillage etc
iv. Rapid Risk Assessment (RRA).
v. Outbreak response and investigation
vi. Data verification
vii. Any other event that may be determined by responsible authorities.

Usually, after the response has been activated, the National Incident Manager deploys RRT at National level and oversees deployment of RRT at lower levels. The RRT at all other levels shall be deployed by their respective Incident Managers as described in chapter 5. The initial task of the RRT may be to perform the Initial Rapid Risk Assessment. In this case a Spot report will be produced within 24 hours describing the nature of event, level of risk (Low, Moderate and High) and action to be taken. When the RRT from higher level has been deployed, at the field they shall work in collaboration with and support the responding teams at that particular level. The RRT will produce daily and final field report that will be shared with relevant authorities, platforms (e.g. coordination meetings) and partners in accordance with the concept of operation for a particular level. Hence the main purpose of deploying RRT is to provide initial quick response to new reported event and secondly the RRT from higher level may be deployed to provide support to the lower authority or level in responding to an emergency event of a higher grade or level.

It is important to establish and maintain the register of experts for RRTs at National, Regional and District level in order to guarantee timely response of an event. It is the responsibility of the Emergency Preparedness and Response Unit of the Ministry responsible for Health to identify and keep inventory of the RRT at National level and to coordinate deployment of the teams. The Public Health Emergency Operation Center will facilitate to keep and update this inventory. In addition, the Local Government Authorities shall identify and keep inventory of the RRT at their respective levels.

The Ministry, Region and District health Authorities shall coordinate Rapid Response Teams training and pre deployment orientation to ensure competencies, coordination, comprehensive and effective response operations to emergencies.

4.4 Rapid Risk Assessment

Rapid Risk Assessment (RRA) is an important component of response to public health emergency events. It enables early and focused response that minimizes negative social and economic consequences. RRA is key for guiding decision-making, implementation of appropriate and timely control measures, operational communication and effective risk communication for specific event response and subsequent improved preparedness.

Following a report of an event or potential emergency, rapid risk assessment shall be carried out according to WHO guidelines on rapid risk assessment for acute public health events. Components of risk assessment include, hazard or threat identification, exposure, vulnerability and capacity analysis. Key elements will involve disaggregation of the population at risk, identifying most vulnerable populations such as closed and crowded settings, schools, dense urban areas, orphanages, refugee and displaced populations as well as correctional institutions, based on local context. It will also address the populations living in prone areas, the health status of the population and the preparedness capacity of the health sector to respond.

It is a responsibility of each initial responding district to conduct RRA as one of the early steps of response. In this regard the affected district will communicate the event to the region with details of the RRA and subsequently the region shall do the same to guide the National response. The national level will also carry out the assessment upon receipt of information about an event from lower level to be able to make decision on response measures. It is also a responsibility of RRT at all levels to conduct RRA as one of the initial tasks of their assignment and use the results to plan response interventions as well as communicate results to the PHEOC and other appropriate entities.

4.5 Grading of an Emergency

Event grading is a systematic way of scaling an emergency event after assessing, tracking and monitoring have been conducted and its magnitude, complexity, duration, amount and the type of resources needed to mount the appropriate response has been determined. It is the essential component in decision and management of public health emergencies so as to effectively respond and recover from the public health emergency at any level. Grading is based upon an initial RRA and shall be reviewed constantly to ensure that the response is appropriately managed and adequately resourced. The process of grading will help in assigning the appropriate activation level.

There are three levels /grades of activation as per the Tanzania Emergency Preparedness and Response Plan (TEPRP, 2012). During activation of the response plan at different levels a PHEOC and other coordination structure will also be activated.

LEVEL 1 (Monitoring)
An emergency incident that can be handled routinely by one or more departments in the council or / and government agencies using local resources. At this level, normal government operations are not affected.
Activation of the Response Plan at this level corresponds to monitoring of events.

LEVEL 2 (Partial Activation)
An emergency that requires a major response and significant commitment of resources from several central government sectors, agencies, local and international organizations within the Country. It has the potential to require resources in excess of those available to the responding departments or LGA to bring the situation under control. This level requires partial activation of the plan.

LEVEL 3 (Full Activation)
An emergency that requires an extensive coordinated response and commitment of resources from all sectors and government agencies and may necessitate requesting outside assistance from other countries or international humanitarian organizations. This level requires full activation of the plan.

4.5.1 Activation of the Response Plan

Activation of the response will depend on level, which has been determined by the risk assessment report and the criteria. A group of experts at the tactical level will advices the respective authority responsible for activation to activate the specific response level as explained in Table 2
When the emergency level has reduced to a point where the higher-level support is no longer required, the level of response will be deescalated.

Table 2: Emergency Grading at National Level

Grade / Level	Operating status	Criteria	Examples
Level 1 (monitoring)	• Normal day-to-day activities • Vigilantly monitoring the specific event(s) potential for public health event • Emergency response readiness state • Normal staffing • Routine working hours • Further investigation and/or risk assessment required	•Event does not exceed resource capacity of Local Government Authority in Health sector •Support from higher level is not required •Event does not significantly impact normal operations	•Suspect event not confirmed or not confirmed or localized •Diseases detected in animals and have minimal likelihood of spreading to human •Accident
Level 2 (Partial activation)	• Increased engagement of stakeholders • Augmentation of PHEOC staffing • Extended work hours as needed • PHEOC provides SitRep daily • Activation of National Task force	•Events that result in higher morbidity and/or mortality •Coordination exceed capacity of Local Government Authority and National level support is required •Require certain resource support from Ministry level and other local partners	Suspect event confirmed to be a public health threat that can be managed within health sector by the specific region
Level3 (Full scale activation)	• Coordination of responses for large epidemics and pandemics • Disasters with high morbidity and mortality National EOC activated under PMO and PHEOC becomes part of National EOC	•National resources and capacity are overwhelmed •Support from International is needed	• When events declared to be disaster • Event requiring Multiple sectors involvement in the event response

4.5.2 De-activation of the Response Plan at National Level

When the emergency situation is controlled to the point that the national level coordination is no longer required, a decision will be made by the Incident Manager, as to whether the response level should be de-escalated to appropriate level for reassessment for deactivation. This is upon advice by appropriate experts based on the de-escalating criteria as per response plan.

