SUMMARY OF THE SECOND MEETING OF THE

Global Work Group (GWG)

Advisory Committee to the Director (ACD)

Centers for Disease Control and Prevention (CDC)

Roybal Campus, Building 19

10 AM – 4 PM

April 27, 2011

Alan E Greenberg, GWG Chair

Kevin M De Cock, CGH Director and GWG DFO

June 15, 2011

I. Global Work Group (GWG) Background and Timeline

Spring 2010: Dr Thomas Frieden, CDC Director, establishes the GWG of the Advisory Committee to the Director (ACD) of CDC to provide guidance and pertinent recommendations to the ACD regarding the newly formed CDC Center for Global Health (CGH). Three focus areas were identified for the GWG: Strategy and Structure, Science and Program and External Relations.

October 27, 2010: Inaugural GWG meeting held at CDC.

October 28, 2010: Summary of the GWG meeting presented at ACD meeting.

April 27, 2011: Second GWG meeting held at CDC. This meeting was initially envisioned as a conference call, but due to the recent formation of both the CGH and the GWG, it was decided that the second GWG meeting would be in person.

April 28, 2011: During ACD conference call, written summary and minutes from first GWG meeting submitted to the ACD; ACD informed that the second GWG meeting had just been held; and time requested for a GWG update at the fall ACD meeting.

October 26, 2011: Third GWG meeting at CDC (scheduled).

October 27, 2011: GWG update to the ACD (requested).

II. Second GWG Meeting Participants

GWG Members Attending

Alan Greenberg (Chair), Kevin De Cock (DFO), Walter Dowdle, David Fleming, Joseph McCormick, Yu Wang, Andrew Weber and Pattie Simone

GWG Members Unable to Attend

Willis Akhwale, David Brandling-Bennett, Mickey Chopra, Kelly Henning, Richard Kamwi, Mary Kelly, Ruth Levine, John Seffrin and Donald Shriber

Center/Office Update Presenters

Mary Chu OSELS, John Douglas NCHHSTP, Henry Falk ONDIEH, Arlene Greenspan NCIPC, Rana Hajjeh NCIRD, Tom Hearn NCEZID, Maria Lioce-Mata NIOSH, Sam Posner NCCDPHP, and Aliki Weakland NCBDDD

Other Participating CGH and CDC Staff

Sonia Angell CGH, Ron Ballard CGH, Peter Bloland CGH, Coleen Boyle NCBDDD, Steve Cochi NCIRD, Joanne Cono OID, Kendra Cox (contract writer-editor), Scott Dowell CGH, Mark Eberhard CGH, Brandi Geiger (Deloitte & Touche contractor), Jan Hiland CGH, Nathan Huebner CGH, Rima Khabbaz OID, William Levine CGH, Nancy Nay CGH, Lisa Rotz NCEZID, Can Rutz CGH, Larry Slutsker CGH, Nicole Smith CGH, Brian Sodl (Deloitte & Touche contractor) and Robert Spengler CGH

III. Meeting Format

The meeting was called to order at 10 AM. Following introductions, six power point presentations were made on the Inaugural GWG Meeting, CGH Update, Non-Communicable Diseases, Policy, Polio Eradication and Haiti (see highlights below). Each presentation was followed by an interactive GWG discussion. Brief 3-minute presentations were then given on the global health activities of nine other CDC Centers and Offices. Lastly, final comments were made by all GWG members. The meeting was adjourned at 4 PM.

IV. Highlights of Presentations

Complete summaries of the presentations and the discussion points can be found in the minutes of this meeting. This section will briefly summarize some of the pertinent highlights of these presentations

Inaugural GWG Meeting

Dr Greenberg presented a summary of the four Discussion Themes that emerged during the first GWG meeting.

1. The CGH is Impressive and is off to a Strong Start: The GWG was impressed by the formation of the CGH itself; the capable leadership of the CGH; the magnitude of its existing global programs; the considerable asset of large numbers of CDC staff stationed globally ("boots on the ground"); and the smooth integration of four large Divisions into a new CDC Center.

