

SUMMARY OF THE THIRD MEETING OF THE

Global Work Group (GWG)

Advisory Committee to the Director (ACD)

Centers for Disease Control and Prevention (CDC)

Roybal Campus, Building 19

845 AM – 330 PM

October 26, 2011

Alan E Greenberg, GWG Chair

Kevin M De Cock, CGH Director and GWG DFO

Last Updated: December 21, 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 27-28, 2010: Inaugural GWG meeting held at CDC; summary of GWG meeting presented at ACD meeting.

April 27-28, 2011: Second GWG meeting held at CDC; summary of GWG meeting presented during ACD conference call.

October 26-27, 2011: Third GWG meeting at CDC; summary of GWG meeting presented at ACD meeting.

II. Third GWG Meeting Participants

GWG Members Attending

Alan Greenberg (Chair), David Fleming, Kelly Henning, David Brandling-Bennett, Walter Dowdle, Joseph McCormick, Donald Steinberg, Andrew Weber, Willis Akhwale (by phone), and Kevin De Cock (DFO).

GWG Members Unable to Attend

Mary Kelly, Mickey Chopra, Richard Kamwi, and Yu Wang.

CDC/CGH Presenters

Tom Frieden (CDC Director), Rima Khabbaz (OID), Robin Ikeda (ONDIEH); and Kevin DeCock, Pattie Simone, Isabella Danel, and Jordan Tappero (CGH).

Other Attendees:

Sonia Angell (CGH), Chris Barker (Deloitte & Touche), Beth Bell (NCEZID), Shelly Bratton (CGH), Joanne Cono (OID), Kendra Cox (Cambridge Communications), Veronica Davidson (CGH), Margaret Davis (CGH), John Douglas (NCHHSTP), Henry Falk (ONDIEH), John Fitzsimmons (CGH), James Gallagher (DoD), Rana Hajjeh (NCIRD), Kashef Ijaz (CGH), Bassam Jarrar (CGH), Eric Kasowski (CGH), Bill Levine (CGH), Gladys Lewellen (MASO), Eric Mast (CGH), Jay McAuliffe (CGH), Susan McClure (CGH), Edgar Monterroso (CGH), Ronald Rosenberg (NCEZID), Don Shriber (CGH), Brian Sodl (Deloitte & Touche), Larry Slutsker (CGH), Nicole Smith (CGH), Bob Spengler (CGH), and Marsha Vanderford (CGH)

III. Meeting Format

The meeting was called to order at 845 AM. Following introductions, Dr Tom Frieden, CDC Director, addressed the GWG by phone, and Dr Greenberg provided a review of the second GWG meeting held in April 2011. Six power point presentations were made by CGH and CDC staff between 10 AM and 230 PM: CGH Update (Dr DeCock), Review of CDC Global Strategic Plan (Dr Simone), CDC Maternal and Child Health Strategy (Dr Danel), Engaging with other CIOs on Infectious Diseases (Dr Khabbaz) and Non-

Communicable Diseases (Dr Ikeda), and Haiti Health Systems Reconstructions (Dr Tappero). Brief summaries of these presentations are presented below. Each presentation was followed by an interactive GWG discussion. Final comments from GWG members were elicited at 245 PM, and the meeting was adjourned at 330 PM.

IV. Highlights of Presentations

Complete minutes of CGH presentations and GWG discussions can be found in the meeting minutes. This document briefly summarizes some of the pertinent highlights.

Dr Frieden

Dr Frieden welcomed the GWG and discussed priority areas for global health which included polio eradication, PEPFAR (“the game changer in global health”), malaria, strengthening of public health infrastructure, and strengthening and expansion of immunization systems. He emphasized that the current budgetary environment was challenging, with no new resources anticipated for global health; and that certain programs, such as those that are disease-specific, are most likely to garner Congressional support. The potential importance of maternal and child health as a “rallying cry” was discussed. He reported that CDC staff has widely been delighted about the CGH, but that it has been “harder than he thought to knit together various CDC activities in-country.”