Suggested criteria for de-escalating the Emergency response level include the following:

- Coordination of response activities and / or resources at national level is no longer required
- The event has been contained and surge staff have returned to regular (Level I) duties
- Working from the PHEOC is no longer required.

Chapter 5. Response

This section outlines the Concept of Operations (CONOPS) in responding to an emergency. It outlines the mechanism and different tasks for coordination of an emergency response. It also outlines how the organization of the incident response using Incident Management System (IMS) shall be set and followed at different administrative levels (National, regional and council) based on the level/grade of the emergency.

Response is one among of four phases (prevention and mitigation, preparedness, response and recovery) of a comprehensive emergency risk management cycle. It involves the provision of rapid and coordinated actions during or immediately after an emergency in order to save lives, reduce health impacts, ensure public safety and meet subsistence needs of affected people. Response usually includes the actions that are immediately necessary to remove the affected population from ongoing exposure to the risk of harm or removing the risk from the people. The response actions to public health emergency shall mainly focus on; Assessment, Coordination, Communication to relevant stakeholders including public and provision of emergency response needs of the affected population as per nature of event as well as ensuring continuity of provision of other essential health services to the community. Details of tasks for delivering response actions at different levels are as explained in Annexes (1V – VI)

5.1. Incident Management System (IMS)

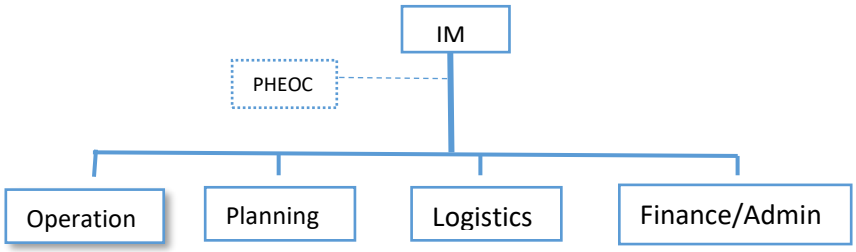
In order to respond effectively to an emergency, an effective mechanism and platform for coordination using the IMS shall be applied and integrated to the existing government structure. Respective response coordination structures shall be put in place at strategic, tactical and operational levels based on the grade /level of an emergency with clearly stipulated IMS functions which include; management, planning, operations. Logistics, Finance and Administration (Figure3) as detailed in the three different concepts of operations mentioned in this document (Annex IV-VI)

The generic IMS model (figure 3), which has been adapted and applied at the National level, has been used to describe the three different CONOPS. However, the lead and the responsibilities for specific functions will vary according to the CONOP type. In each CONOP there will be an Incident Manager (Subject Matter

Expert) who will be appointed by an authorized person at all levels. At the National level, IM will be appointed by Chief Medical Officer (CMO), at regional level by Regional Medical Officer and at the district level by District Medical Officer (DMO). At all three levels CMO, RMO and DMO may serve as IM. It should be noted that the IMS is a model operating during response to an emergency and should not replace any existing organizational structure in all levels. It is automatically activated as soon as response actions are initiated.

PHEOC is a structure that facilitates application of IMS. It is advised PHEOCs to be established at regional and district levels, however it should be noted that IMS may be applied without a formal PHEOC where by a temporary structure may be improvised as an PHEOC.

Figure 3: Generic Incident Management System Model for Health Sector



5.2. Concept of Operations 1 (CONOPS 1): District Level

Localized Health Emergency that can be managed at the District level

This CONOPS refers to response to an emergency, which has affected one or several wards within a district where by response coordination is done by the district authorities using their own resources while Region and National level have been informed. In this scenario, the Region and National levels are only monitoring the situation, but no direct response interventions are undertaken at the district by these levels.

Incident Management System setup for the District (CONOPS 1)

In order to facilitate accountability, the responsible lead person for each IMS levels and respective functions have been indicated.

Organization of response activities will follow the IMS. At the district level the IMS shall be organized following the strategic, tactical and operational levels as shown in Annex IV and summarized as follows:

- The DMO is in charge for health sector response at the affected district
- The Incident Manager for the affected district will be appointed by the DMO
- The district IM is an overall coordinator of the response activities of that particular event and will report directly to the DMO who will subsequently report to next administrative level.

- The District shall establish and activate Public Health Emergency Operating center (PHEOC) or use alternative structure available to facilitate response operations. The roles PHEOC will be:

    - To coordinate resource mobilization and deployment in the affected areas.
    - Facilitate deployment of RRT at the district level
    - Receive, analyze and consolidate situation reports from RRT
    - Provide briefings to the district incident manager
    - Facilitate public health emergencies task force meetings
    - Receive information and provide feedback to the affected areas/entities
    - Coordinate public communication in collaboration with responsible subcommittee
    - Develop reports for the IM to report to the higher level.
- The District public health emergency task force is the coordination platform for health sector at District level, activated during response.
- The District Disaster Management Committee is a multisectoral coordination platform at the District level

5.3. Concept of Operations 2 (CONOPS 2): Regional Level

Localized Health Emergency that can be managed by the regional level.