2. Envisioning the Potential of the CGH: The GWG felt that the CGH has an historic opportunity to play a transformative role in global public health; to envision and do something that has not been done previously; to become "more than the sum of its parts". Specifically, the CGH could consider translating the domestic legacy of CDC - building the epidemiologic and laboratory capacity and infrastructure of State and Local Health Departments - to the global setting - by developing and supporting public health capacity and infrastructure of Ministries of Health. The CGH could build on existing vertical programs in partner countries and broaden them into horizontal public health

platforms; and define a prevention agenda for non-communicable diseases (NCD) and injury prevention in the global setting.

3. Pressing Need for a CGH Strategic Plan: The GWG felt that there was a pressing need for the CGH to initiate a comprehensive strategic planning process. This plan should protect the core CGH programs while concurrently defining and building a longer-term vision for global health that included NCD and injury prevention. It was suggested that numerous voices be included in the strategic planning process including the CGH, other CDC Centers, other USG agencies, Foundations, and multilateral and Ministry of Health partners.

4. Importance of Partnerships and Developing CDC's Strategic Voice: The GWG felt it was critical for the CGH to support and enhance the global work of other CDC Centers; to develop CDC's strategic advocacy voice in global health; to consider developing a discrete CGH organizational unit to focus specifically on partnerships; and to continue to engage strategically with USAID.

Center for Global Health Update

Dr DeCock provided an overview of CGH progress and activities in the past six months. All CGH senior leadership positions in the Office of the Director have now been filled by highly qualified staff. The CGH estimates its FY 2010 budget to be $2.2B, of which 87% is for Global AIDS. There are 387 overseas positions, of which 75% are filled; and 44 CGH staff detailed to international organizations. There are currently 40 "presence countries" in which CDC has full-time staff, and an additional 18 "non-presence countries" in which CDC has activities without full-time staff. Under the guiding principal of "one CDC", the CGH developed and released in January 2011 a "Governance Document for Country Offices and Global Operations", which designates a single Country Director for all presence countries; a Country Representative for all non-presence countries; and establishes a defined support structure (Country Coordinating Teams) in Atlanta for each country.

The CGH has made considerable progress in identifying the spectrum of global health activities in other CDC Centers, and by beginning to define its role in "leading and coordinating" global health activities across the agency. Key 2010 accomplishments were then provided for: the Field Epidemiology Training Program (FETP) for global workforce and capacity development; the Global Disease Detection Program; the launch of the African Society for Laboratory Medicine; the planned integration of the Global Immunization Program into the CGH this fall; and malaria and neglected tropical diseases. Updates on the five global "winnable battles" outlined by the CDC Director were then presented, namely on the reduction of mother-to-child HIV and syphilis transmission, global immunizations, lymphatic filariasis, tobacco control and motor vehicle injury prevention.

CGH has also worked on setting communications priorities on increasing the focus on CDC's global health vision, awareness of the value of CDC's global health work, and visibility of CDC's global health programs. A suggestion was made about CGH communicating its message to reach people more personally with things that make a difference in their lives in order to get public health more visibility at the grass roots level.

Lastly, the CGH has engaged Deloitte & Touche to facilitate the development of the CDC global health strategy. Draft vision, mission, guiding principals, focus areas, and a timeline of April-June 2011 for developing the plan were presented.

Non-Communicable Diseases (NCD) and Injury Prevention

Dr Angell presented an update on NCD. The CGH budget for NCD is $5M. Expertise on NCD in the global setting is located throughout CDC, and a strategic planning meeting was held in February 2011 to begin to formulate a single organizational framework for NCD and injury prevention. The primary focus is on tobacco and motor vehicle injuries ("winnable battles"), with a secondary emphasis on cookstoves, folic acid fortification, and sodium reduction. It is envisioned that country level NCD capacity could be expanded through engaging current CDC global staff, strategically placing new staff to focus on NCD, and through the FETP. Countries with current CDC NCD resource allocations include China, Columbia, Japan, Tanzania and Thailand; with other activities ongoing in Africa, Asia and Latin America. There are upcoming opportunities for CDC to participate in NCD planning globally, including UN Summit Preparations in Mexico and Russia in March and April 2011, indicator development with WHO, and the UN Summit itself in September 2011.