GWG Overview

Dr Greenberg reviewed the history of the GWG and presented a summary of the critical GWG Operational Issues memorandum prepared since the previous GWG meeting by Dr Spengler. This memorandum specified that: non-ACD GWG members are not Special Government Employees; GWG meetings are not public meetings; GWG meeting minutes are required; GWG members provide informal input to the CGH which the CGH can choose to act on at its discretion; GWG must submit work products to the ACD for review and approval; GWG needs ACD approval for formal recommendations; GWG members can voluntarily agree to provide guidance to CGH between meetings, such as review and comment on CGH documents; and changes in GWG members should be requested by the GWG Chair and DFO with concurrence by the ACD DFO.

Dr Greenberg then reviewed the Agenda of the GWG 1, 2 and 3 Meetings, and presented a summary of the four Discussion Themes that emerged during the first two GWG meetings.

1. The CGH is Impressive and is off to a Strong Start: The CGH continues to make considerable organizational progress with five CDC Divisions integrated into the CGH – with the most recent addition being the Global Immunizations Division joining the Center in October 2011; global activities and assets identified from across the various CDC CIOs; highly capable CGH leadership and staffing; an important Global Governance document developed establishing clear lines of authority for CDC staff assigned to countries; and a broad recognition across CDC that the CGH has an important role to play in the coordination and representation of global health activities at CDC.
2. Envisioning the Potential of the CGH: The GWG has identified two domains in which it believes that the CGH has an historic opportunity to play a transformative role in global

public health: building public health infrastructure, and non-communicable diseases (NCDs).

Building Public Health Infrastructure: The CGH can translate the CDC domestic legacy and model of epidemiology and laboratory capacity building with State Health Departments to the global setting by building upon existing vertical disease-specific platforms to develop public health infrastructure in collaboration with Ministries of Health. The GWG advised that progress towards this goal will not be immediate and needs to be measured in decades, and suggested that current fiscal challenges should not lead to a lack of CGH ambition or vision. The CGH can transform a mindset of emergency response to a more strategic approach, defining the critical elements of health systems as well as country-specific goals, procedures and outcomes.

Non-communicable Diseases: There is a critical strategic opportunity to position CDC as a global leader in NCDs given the strong NCD commitment of the CDC and CGH Directors, the broad NCD strength across CDC with the establishment of a cross-CIO NCD work group, the creation of a new senior CGH NCD position, and plans to assign NCD staff globally.

3. Pressing Need for a CGH Strategic Plan: The CGH had engaged a consulting firm to assist in strategic planning, and a strategic framework had been articulated including a vision, mission and four focus areas. The GWG suggested a focus on horizontal goals that integrate disease-specific vertical goals, and including the voices of non-CGH staff in the development of the plan – including other CIOs, USG agencies, Country Directors and Ministry of Health partners.

4. Importance of Partnerships and Developing CDC's Strategic Voice:

Partnerships: The CGH has made real progress towards establishing connectivity internally with other CIOs, but there has been less evidence presented of a strategic approach to developing external partnerships. The Global Health Initiative provides an opportunity to improve interagency USG relationships both in-country and at headquarters. There is great potential to establish partnership with the private sector through the CDC Foundation, and excellent models for this can be identified at CDC.

Developing CDC's Strategic Voice: There is an important opportunity to monitor, package and communicate the full extent of CDC's global health activities. Examples of synergy should be identified and developed. The important observation was made that CDC can often be more comfortable contributing to global public health than to leading it, and that the CGH needs to ensure that CDC has a "voice at the high table" without losing its helpful stature. A communications plan to develop a strategic leadership voice in public health should be developed.

Center for Global Health Update

Dr DeCock provided an overview of CGH progress and activities since the spring GWG meeting. He summarized several important public health developments, including promising efficacy trials of biomedical interventions for malaria and sexual HIV transmission; progress and challenges in polio eradication, emphasis on maternal and child health, severe famine in the Horn of Africa, progress of the Global Health Initiative, and a CDC work group on tuberculosis.

