

Introduction:

Disease outbreaks have always existed as long as the history of humanity, however the number of cases and the case fatality rate of an outbreak determine the economic and social disruptions endured. The Epidemic Preparedness and Response committees (EPPRCs) are at the heart of preventing outbreaks from becoming epidemics by controlling the spread.

Therefore evidence based interventions are needed in improving the performance and factors influencing the performance of EPPRCs in preparedness and response to disease outbreaks.

Methodology:

A cross sectional study was carried covering the whole District of Arua. 103 EPPRC members were interviewed across the District, with 8 DEPPRC members based in the District Headquarters and 95 SCEPPRC members based in various sub counties across the District of Arua. Data was collected using a structured questionnaire, Descriptive bivariate and multivariate analysis was done on performance drivers and demographic factors to determine their influence on performance in preparedness and response to disease outbreaks.

Results:

Majority of EPPRC members (48%) were found to have a moderate of preparedness, and most (39.8%) of them had a moderate level of response ($\chi^2 = 13.776$, $p = 0.001$) While the performance in preparedness and response was found to be low in most (68%) respondents. The performance drivers of preparedness and response to disease outbreaks were: presence of a budget ($\chi^2 = 10.281$, $p = 0.002$) availability of funds ($\chi^2 = 5.508$, $p = 0.019$) and adequacy of funds, ($\chi^2 = 11.211$, $p = 0.008$) support given by health development partners, ($\chi^2 = 19.497$, $p = 0.001$) and motivation as indicated by ($\chi^2 = 20.065$, $p < 0.001$) by using chi square were found to have an association with performance of EPPRCs. Duration as a member ($\chi^2 = 13.776$, $p = 0.001$) and cadre of respondent ($\chi^2 = 12.538$, $p = 0.005$) Were the demographic factors found having significant association with performance in preparedness and response to disease outbreaks?

Conclusion:

Both the level of preparedness and response of EPPRC members were found to be moderate. The performance of EPPRCs in preparedness and response to disease outbreaks was found to be low. The factors found to drive performance of EPPRC members in preparedness and response to outbreaks were: Funding for preparedness and response, Support of health development partners (HDP) and Motivation of EPPRCs Cadre and duration as a member were found to have an association with performance of EPPRCs.

Recommendations:

1. The performance of the EPPRC members in preparedness and response to outbreaks should be improved through training and regular meetings to curb the rampant outbreaks in the District.
2. Each District and Sub County should mobilise stand in funds to help in the immediate response to an outbreak
3. Collaboration with Health Development Partners (HDP) is crucial in improving performance in preparedness and response to outbreaks
4. Recruitment of women members in the various EPPRCs is crucial in improving their involvement and participation in preparedness and response to disease outbreaks.