This CONOPS describes an emergency scenario that has affected one or more districts within one region, whereby the emergency response is coordinated by the regional authorities and the national level is informed to provide support.

Incident Management System setup for the Region (CONOPS 2)

Organization of response activities will follow the IMS. At the regional level the IMS shall be organized following the strategic, tactical and operational level as shown in Annex V and summarized as follows:

- The RMO is in charge for health sector response at the affected region.
- The Incident Manager for the affected region will be appointed by RMO
- The regional IM will be an overall coordinator of emergency and will reports to the RMO who will subsequently report to next administrative levels
- The region shall establish and activate PHEOC with the following roles:
    - Facilitate information flow from Region to higher level
    - Facilitate resource mobilization at Regional level to support the district
    - To Facilitate deployment of RRT to the affected districts
    - To follow up, collect, receive, analyze, consolidate daily situation reports from the RRT and inform the region IM
    - Facilitate public health emergencies task force meetings
    - Receive information and provide feedback to the affected areas/entities
    - Coordinate public communication in collaboration with responsible subcommittee
    - Develop reports for the IM to report to the higher level

- The Regional public health emergency task force is the coordination platform for health sector at Regional level, activated during response.
- The Regional Disaster Management Committee is a multisectoral coordination platform at the Regional level

5.4. Concept of Operations (CONOPS) 3: National Level

Health Emergency Requiring National Coordination

This CONOPS describes an emergency scenario whereby there is an emergency that qualifies National Level Coordination. The following are some of the scenarios that may warrant national level coordination

1. If the public event has the potential of International concern (IHR 2005).
2. If the response involves more than one sector at national level
3. If the regional capacity to contain the event has been surpassed

Incident Management System setup for the National (CONOPS 3)

- The CMO is overall in charge for the incident management responsible as well as to appoint the Incident manager (IM). The IM reports direct to the CMO.
- The Incident Manager shall provide command and control either at the PHEOC or at the site of the event.
- The National PHEOC will facilitate response operations through performing the following roles;
    - Facilitate coordination at national level and information flow among different stakeholders
    - To coordinate resources at National level to support the response
    - To Facilitate deployment of National RRT to the affected areas.
    - To follow up, receive, collect, analyze, consolidate daily situation reports from the RRT and inform the IM
    - Facilitate meetings of the National Task force
    - Facilitate feedback to the affected to regions
    - Coordinates public communication in collaboration with responsible subcommittee
    - Development of reports for higher levels and other stakeholders
- The National public health emergency task force is the coordination platform for health sector at Regional level, activated during response
- Tanzania Disaster Management Council is multisectoral coordination platform at the national level (the details are shown in Annex VI)

5.5 Deactivation or Phase-out of Emergency Response

The Incident Manager and head of IMS tactical function at each responding authority are responsible for regular review of the situation in order to advice the strategic level on the activation level. It is the strategic level that announces changes of the activation level either escalation or de-escalation. The frequency of review will be determined by the nature and magnitude of the emergency. Details of activation, de-escalation and deactivation are as described in chapter 2 above.

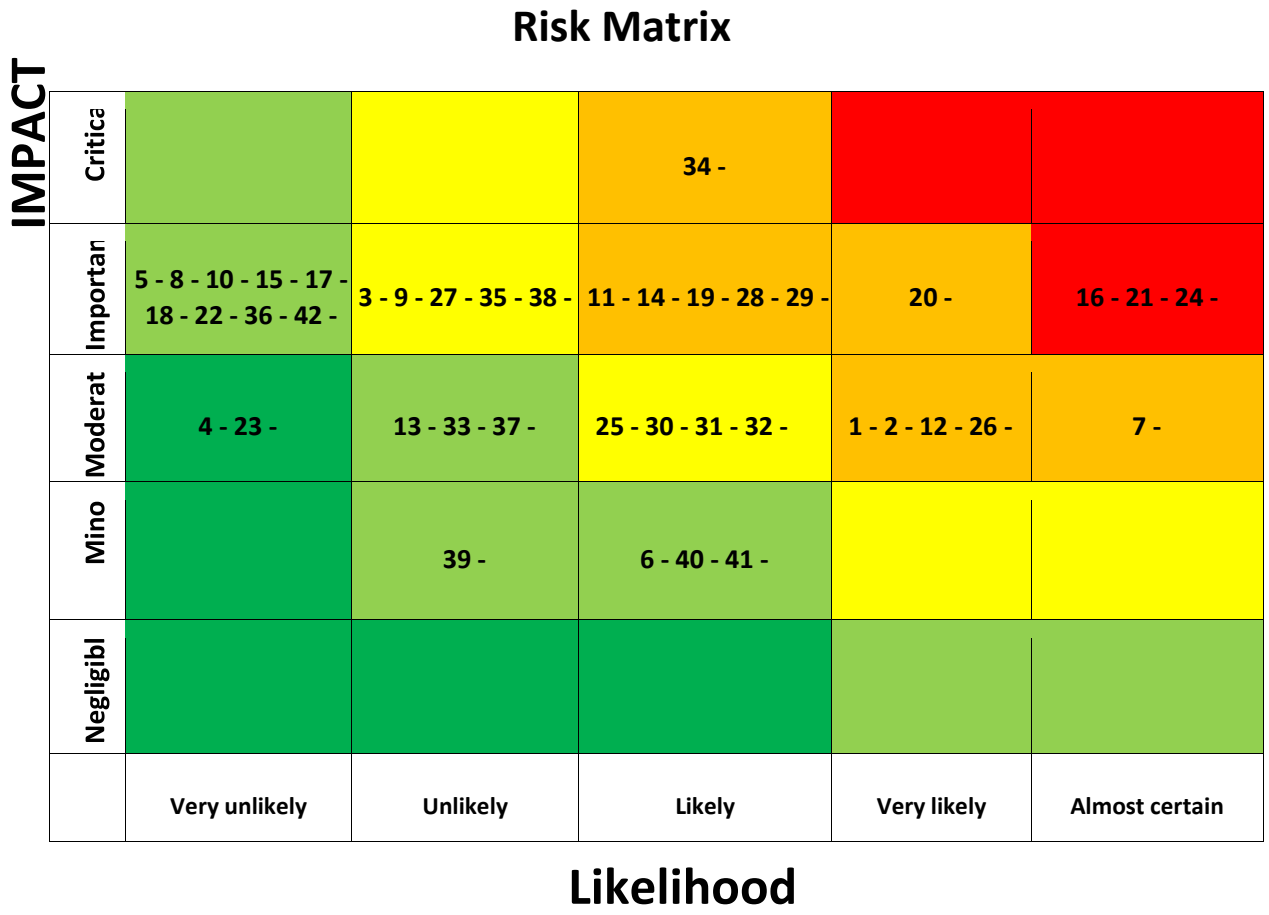
The phase out of the response shall be done in an orderly approach focusing on key actions, which will facilitate the process. Respective incident management levels carry out the actions as the response continues. The actions include regular review to determine status of implementation and to estimate resources and time required to meet the objectives. This shall also include After Action Reviews (AAR), which will guide need for modification of the response. Situation reports sharing, and debriefing meetings is crucial. Another key action is to conduct post-disaster needs assessment and develop disaster recovery framework, which will support recovery of individuals, communities and health system. Eventually, this will facilitate preparation of initial recovery plan based on identified immediate needs. The information from the operation level will also facilitate preparation of recovery plan at tactical level. The operational level shall report to the strategic level for further guidance in the decision-making, facilitation and implementation of recovery at all levels.