He then addressed several of the GWG's previous suggestions. The CGH has been involved in inter-agency work groups on Global Health Security and International Health Regulations; is developing a strategic plan and promoting CGH messages through its website and now through social media; developing cross-CIO synergies in cholera, FETP training, child survival, NCDs and injuries, maternal and child health; providing support for CDC work from 12 Divisions in five Centers on outbreak response; and the CDC Global Health Leadership Council is being re-formed and chaired by the CGH Director.

The CDC receives \$2.4B annually in federal funding for global health, 82% of which is for global HIV/AIDS. CDC is building its collaboration with the Association of National Public Health Institutes to provide leadership and technical assistance to Ministries of Health, continues to support the FETP program in 47 countries, and is working on developing goals for NCD burden reduction in collaboration with WHO.

CDC Global Strategic Plan Update

Dr Simone presented progress to date in the development of the 2012-2015 CDC Global Health strategic plan. Twenty documents were reviewed, 30 stakeholder interviews were conducted, mission and vision statements and guiding principles were crafted, and three broad themes were developed on Health Impact, Health Security and Health Capacity. The Health Impact objectives included reducing HIV/AIDS incidence and prevalence, malaria morbidity and mortality, neglected tropical diseases, vaccine preventable diseases, maternal and child mortality, diarrheal diseases, respiratory diseases, and NCDs and injury. The Health Security objectives were to strengthen capacity for emerging health threats and international public health response, and the Health Capacity objectives were to strengthen the global public health work force, expand laboratory infrastructure, and improve public health systems.

CDC Global Maternal and Child Health Strategy Development

Dr Danel provided a brief overview of the development of the CDC MCH Strategy. There is a long history of MCH initiatives at CDC in both infectious and non-communicable diseases. A CDC MCH Strategy is currently being developed with a focus on improving synergies and enhancing coordination across CDC programs and with CDC partners, and an environmental scan and SWOT analysis were conducted as part of the planning process.

Global Infectious Disease Collaborations

Dr Khabbaz presented a brief overview of the structure of the CDC Office of Infectious Diseases (OID) with its three Centers, the CDC Framework for Preventing Infectious Diseases, and high priority infectious disease issues. The spectrum of global activities in OID were discussed, including the numerous OID WHO Collaborating Centers, global diagnostics, global surveillance networks, the global polio laboratory network, rotavirus surveillance, vaccine related reductions in childhood diarrhea and meningitis, congenital syphilis, vector-borne research, tuberculosis clinical trials consortium, global HIV prevention research, the CDC global influenza program network and pandemic preparedness, and examples of collaboration with the CGH. Dr Khabbaz expressed her

clear support for the coordinating and representational role of the CGH for global health within CDC.

Non-Communicable Disease (NCD), Injury and Environmental Health

Dr Ikeda provided a brief overview of NCD at CDC that is focused on birth defects and disabilities, chronic disease, environmental health, and injury prevention. She highlighted the creation of the Global Health NCD Senior Advisor position and the formation of the NCD Workgroup from across the CDC CIOs.

Haiti Update – Transitioning from Emergency to Reconstruction

Dr Tappero provided an update on CDC's extensive activities in health system reconstruction in Haiti. The CGH Framework for Health Systems Strengthening was presented, with its four pillars of Surveillance and Health Information Systems, Research, Workforce, and Laboratory. Information was presented from Haiti related to WHO's six building blocks of Health Systems Reconstruction, which include Leadership and Governance, Human Resources, Service Delivery, Drugs and Medical Technology, Financing and Information Management Systems.

An updated epidemiologic curve for the cholera epidemic from October 2010 - October 2011 in Haiti was presented, with about 473,000 cases and 251,000 hospitalizations to date. Other CDC efforts are ongoing in the Horn of Africa and in Southern Sudan.

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 is contained in the minutes.