Policy

Dr Smith presented an update on CGH policy issues. She discussed recent changes in Congress, an increased USG emphasis on health security, and the CDC goal of avoiding budget reductions. The CDC budget for global health activities in FY 2011 has been relatively stable. The CGH website has been improved. There has been a significant policy focus on the Global Health Initiative (GHI) to improve collaboration with other USG agencies and other in country partners. The recently issued US Department of State Quadrennial Diplomacy Development Review (QDDR) describes current US government diplomacy and development objectives and has implications for global health planning.

Global Polio Eradication

Dr Cochi summarized the extensive progress that has been made towards global polio eradication over the past 25 years, including the eradication of type 2 polio in 1999. The number of countries where polio was endemic has declined from 125 in 1988 to 4 in 2008. He described the 2010 outbreaks in Tajikistan and Congo; the re-established transmission areas in Sudan, Chad, Angola and DR Congo; and the immunization efforts in the two most important global reservoirs (India and Nigeria), as well as in the two other endemic countries (Pakistan and Afghanistan).

Haiti

Dr Dowell summarized CDC's extensive activities in health system reconstruction in Haiti, a country with limited public health infrastructure. The CDC Global AIDS Program in Haiti is funded by PEPFAR, was established in 2002, and had 45 locally employed staff. Following the severe earthquake in Haiti in January 2010, numerous public health issues emerged. CDC responded by providing technical assistance to the Ministry of

Health, and with the approval of Ambassador Goosby, building upon PEPFAR-funded infrastructure and staff. Disease surveillance systems were established, microbiologic capacity was developed, $22M was received for public health reconstruction, and 383 CDC staff have been deployed to work on various disease surveillance and prevention activities. A cholera epidemic was identified in October 2010, with an additional $54.8M authorized. From October 2010 through March 2011, there have been 258,084 cholera cases and 136,946 hospitalizations

Updates from Other CDC Centers

Brief 3-minute presentations were given by nine CDC Centers and Offices summarizing their global health activities; complete summaries of these presentations are in the minutes. There was a most impressive scope of activities presented, and the extensive expertise and involvement of numerous staff at CDC in global health was evident. Although it was challenging for the GWG to fully absorb all of these global health activities in a brief period of time, the GWG greatly appreciated the participation of other CDC Centers and Offices in the GWG meeting; was aware that the CGH is in the process of "getting its arms around" the full breadth of global activities at CDC; and would welcome more in-depth briefings about these activities at future meetings.

V. Progress and Discussion on Four Major GWG Themes

In this section, CGH progress and GWG discussions are summarized for each of the four major GWG themes outlined above. A more detailed description of the discussion is contained in the minutes.

The CGH is Impressive and is off to a Strong Start

The CGH has continued to make considerable organizational strides towards establishing itself as a new and vibrant Center at CDC. The four CGH Divisions are apparently functioning well in the new Center, and the Global Immunization Division is scheduled to join the Center in fall 2011. The CGH Office of the Director has been fully staffed, with specific staff designated to focus on NCD and policy. The CGH has make important strides to quantify all fiscal and budgetary resources that it is responsible for both in Atlanta and globally, and has made progress in identifying global health activities located in other CDC Centers. The development and implementation of the *Governance Document for Country Offices and Global Operations* represents an important step forward in establishing clear in-country leadership for CDC programs, and in providing and coordinating support for these programs from Atlanta.