5.6. Transition to recovery

Depending of the level of the incident, the respective strategic level of the particular authority will be responsible for recovery. After deactivation of the emergency response, the Incident Manager will hand over to the strategic level to continue with the management of the recovery phase. This shall also include handling of the initial recovery plan, which was developed during response with reference to the specific incident

ANNEXES

Annex I. Public Health Risk Profile for Tanzania (2016)



Row Labels
5. Very high
16 - Riot/conflicts => trauma and injuries, psychosocial, post-traumatic stress disorders,
21 - Spill over conflict from neighboring countries => trauma, violence, psychological, insecurity
24 - Cholera => Increased demand of HR, supplies, materials, medicines and finances, high transmission, increased morbidity and mortality
4. High
01 - Drought => Malnutrition, Diarrhea Epidemics, RTI, Skin infections, eye infections
02 - Flood => Malnutrition, water borne diseases (cholera,), hemorrhagic fevers (RVF), Injuries/trauma, pneumonia, malaria, Airborne diseases (), urinary infections, destruction of health infrastructures
07 - Road Accident => trauma and injuries leading to mass causalities, psychosocial stress,
11 - Building Collapse => trauma and injuries, psychosocial, post-traumatic stress disorders,

12 - Storms => trauma and injuries, psychosocial, post-traumatic stress disorders,

14 - Terrorism => trauma and injuries, psychosocial, post-traumatic stress disorders, Malnutrition, Diseases (RTI, Eyes infections, cancers), inadequate health services, environmental contamination

19 - Domestic Fire => trauma and injuries, psychosocial stress, malnutrition, RT disorders, burn injuries,

20 - Refugees => Diseases epidemics, malnutrition, psychosocial, inadequate health care services, vaccine preventable diseases, zoonotic diseases

26 - Dengue Fever => Overwhelming of health sector in the affected area (HR, supplies, materials, medicines, finances)

28 - Anthrax => High morbidity/ mortality in both humans and animals in affected area, high transmission/spread, high consumption of drugs, funds, supplies, animal quarantine

29 - Aflatoxicosis => Morbidity/ mortality in humans, high consumption of drugs, funds, supplies

34 - Ebola => High transmission, high morbidity/ mortality, quarantine, high consumption of (drugs, supplies, finances), HR, panic from public and health staffs, missed vaccination, malnutrition, reduced human production, miscarriage

3. Moderate

03 - Earthquake => Injuries/trauma, malnutrition, vector borne diseases (Malaria), water borne diseases, post-traumatic stress disorders psychosocial disorders, destruction of health infrastructure

09 - Maritime Accident => trauma and injuries, death, psychosocial, water borne diseases

25 - Pneumonic Plague => Overwhelming of health sector in the affected area (HR, supplies, materials, medicines, finances), quarantine, high transmission, vector control, high mortality/morbidity

27 - Rift Valley Fever => High morbidity/ mortality in both humans and animals in affected area, high transmission/spread, high consumption of drugs, funds, supplies, animal quarantine

30 - Yellow Fever => Morbidity/ mortality in humans, high consumption of (supplies, materials, medicines and finances),HR, vector control, quarantine, vaccination

31 - Meningococcal Meningitis => High mortality/morbidity and high transmission, mass vaccination, high consumption of (finance, drugs, supplies)

32 - Measles => High transmission, high morbidity/ mortality, mass vaccination, high consumption of (drugs, supplies, finances) 35 - Pandemic Flu => High transmission, high morbidity/ mortality, quarantine, high consumption of (drugs, supplies, finances), HR, panic from public and health staffs,

38 - Chikungunya => High transmission, high morbidity/ mortality, quarantine, high consumption of (drugs, supplies, finances), HR, panic from public and health staffs

2. Low

05 - Landslide/Mud Slide => trauma and injuries leading to mass casualties, psychosocial stress, malnutrition,

06 - Mining Accidents => trauma and injuries leading to mass causalities, psychosocial stress,