The CGH is Impressive and is off to a Strong Start

The GWG continues to be deeply impressed by the extensive organizational progress the CGH has made since its inception and since the first GWG meeting only one year ago. The leadership of the CGH was commended for having overseen the transition of the CGH from a new and uncertain entity to a young but increasingly established CDC Center with clearly defined organizational structures, staffing, and focus. As discussed in previous meetings, the identification of a single CDC Director for all countries in which CDC assigns staff ("presence countries") was noted to be an important achievement of the CGH.

As expressed by the CDC Director and by senior CDC leaders in both infectious and non-communicable diseases, the CGH has had a very positive reception across CDC, with high expectations yet a strong commitment to ensure its success. The importance of having a single strategic voice to both represent and raise the visibility of global health at CDC has been widely recognized. The CGH has established effective communication with other CIOs. A driving principle for cross-Center coordination should be to identify what Centers can do interactively that they cannot do on their own, and the rules of engagement across CDC should be formalized. It is important to ensure that external consumers can easily discern how to access CDC technical assistance in global health;

although there are numerous portals of entry, continued good inter-personal and cross-Center communication will be critical.

CDC is now considered by the global health community to be a major donor with a budget of \$2.4B a year, although it must be recognized that the great majority of this funding is through PEPFAR.. Given the considerable fiscal and staff resources of the CGH, there are many opportunities and a concomitant obligation to work to shape the global public health agenda. However, global health is an increasingly crowded field, with 27 separate USG agencies working internationally, and the number of donors increasing on average from 2 to 28 per country over the past 50 years.

It was noted that the current CDC Director has brought an expanded vision of CDC's global involvement but that his term will eventually end, and accordingly there is a critical window of time in which to work quickly and efficiently to institutionalize this change.

Envisioning the Potential of the CGH

As in the first two GWG meetings, there was considerable discussion about the opportunity for the CGH to play a transformative role in building global public health infrastructure and taking a leadership role in NCDs.

Regarding the building of global public health infrastructure, much of the discussion related to the development of the CGH strategic plan and is summarized below in the section that focuses on the plan itself. The success and importance of the FETP program in building public health capacity were once again emphasized. Examples were provided of how early graduates of the FETP program in Thailand are now ready to assume high level positions in the Thai Ministry of Health, and that FETP graduates are now involved in cross-border disease surveillance activities in East Africa. It was noted that in some countries accreditation of the FETP training with a University degree would help validate and add to the recognition of the value of the FETP program in-country. The opportunity for the FETP program to incorporate NCD training into the curriculum was also highlighted.

NCDs were once again a major theme of GWG discussions. There is a growing body of scientific evidence demonstrating the increased susceptibility of persons with chronic NCDs to infectious diseases (for example, diabetes and tuberculosis). A focus on the ID-NCD interface could be a natural strategic "sweet spot" for CDC, as well as an opportunity for ID and NCD experts at CDC to collaborate to achieve more with current levels of resources. As there are limited resources for NCDs globally, CDC's voice can be important in generating demand, as donors may identify funding if "science shows the need". The CGH was encouraged to use end of year funding to support new NCD programs, to start small and build steadily, as there is an important opportunity "to do a great deal with very little."

Issues regarding specific NCDs were also highlighted during the discussions, including the exploding epidemic of obesity in developing countries, and the opportunity to use the Global Adult Tobacco Survey as a model to establish NCD surveillance globally. PEPFAR-supported PMTCT programs at country level can be used as platforms to promote Maternal and Child Health activities such as mother and infant care and family planning, and health systems strengthening can benefit both HIV infected and uninfected women.

Pressing Need for a CGH Strategic Plan

Overview

The development of the CGH Strategic Plan was the central theme of the third GWG meeting. The CGH had sent a first draft that included elements of the plan to the GWG in advance of the meeting, and a brief summary of progress to date was presented during the meeting.

The importance both of the plan itself and of the process of developing the plan was discussed in depth. The strategic plan provides the written foundation for CDC's global policies and activities, and can help augment CDC's voice in global public health. CDC is one of the indisputable public health "brands" in the world, and it is critical that the CGH define this brand to ensure that it is not diluted.