The CGH seems to be striking an effective balance between centralizing and de-centralizing global health activities at CDC – playing a needed central coordinating role, while actively engaging and supporting other CDC Centers. The creation of the CGH can raise the profile of global health at CDC, and can serve as the voice of CDC in multiple global settings and forums. The CGH can be conceptualized as having two primary and complementary responsibilities – interacting with countries and regions through the

activities of the CGH and other CDC Centers working globally; and interacting with other international organizations to serve as the face of CDC on global health.

Envisioning the Potential of the CGH

Much of the GWG discussion focused on a central theme of the first meeting – that the CGH has an historic opportunity to play a transformative role in global public health - notably in building global public health infrastructure and developing a focus on non-communicable diseases and injury prevention. These issues are addressed in this section.

Building Public Health Infrastructure

The issue of how the CDC domestic legacy of building capacity and infrastructure of State Health Departments could be translated to global setting was explored in more depth during this meeting. The GWG recognized that transformation is challenging, yet felt that the time frame of developing public health infrastructure globally will be measured in decades, and small investments now could have a huge impact long-term. This sentiment was encapsulated by the phrase “it takes a while to change the world”.

The CGH was encouraged not to allow the current challenging fiscal situation to lead to being under-ambitious. It was noted that CDC only received significant congressional funding for global programs in the past decade, and that the CGH could focus on creating opportunities for future funding so that it will be prepared when the fiscal crisis eases. The recent emphasis of the USG on health security and international health regulations present opportunities to further the global health agenda; CDC could capitalize on the Global Disease Detection Program, and emphasize how public health lessons learned globally can be applied domestically.

There were numerous suggestions for how CDC might approach the development of global public health infrastructure. There is an opportunity to capitalize on the considerable infrastructure built by the infusion of Global AIDS Program resources to build public health infrastructure in-country; this was clearly demonstrated in the CDC emergency response to the earthquake and cholera outbreak in Haiti and can be used as an example for other countries. The CGH could build on its existing vertical programs in partner countries and broaden them into horizontal public health platforms. There is also an opportunity to capitalize on CDC’s domestic expertise in integrated biosurveillance for integrating information systems for multiple diseases globally.

The CGH could work to convert from an emergency response perspective to that of building public health capacity and infrastructure. In partnership with Ministries of Health, the CGH could prospectively formulate and define what it means to build public health infrastructure and to reconstruct health systems in the global setting, as well as defining what CDC’s role is in these initiatives. CGH could define the critical elements required to build public health infrastructure, including training, surveillance, epidemiology, laboratory services, clean water, sanitation, etc.; with clear outcomes and goals established. In country, it will be important to assess which governmental sectors and Ministries could work with the health sector to build public health capacity and

infrastructure. While developing public health capacity, it will be important to work closely in partnership with affected communities to inform the development and implementation of effective public health programs. Lastly, it will be critical to define measurable goals and outcomes in advance so that the success of the CGH can be monitored.

Field Epidemiology Training Program (FETP)

The FETP is a critical tool that CDC can use towards the greater goal of building global public health infrastructure. It is important to clearly communicate the role of FETP to academic partners in host countries, and there is a need for standardized guidelines and didactic materials for FETP training. Following FETP training, it is important to encourage the diffusion of trained epidemiologists into affected communities to maximize their ability to make impactful change. Lastly, a deliberate and formalized approach could be developed to encourage countries which are in the process of becoming economically independent to begin to share and then assume the costs of FETP training.

Non-Communicable Disease and Injury Prevention

One of the central themes of the first GWG meeting was the opportunity for the CGH to define and develop a prevention agenda for non-communicable diseases and injury prevention in the global setting. With strong support and leadership from both the CDC and CGH Directors, the CGH appears to have made considerable progress in embracing these issues as priorities for its global activities: establishing a cross-Center CDC work group on NCDs to connect the considerable expertise that exists throughout CDC; creating a senior position in the CGH OD to coordinate and guide NCD and injury prevention activities - with the plan to create several other NCD positions in Atlanta and potentially globally; identifying a budget of $5M for NCD; and working to increasingly integrate NCD training into the FETP.