08 - Air Accident => trauma and injuries leading to mass causalities, death, psychosocial,

10 - Chemical Spill => skin burns, RTI, injuries, cancers, water pollution, chemical intoxication, mutation, Radioactive waste, effects in the food chain, environmental contamination

13 - Cyclone => trauma and injuries, psychosocial, post-traumatic stress disorders,

15 - Technological Accident => trauma and injuries leading to mass causalities, psychosocial, post-traumatic stress disorders,

17 - Volcanic Eruption => Injuries/trauma, malnutrition, vector borne diseases (Malaria), water borne diseases, post-traumatic stress disorders psychosocial disorders, destruction of health infrastructure

18 - Storm surge => Malnutrition, water borne diseases (cholera,), hemorrhagic fevers (RVF), Injuries/trauma, pneumonia, malaria,

Airborne diseases (), urinary infections, destruction of

health infrastructures 22 - Train Accidents => trauma and

injuries, psychosocial stress,

33 - Avian Influenza => High transmission, high morbidity/ mortality, mass vaccination, high consumption of (drugs, supplies, finances) 36 - SARS => High transmission, high morbidity/ mortality, quarantine, high consumption of

(drugs, supplies, finances), HR, panic from public and health staffs, missed vaccination, malnutrition, reduced human production

37 - Zika => High morbidity, miscarriage, vector control

39 - Locust Infestation => Malnutrition, hunger, increased susceptibility to acquire infection, increased resource mobilization, starvation, mortality

40 - Army Worm Infestation => Malnutrition, hunger, increased susceptibility to acquire infection, increased resource mobilization, starvation, mortality

41 - Pest Infestation => Malnutrition, hunger, increased susceptibility to acquire infection, increased resource mobilization, starvation, mortality

42 - Heatwave => Starvation/Famine due to bush fire, heat stroke, air pollution, mortality, animal migration, increased consumption of supplies, drugs, finances

1. Very low

04 - Wildfire/Bushfire => trauma, psychosocial stress, malnutrition, RTI,

23 - Tsunami => trauma, psychosocial stress, water borne diseases

Annex II. Key Preparedness Actions and Responsibilities

Coordination, Leadership and Governance

Main Activity	Sub activities	Responsible	Supporting Ministries, Departments and Agencies MDAs	Preparedness	Response
1.Mapping and analysis of health EPR stakeholders	Identify all stakeholders in health EPR in the country	Ministry responsible for Health	Other relevant Government Ministries UN Agencies e.g. WHO and other relevant Agencies Private sector Academic institutions	X	
	To establish database and inventory of EPR experts	Ministry responsible for Health	Other relevant Government Ministries WHO Private Sector Local and International NGOs	X	X
	3.Conduct stakeholders mapping analysis (where, capacity, strengths)	Ministry responsible for Health	Other relevant Government Ministries UN agencies e.g. WHO Private Sector Local and international NGOs Academic Institutions	X	
	4.Conduct sensitization and advocacy meeting for stakeholders	Ministry responsible for Health	Stakeholders among others PO- RALG, WHO, Private Sector		

				X	X
	5.Develop joint contingency plan and activation of specific disaster response plan	-Ministry responsible for Health	Stakeholders among others PO- RALG UN Agencies e.g. WHO, UNICEF, UNHCR, UNAIDS, UNOCHA, WFP, UNDP etc. DPs- CDC, USAID, DANIDA, WORLD BANK, JICA, KOICA, GIZ International NGOs – MSF NGOs - PSI RED CROSS (TCRS)		X
2.Conduct health EPR coordinatio n	Conduct regular/scheduled health disaster coordination meetings	Ministry responsible for Health	Stakeholders among others PO- RALG, WHO	X	X
	Produce daily, weekly or monthly health disaster situation report or update as required (PHEOC)	Ministry responsible for Health	UN agencies – WHO PO-RALG, Academic institutions, Early Warning institutions	X	X
	Development signing and dissemination of Norms, standards, SOPs, MOUs, LA, Guidelines	Ministry responsible for Health	Stakeholders among others PMO- RALG WHO and other UN Agencies Local and international partners	X	

3.Establish communication mechanism platform for Health EPR between health sector and other stakeholders at all levels	1.EOC activation	Ministry Responsible for Health& SW			X
	2.Establish communication platforms within the health sector and other stakeholders at all levels Task force meetings at all levels -Technical coordination meeting -Situation reports sharing (PHEOC) -Mass media - Social media	Ministry responsible for Health	Stakeholders among others –WHO and other UN agencies Local and international partners	X	X
	3.Conduct Risk communication	Ministry responsible for Health	Technical experts		X
	4.Procure communication facilities (cell phones, internet installation, radio calls, Public address system)	Ministry of Health	Ministry responsible for – Communication Private sector e.g. mobile companies UN – agencies International & Local organizations	X	
	Develop PHEOC guidelines including for Activation of response				
Ensure proper documentation of all activities and services	1.Establish baseline status and conduct needs assessment for proper EPR documentation 2.Appoint and assign focal persons for documentation 3. Design reporting formats	Ministry responsible for health	Stakeholders among others PORALG WHO and other UN agencies Local and international partners		

during emergency.	Procure necessary facilities/equipment for documentation				
1.Provision of adequate medicines, medical supplies and equipment for emergency response	1. Conduct Rapid need assessment 2. Mobilization, storage and distribution of medicines, related medical supplies and equipment accordingly 3. Fund mobilization 4. Procurement of identified medicine, supplies and equipment 5. Facilitate logistics such as Tax exemption for all donated Medicines, related Medical supplies, PPE's and other disaster related equipment's	Ministry responsible for Health, (MSD TFDA, NHIF)	Ministry responsible for Local governments Finance Private sectors TRA UN Agencies International and local organization UN Agencies	X	X
Develop costed response plan	1. Conduct key stakeholder planning meeting 2. Prepare and compile the plan and budget 3. Submit the plan for approval			X	