The GWG perceives its role as helping the CGH to "think the plan through" and to "get the plan right." The GWG goal is not to change CDC's traditional strengths in global health, but rather to reflect on how they can be applied to be transformative.

Progress to Date

The GWG was impressed by the time and effort the CGH leadership has invested thus far into developing the plan. Many positive aspects of the first draft of the strategic plan were noted: it addresses the major activities of the CGH Divisions; an excellent classification system for CGH activities was developed, dividing them into objectives on Health Impact, Health Security and Health Capacity; and the Introduction to the plan has incorporated several major GWG themes, including the importance of building global public health infrastructure and an emphasis on NCDs.

General Discussion

The GWG urged the CGH leadership to continue its work on the plan, offering numerous constructive suggestions about how the plan could be further developed. Despite the considerable progress that has been made, the "strategic plan is not yet there", and the CGH was urged to "give the plan the priority that it deserves".

The first draft of the plan was felt to be more "descriptive than prescriptive", largely describing current CGH activities rather than articulating an imaginative vision for the future of the Center. The CGH was urged not to "develop a strategic plan to justify what the Center is already doing," and rather to focus on defining the transformative aspects of the creation of the new Center. It was noted that although a strategic plan is always a dynamic work in progress, it can help with the definition and prioritization of future CGH activities.

The Objectives of CGH vertical programs appear to be the foundation for the first draft of the plan, whereas the GWG has consistently urged the CGH to use the plan to define higher level horizontal Goals. These Goals could include, for example, leading, coordinating and representing the CDC global health portfolio; building global public health infrastructure; supporting and integrating vertically funded programs; and building CGH organizational infrastructure and capacity.

The CGH strategic plan must focus on how CDC's global activities are unique, distinguishing them from those of other global health organizations. For example, the current Objectives of reducing HIV/AIDS incidence and prevalence, and malaria morbidity and mortality, are not unique to CDC.

The GWG recognized that CDC often has limited control over its own organizational priorities because budgets are decided upon outside of the agency. Therefore, in light of this reality, the development of the strategic plan provides a critical opportunity "to take a step back" and define where the CGH does have flexibility to allocate staff time and fiscal resources. There are opportunities for the CGH "to be transformative without a big budget" by integrating its vertical programs and leveraging its interactions with the global work of other CIOs.

CGH Concerns

A number of important concerns were expressed by the CGH Director. These included the Center not being able to meet lofty aspirations; that the need for aspirational thinking can often be limited by reality; that technical strengths can be at odds with transformational language; that there is a pragmatic need to focus on shorter term impact as well as on longer term goals; that there is a need to focus and define where CDC can add value, for example in surveillance, work force development, operational research, and public health preparedness; that it can be easier to "sell Health Security" as a CDC global issue yet harder to "sell issues such as NCDs"; and to ensure that the plan embraced the full spectrum of CDC global activities if it is just focused narrowly on the CGH.

Taking Ownership of the Plan

The current draft of the plan is called the "CDC Strategic Plan for Global Health". In contrast, the GWG expressed the strong sentiment that this plan should rather be the "CGH Strategic Plan for Global Health at CDC," expressing the CGH vision of CDC's Global Health Strategy. The rationale was that the CGH needs to take ownership of the plan, as it presents an opportunity to emphasize what the CGH itself will do; and that the plan can incorporate that part of the CGH role is to represent, coordinate and lead global health activities across the CDC,

Audiences for the Plan

The GWG noted that there were in fact numerous different audiences for the CGH strategic plan. These include members of the US Congress, and more specifically Congressional staff members, explaining to them why supporting global health activities at CDC is in the US national interest -- emphasizing how global health relates to and is a natural extension of national activities and priorities; the US population at large, helping to explain the "added value" of global health, stressing how it contributes to the domestic health agenda as knowledge obtained in the developing world can impact health domestically; the potential very large global audience given the new era of transparency in which the plan will be accessible to all on the CDC website; to Ministries of Health, which will be interested in learning about the global strategic intent of CDC; and the CGH staff itself, so they can recognize how their individual efforts fit into the mission of the CGH as a whole.