The GWG reiterated that there remains a critical strategic opportunity to position CDC as a global leader in NCD by capitalizing on its considerable strengths in epidemiology, laboratory and training. Although the costs of building surveillance capacity for NCD and injury prevention can be relatively small, the potential public health gains can be considerable; a concrete example was provided of the initiation of motor vehicle accident surveillance in Karachi leading to improved traffic control measures, which in turn led to a reduction in accidents. The training of epidemiology and laboratory personnel in the US has traditionally focused on infectious diseases rather than NCD; there is an opportunity to learn from this experience and ensure that globally a workforce is trained (through the FETP and academic institutions) that is better prepared to confront NCD. It will also be important to integrate NCD and infectious disease research and programs globally as there are important interactions between them; examples of this were clinical interactions between tuberculosis and diabetes, and obesity and diabetes as risk factors for influenza. It was noted that NCD were not highlighted in the QDDR, thereby creating a strategic niche for CDC; and that NCD lend themselves to seeking partnerships for collaboration and potentially for funding with private foundations that focus on individual NCD.

Pressing Need for a CGH Strategic Plan

Since the first GWG meeting, the CGH has successfully initiated the process of developing a strategic plan. A consulting firm, Deloitte & Touche, has been engaged to assist with the process of developing a global health strategy, and a draft strategic framework has already been written which includes a draft vision consistent with the overall CDC vision; a draft mission focused on strengthening public health capacity and improving global health; the guiding principles of a unified CDC approach and structure, central role of demonstrating programmatic impact, and assuming a prominent role in shaping global health strategy; and four defined "focus areas" of health impact, health security, regional/country capacity, and organizational capacity. A time line for the development of the strategic plan has been established, with the anticipation that this process should be completed by summer 2011.

The GWG was impressed by this progress. The importance of ensuring that the plan would directly address the development of global public health capacity was emphasized. In addition, the suggestion that the plan should emphasize the inclusion of an approach to non-communicable diseases and injury prevention was reiterated. The CGH should strongly consider developing "horizontal" goals focused on broad global public health themes, rather than "vertical" goals focused on the major foci of the individual CGH Divisions; this approach could contribute to the further integration of the Divisions into the CGH under a common purpose, and could help to define broader and more long-term goals that are consistent with a CGH vision of the global health. The GWG continued to suggest that numerous voices from outside the CGH be included in the actual development (and not simply the review) of the plan; these could include other CDC Centers, USG agencies, foundations, multilateral and Ministry of Health partners. Lastly, the CGH requested that individual GWG members review and comment on the plan; GWG members seemed willing to do so, but requested that the CGH first work with the ACD and with MASO to ensure that this was permissible.

Importance of Partnerships and Developing CDC's Strategic Voice

The importance of public health partnerships and developing CDC's strategic voice in global public health was a major theme of the first GWG meeting. In this section, the discussion about these issues in the second GWG meeting is summarized.

Partnerships

The importance of the CGH developing strong partnerships with other global health organizations was stressed at the first meeting. While the CGH appears to have made progress internally at CDC in establishing connectivity with other CDC Centers, there was less evidence of a strategic approach to developing and nurturing external partnerships. There is no organizational unit within CGH with a focus on external partnerships, although a new position has been created in the CGH to focus on this issue. Ongoing challenges of partnering with USAID were noted – an underlying concern is that USAID views its development role as being very broad and by necessity

encompassing health-related issues – thereby creating potential overlap between USAID and CDC activities in the US and in partner countries.

There is great potential for the CGH to establish partnerships with the private sector, and it was noted that these could be pursued through the CDC Foundation. Other CDC Centers indicated that there are existing domestic public–private partnerships that could be expanded upon globally, such as the CDC partnership with the Rotary Club on polio eradication. It was suggested that when developing partnerships with private foundations, CDC should first seek programmatic collaboration, and if successful could then seek co-funding of projects later on.