4.Deploy and Capacitate rapid response teams and other emergency experts at all levels	1. Mobilization, orientation and deployment of responders 2. Equip RRT with required PPE's and working tools 3. Financial Facilitation & transport of RRT 4. Implement exemption and waiver policy guidelines 5. Facilitate appropriate welfare, safety and basic needs for responders	MOHCDGEC (MSD)	PMO-RALG DPs UN agencies International NGOs – MSF NGOs - PSI Tanzania RED CROSS society (TCRS) TRA	X	X
Post Disaster	1. Disaster debriefing 2. Conduct Post disaster need assessment				

Management	3. Develop reconstruction plan 5. Facilitate integration of disaster risk management in reconstruction	MOHCDGEC			

Annex III: List of Contingency Plans and other hazard specific plans

S/N	NAME OF THE PLAN	STATUS OF PLAN	OWNER
1	Ebola Viral Disease Contingency plan (2018)	Available	Ministry Responsible for Health
2	Aflatoxicosis Contingency Plan (2017)	Draft to be finalised	Ministry Responsible for Health
3	Cholera Contingency Plan (2018)	Available	Ministry Responsible for Health
4	Plague Contingency Plan	Draft To be finalised	Ministry Responsible for Health
5	Zika Contingency Plan	Draft to be finalised	Ministry Responsible for Health
6	Rift Valley Fever Contingency Plan (2007)	Available	PMO
7	Avian and Pandemic Influenza Preparedness and Response Plan (2012)	Available	PMO
8	National Aviation Public Health Emergency Plan (2017)	Available	Ministry Responsible for Health & TCAA
10	Mass casualty Management Contingency plan	To be developed	MoHCDGEC
11	Anthrax contingency plan	To be developed	MoHCDGEC
12	Radiation Emergency Contingency Plan	Draft to be finalized	MoHCDGEC
13	Dengue Fever Contingency Plan	Draft to be finalised	MoHCDGEC
14	Nutrition in Emergency Plan	Draft to be finalised	TFNC
15	Chemical Accidents Prevention and Preparedness Plan (CAPP-TZ)		GCLA

Annex IV: Incident Management System Set up for the District - CONOPS 1

Function	**IMS Management Levels**		
	Strategic	**Operational**	**Tactical**
	Head/Responsible Person and Tasks	**Head/Responsible Person and Tasks**	**Head/Responsible Person and Tasks**
Management	Lead: District Medical Officer	Lead: Incident Manager	Lead: Heads of Technical Sub-committees
	Tasks: - Provides high level directions and objectives for the response - Coordinate with strategic levels of other entities and agencies. - Oversee response coordination - Report to the higher authorities at the district, regional and national level - Make strategic decisions for different response actions. - Nominate the Incident Manager - Chair Multi-sectoral Task Force meetings - Approving all communication related to an event in line with existing protocol.	**Tasks**: Responsible for implementation of the response at district level through; - Nominate heads of tactical functions of IMS - Mobilization of rapid response teams –RRT - Reporting to the DMO - Setting the event-specific IMS structure - Chairing Coordination meetings involving heads of subcommittees - Prioritizing and provides the resources to support response activities at the operational/field level	**Tasks:** Responsible for implementation of response activities at the field level through respective technical sub-committees by; - Implementing operational decisions - Reporting to IM - Executing operation objectives by utilizing available SOPs and guidelines
Operations	**Lead**: DMO	**Lead**: IM	**Lead:** Heads of Technical Sub-committees nominated by IM.

	- Activate Response Plan - Escalation and de-escalation of response - Deactivation of the response operation after advice from the tactical level - Oversee response operations	- Facilitation of all response operational functions. - Deployment of Rapid Response Teams - Development of ToRs for different mission	The subcommittees include but not limited to: - Case Management - Epidemiology & Surveillance - Laboratory - WASH - Social mobilization - Psychosocial Support **Tasks**: - Rapid Needs Assessment to establish resources required for response - Execution of tactical and strategic decisions - Management of cases - Outbreak Investigation - Risk communication - Laboratory investigation - Psychosocial Support - Contact tracing - Triage - WASH interventions - Vaccination - Data collection - Mass care
Planning	**Lead**: DMO	**Lead**: IM	**Lead:** Head of Planning nominated by the IM
	Tasks: - Approve developed incident action plans	**Tasks:** - Coordinate development of incident action plan	**Tasks:** - Implement the incident action plan

	- Regularly share information and provide feedback among stakeholders -	- - - - Prepare and share daily situation reports. - Collect, compile, analyze data and disseminate various information Documentation of the event - Regularly share information and provide feedback among stakeholders - Facilitation of all response planning and budgeting.	- Conduct needs assessment to priorities needs - Data collection and analysis - Documentation of the event - Organize and coordinate debriefing meetings - Communicate with IM about needs and resources -
Logistics	Lead: DMO	Lead: IM	Head of logistics Sub-committee
	Tasks: - Facilitate resource mobilization and allocation to specific functions - Ensure adequate supply of health commodities, equipment and supplies, inventories and stock management - Ensure availability of telecommunication, food & water, hygiene and sanitation services in affected areas. -	Tasks: - - Nominate Head of Logistics - Facilitation of all response logistics functions. - Request supplies orders from logistics - Distribute logistics and supplies to the affected areas	Tasks: - Monitor Inventory of supplies and facilitate storage according to their specification - Quantification of requirements for health commodities, equipment and supplies, inventories and stock management - Transportation for personnel, patients and deceased persons - Make use of resources according to the need