Plan Development Process

The process of developing the plan itself was also a major focus of the GWG discussion. The GWG suggested that the great value of the strategic planning process was getting “input” to help define the CGH mission, and ensuring “buy-in” from critical CDC and non-CDC partners. “The act of going through the strategic planning process is valuable and useful especially for organizations in their early days”; and the strategic planning process “cannot be optimal if the only goal is putting the document together.”

The first draft of the plan was largely developed at CDC headquarters, and it is critical to include leaders of global health activities from other CIOs, and front line CDC in-country staff; and non-CDC partners including key Ministry of Health partners, other USG agencies, academia, private sector and civil society.

Specific Suggestions for Additions to the Plan

There were various specific suggestions regarding elements that were missing from the first draft of the plan that should be considered for inclusion.

An environmental scan, global health partner analysis (i.e. activities of other global health organizations in relation to CDC), and a SWOT analysis of the CGH's strengths, weaknesses, opportunities and threats should be included. These components had been addressed in the development of the CDC Maternal and Child Health strategic plan that was presented to the GWG and help inform the development of the CGH plan.

The importance of including quantifiable targets and measures in the plan was stressed – an important comment was made that “if you’re not keeping score, you’re just practicing.” The plan needs to include metrics to indicate how the spectrum of global activities at CDC will be monitored both at headquarters and in-country.

Some critical functions of the CGH should be included in the plan including its roles in policy, communications and marketing. The plan should also clarify how the global health work of other CIOs (for example, tuberculosis, HIV/AIDS research, etc) relates to the work of CGH.

Lastly, gender issues, the development and implementation of cutting edge laboratory diagnostics technology, and improved information and communications technologies were also mentioned for consideration for inclusion in the plan.

Suggestions on Next Steps

The CGH leadership requested GWG input on next steps and a time line for completion of the plan.

Out of concern that an organization “can get lost in these issues”, the GWG suggested that the plan needed to be completed in a reasonable time frame of the next three to six months. Therefore, the CGH should prioritize the planning of a limited number of strategic planning consultations (both domestically and globally) with representatives of the key constituencies suggested above to solicit their participation, input and buy-in.

Importance of Partnerships and Developing CDC's Strategic Voice

The importance of the CGH developing strong partnerships with other global health organizations continued to be a very prominent GWG theme. The types of organizations that were emphasized during this meeting including partnering with other industrialized countries that are committed to building public health infrastructure in developing countries; partnerships to support in-country National Institutes of Public Health through capacity building and training; engaging multinational companies from the private sector that operate in specific countries and that have a vested interest in the development of these countries; engaging private sector partners based on the advanced technology they develop, such as information technology, laboratory diagnostics, cellular phones and net books; and partnerships with US based universities and medical centers that have large numbers of faculty and students eager to be involved in global health, partnerships that can be facilitated through the Consortium of Universities in Global Health (CUGH).

The opportunity to increase collaboration with USAID was discussed during this meeting as well. USAID faces challenges justifying to Congress why it is funding CDC, as Congress could take the position that "if we wanted to have funded CDC, we would have done so directly." It is important for the CGH to continue to enhance its communication with other USG agencies involved in global health to determine how the work can be optimally divided.

VII. Summary

The third GWG meeting was conducted successfully on October 26. Updates on major CGH activities were presented by senior CGH leadership. The major focus area of GWG discussions was the CGH Strategic Plan, with other GWG themes addressed including CGH progress, developing global public health infrastructure, non-communicable diseases, and developing external partnerships.

A summary of GWG progress was presented by the GWG Chair to the ACD on October 27, 2011. Written summaries of the first two GWG meetings were approved by the ACD. The next GWG meeting will be held in person in Atlanta on April 25, 2012.