Developing CDC's Strategic Voice

The CGH is making important strides to understand the totality of global health activities throughout CDC; this presents an important opportunity to package and strategically communicate the extent of CDC's global health involvement through the CDC website, written materials, and presentations by CDC and CGH leadership at global health meetings. In addition, now that the CGH will soon be "whole" with the imminent integration of the Global Immunization Division, concrete examples of synergy that did not exist previously should be identified and developed - within the CGH, within CDC, within the USG, and with other global health organizations. The CGH should proactively track and communicate its accomplishments to demonstrate its added value at CDC.

The observation was made that CDC often appears to be more comfortable contributing to public health rather than leading it, and needs to learn how best to ensure its "seat at the high table" and influence global health policy without losing its "helpful" stature. A concrete plan for developing CDC's strategic leadership voice on global public health issues has not yet been articulated, and the CGH has not yet developed full "traction" on this issue. Updates on this issue at future GWG meetings would be welcomed.

VI. Process Issues and Next Steps

GWG Membership: There seemed to be consensus that the GWG was reasonably sized and appropriately populated. However, attendance at this meeting by GWG members was suboptimal due to several late and unavoidable cancellations. The challenges of including international representation in this meeting due to travel issues continued, although very critically Dr Wang Yu was able to attend the meeting in person. The GWG requested that a commitment for attendance be requested politely from members, with alternatives sought for those who are unable to commit.

GWG Scheduling: It was agreed that the third meeting of the GWG would be held in Atlanta on October 26, 2011. This would resume the GWG schedule that was initially envisioned – in-person meetings each fall in Atlanta, and conference calls each spring – all on the day prior to the ACD meeting so that GWG updates can be provided immediately to the ACD. CGH should look into the capabilities of video conferencing for future GWG meetings that are scheduled as conference calls or to enable members to engage in meetings they cannot be physically present for.

Preparation for Future GWG Meetings: To the extent possible, the CGH should brief the GWG about ongoing global health activities in advance of GWG meetings through the electronic distribution of written briefing materials. The CGH should also identify key issues in which GWG discussion would be most valuable to CDC. In this manner, GWG meetings could be focused less on updates from CGH staff, and more on discussion of selected strategic issues.

GWG Requests for Clarification from CDC

The GWG asked the CGH DFO to seek guidance from CDC on several issues.

1. Summaries and minutes from each GWG meeting are being submitted routinely to the ACD, and verbal updates to the ACD are being made by the GWG Chair as frequently as the schedule of the ACD allows. Do these summaries and minutes need to be formally approved by the ACD?

2. Senior CGH staff are active participants in GWG meetings and therefore have the opportunity to consider the input of GWG members in real time before the ACD has reviewed (and perhaps even approve of) the written summaries and minutes. This seems functional to GWG members, but the GWG would like to confirm that this is acceptable to CDC.

3. GWG members have expressed a willingness to be consulted by the CGH (either as a group or individually) on selected strategic issues between regularly scheduled GWG meetings. For example, the CGH could seek GWG review and comment of the CGH strategic plan. Are GWG members permitted to provide this type of input?

VII. Summary

The second GWG meeting was conducted successfully. A brief verbal report of the second GWG meeting, as well as a written summary and minutes from the first GWG meeting, were presented to the ACD on their spring conference call the following day.

Updates on major CGH activities were presented by senior CGH leadership, and brief presentations were made by nine other CDC Centers summarizing their extensive global health activities. Each of the four major themes of the first meeting – successful launch of the CGH, transformative global public health opportunities, need for a CGH strategic plan, and developing partnerships and CDC's strategic global health voice - were discussed during the second meeting, with particular attention paid to the CGH potential roles in the development of public health infrastructure and non-communicable diseases.

The GWG will work to consolidate its membership, and looks forward to receiving guidance from CDC on the issues outlined above.