			- Account for resource utilization
Admin/finance	Lead: DMO	Lead: IM	**Lead:** Head of Admin/Finance
	- Approve expenditure - Solicitation of funds - Financial accountability - Nominate Head of Finance -	- Facilitation of all response administrative related to finance	- Tracking of material and human resource costs; - Facilitate financial and material support to responders - Production and maintenance of administrative records and reports - Perform all required financial transactions - Identification of resource gaps (human, material, financial)

Annex V. Incident Management System Set up for the Region CONOPS 2

	IMS level		
Function	**Strategic**	**Operational**	**Tactical**
	Head/Responsible Person and Tasks	**Head/Responsible Person and Tasks**	**Head/Responsible Person and Tasks**
Management	**Lead**: Regional Medical Officer **Tasks:** - EOC activation - Strategic coordination - Appoint the incident manager based on competence and type of event. - Provides high level directions and objectives for the response - Coordinate with strategic levels of other entities and agencies. - Chair the debriefing and coordination platforms including Task Force meeting - Communicate and Reports to the higher regional and national authorities - Lead the decision making on priorities	**Lead**: Regional Incident Manager **Tasks:** - Responsible for coordination of the response - Coordination of all response functions including logistics, planning and administration - Facilitates coordination of other response with other responding agencies, including local and international stakeholders and partners - Provides information on common operating picture on which strategic and operational decisions are made - Facilitate resource mobilization and allocation to specific functions - Mobilization and deployment of rapid response teams –RRT - Communicate with the RMO - Coordinates needs assessment - Coordinates risk assessment	**Lead**: District Medical Officer/ Head of respective Technical subcommittee **Tasks:** Responsible for coordination of response activities at the field level Including: - Ensure participation of other relevant sectors (multisectoral collaboration) in the response interventions - Execution of tactical and strategic decisions - Oversee implementation of operational decisions - Makes operational decisions - Conduct needs assessment to establish resources required for response - Ensure provision of resources needed - Reports to the higher district & regional authorities. - Conducting post disaster Needs assessment

	- Make strategic decisions for different response actions. - Ensure participation of other relevant sectors (multisectoral collaboration) in the response interventions	- Lead the tactical level on priority setting. - Coordinates post disaster needs assessment (PDNA) -	- Conducting Risk assessment - Communicate with Regional IM, RMO & higher District authorities
Operations	**Who**: Regional Medical Officer **Tasks:** - Response activation. - Oversee response coordination and implementation. - Ensure provision of resources needed. - Deactivation of the response operation after advice from the tactical level.	**Who**: Heads of operations **Tasks:** - Providing regular information to the strategic level on the situation - Provides technical guidance to the operational level - Maintain situational awareness of the incident for operational and strategic levels - Prioritizes and provides the resources to support response activities at the operational / field level - Communicate with Regional IM about needs and resources - Collaborates with national RRT in execution of response activities.	**Who**: Head of technical sub committees **Tasks:** Implementation of all response activities including: - Conduct regular monitoring of the implementation and provide feedback to the region for needed support - Epidemiology & Surveillance - Laboratory investigation - Social Mobilization - Risk communication - Psychosocial Support - WASH activities - Triage - Vaccination - Mass care - Data collection

Planning	**Who**: RMO **Tasks:** - Support tactical level to develop different plans. - Approve plans developed by tactical level. - Oversee implementation of response plans developed by tactical level.	**Who**: Head of Planning for a particular event nominated by the regional IM **Tasks:** - Develop specific response plan for that particular event using the contingency plan as a model. - Develops and update resourced incident action plan to meet strategic objectives - Maintaining documentation of the event - Support data collection and analysis - Organize and coordinate debriefing meetings - Conducts periodic planning briefings - Communicate with Regional IM about needs and resources	**Who**: Head of Planning appointed by the DMO/Regional IM **Tasks:** - Conduct needs assessment to priorities needs - Data collection and analysis - Documentation of the event - Organize and coordinate debriefing meetings - Communicate with IM about needs and resources
Logistics	**Who**: RMO **Tasks:** - Coordinates resource mobilization - Ensure provision of resources needed	**Who**: Head of logistics for that particular event nominated by the IM **Tasks:** - Ensure supply of commodities, equipment and supplies, inventories and stock management.	**Who**: Head of logistics appointed by DMO **Tasks:** Implementation of all logistics activities including: - Supply of commodities, equipment and supplies, inventories and stock management.

	- Communicate and request for additional resources from higher regional authorities and national level.	- Transportation for personnel, patients and deceased persons - Ensure availability of telecommunication, food & water, hygiene and sanitation services. - Ensure Record keeping - Report to IM	- Transportation for personnel, patients and deceased persons - Provides telecommunication, food, water, hygiene and sanitation services. - Demand planning and quantification - Distribution of resources - Documentation of services - Reports to DMO - Identification of resource gaps (human, material, financial)
Admin/finance	**Who**: RMO **Tasks:** - Appoints head of administration and finance for a particular event response - Approve budgets - Coordinate funds solicitation. - Reports to higher regional authorities and national level on financial status.	**Who**: Head of Admin/Finance nominated by the RMO **Tasks:** - Tracking of material and human resource costs - Ensure provision financial and material support to responders - Budget preparation and monitoring - Prepare and maintenance of administrative and financial records and reports.	**Who:** Head of Admin/Finance nominated by the DMO **Tasks:** - Tracking of material and human resource costs; - Facilitate financial and material support to responders - Budget preparation and monitoring - Prepare and maintenance of administrative and financial records and reports - Perform all required financial transactions - Identification financial of resource gaps

Annex VI: Incident Management System Set up for National Level. CONOPS 3

Function	**IMS level**		
	Strategic	**Tactical**	**Operational**
	Head/Responsible Person and Tasks	**Head/Responsible Person and Tasks**	**Head/Responsible Person and Tasks**
Management	Head: CMO **Tasks:** - Provide policy directives and objectives on response management - Appoint the IM - Coordinate with strategic levels of other, sectors entities and agencies - Chair the debriefing and coordination platforms including Task Force meeting - Communicate and reports to the higher intra ministerial levels - Advice the Permanent Secretary on reporting to PMOs office	Head: IM **Tasks:** - Set the response objectives to facilitate Incident Action Planning - Nominates the heads of operations, planning and logistics functions - Approves and review the responsibilities of the heads of logistic, operations and planning - Leads setting of the IMS structure for a particular event - Identify and fill positions for the specific IMS structure - Oversee the incident response operations - Approves all response communications	Head: Head of coordination committee at national level **Tasks:** - Facilitate execution of strategic and tactical response objectives - Identify and fill positions within the tactical IMS structure as per the need - Oversee the operational response - Collaborate with partners at the operational level - Provide technical support to field level on implementation of response plan

Function	IMS level		
	Strategic	**Tactical**	**Operational**
	Head/Responsible Person and Tasks	**Head/Responsible Person and Tasks**	**Head/Responsible Person and Tasks**
	- Lead the decision making on priorities - Oversee mobilization of resources - Communicate with media and public	- Prepare and submits response reports - Provide regular briefings to CMO - Communicate to operational level heads on response actions - Conducts periodic briefing for the CMO	
Operations	**Who:** CMO **Tasks:** - Response activation - Oversee response coordination and implementation - Ensure provision of resources needed - Deactivation of the response operation after advice from the tactical level. - Chair the briefing meeting	**Who:** Head of Operations (Head of Coordination Subcommittee at National Level) **Tasks:** - Providing regular information to the strategic level on the situation - Provides technical guidance to the operational level - Maintain situational awareness of the incident for operational and strategic levels - Prioritizes and provides the resources to support response	**Who:** Heads of technical sub committees **Tasks**: - Establish the operational objectives - Implementation of all response activities including o Conduct regular monitoring of the implementation and provide feedback to the region for needed support o Epidemiology & Surveillance o Laboratory investigation

Function	IMS level		
	Strategic	**Tactical**	**Operational**
	Head/Responsible Person and Tasks	**Head/Responsible Person and Tasks**	**Head/Responsible Person and Tasks**
		activities at the operational / field level - Communicate with IM about needs and resources - Deployment of national RRT - Ensures operations activities are carried out as per the IAP - Identify resources needs and gaps - Ensures the Planning Section is provided with status reports and other requested information	o Social Mobilization o Risk communication o Psychosocial Support o WASH o Triage o Vaccination o Mass care o Data collection - Priorities the operation activities - Report the operational output to the National IM - Conduct operational briefing meetings - Work with partners and stakeholders at field level
Planning	**Who:** CMO **Tasks:** - Support tactical level to develop different policy and plans. - Approve plans developed by tactical level. - Oversee implementation of response plans developed by tactical level.	**Who:** IM **Tasks**: - Develop specific response plan - Develops and update resourced incident action plan to meet strategic objectives - Maintaining documentation of the event - Support data collection and analysis	**Who:** Head of Planning for a particular event nominated by the national IM **Tasks:** - Implementation of response plan developed by tactical level - Conduct needs assessment to priorities needs - Data collection and analysis - Documentation of the event

Function	IMS level		
	Strategic	**Tactical**	**Operational**
	Head/Responsible Person and Tasks	**Head/Responsible Person and Tasks**	**Head/Responsible Person and Tasks**
		- Communicate with National IM about needs and resource - Coordination of all planning activities - Conducts periodic planning briefings - Chair the planning briefing meetings - Ensure all incident status boards, maps, and other displays are updated - Ensure regular sharing of Situation Reports and documentation - Ensure data analysis and evaluation	- Organize debriefing meetings - Communicate with head of planning for a particular event about needs and resources - Prioritization of activities in the response plan - Reporting and submit the needs assessment findings to the tactical level - Conduct operational planning briefing meetings - Work with stakeholders and partners at operational level
Logistics	**Lead:** CMO **Tasks:** - Coordinates resource mobilization - Ensure provision of resources needed	**Lead:** IM **Tasks:** - Ensure implementation of all logistic functions. - Facilitate availability of resources and services to support EOC operations	**Lead:** Head of Logistics for a particular event nominated by IM **Tasks:** - Supply of commodities, equipment and supplies - Inventories and stock management.

Function	IMS level		
	Strategic	**Tactical**	**Operational**
	Head/Responsible Person and Tasks	**Head/Responsible Person and Tasks**	**Head/Responsible Person and Tasks**
	- Request for additional resources from higher national authorities and international level. - Prepare and provide report on logistics to higher level.	- Facilitate request and ordering of critical resources including medical supplies and equipment - Chair the logistic briefing meetings - Conducts periodic logistics briefings - Facilitate deployment of critical resources, RRT etc	- Transportation for personnel, patients and deceased persons - Provides telecommunication, food, water, hygiene and sanitation services. - Demand planning and quantification - Distribution of resources - Reports to head of logistics - Identification of resource gaps (human, material, financial) and submit to tactical level
Admin/Finance	**Lead:** Ministry of Health Accounting Officer (Permanent Secretary) **Tasks:** - Approve budgets - Coordinate funds solicitation. - Reports to higher national authorities	**Lead:** IM **Task:** Facilitate fast tracking of financial resources	**Lead:** Accountant nominated by Chief Accountant for the specific incident. **Task:** - Financial transactions for response activities - Financial and audit reports

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