

MEETING SUMMARY

Global Work Group (GWG)

Advisory Committee to the Director (ACD)

Centers for Disease Control and Prevention (CDC)

Roybal Campus, Building 19

9:00 AM – 3:30 PM

April 25, 2012

Meeting #4

Alan E Greenberg, GWG Chair

Kevin M De Cock, CGH Director and GWG DFO

Last Updated: June 8, 2012

I. Global Work Group (GWG) Background

During the spring of 2010, Dr Thomas Frieden, CDC Director, established the GWG under the Advisory Committee to the Director (ACD) of CDC to provide guidance and pertinent recommendations to the ACD regarding the CDC Center for Global Health (CGH). The GWG first met in October 2010, and has focused on several key areas including Strategy and Structure, Science and Program, and External Relations. The fourth meeting of the GWG was held on April 25, 2012. Dr. Alan Greenberg provided an overview of the GWG meeting at the ACD meeting that was held the following day on April 26, 2012.

II. Fourth GWG Meeting Participants

GWG Members Attending

Alan Greenberg (Chair, ACD member), Kelly Henning (ACD member), David Brandling-Bennett (BMGF), Walter Dowdle (Task Force for Global Health), Joseph McCormick (U Texas), Wade Warren (USAID), Andrew Weber (DoD), Willis Akhwale (Kenya MOH), Zijian Feng (China CDC), and Kevin De Cock (CGH, DFO).

GWG Members Unable to Attend

David Fleming (ACD member), Mary Kelly (ACD member), Mickey Chopra (UNICEF), Richard Kamwi (Namibia MOH), Donald Steinberg (USAID) and Yu Wang (China CDC).

CDC Presenters (Center)

Kevin De Cock (CGH), Pattie Simone (CGH), Nicole Smith (CGH), Susan McClure (CGH), John Blandford (CGH), Eugene McCray (NCHHSTP), and Bess Miller (CGH).

Other Attendees:

Steve Albert (CGH), Maureen Bartee (CGH), Stefanie Bumpus (DoD), Kendra Cox (Cambridge Communications), Veronica Davidson (CGH), John Douglas (NCHHSTP), Scott Dowell (CGH), Barbara Ellis (ONDIEH), Tony Fiore (CGH), John Fitzsimmons (CGH), Jesse Geibe (DoD), Keith Harrington (DoD), Bill Levine (CGH), Rebecca Martin (CGH), Brandi Newlin (Deloitte & Touche), Gerald Parker (DoD), Larry Slutsker (CGH), Brian Sodl (Deloitte & Touche), Bob Spengler (CGH), Robert von Tersch (DoD), and Leo Weakland (CGH).

III. Meeting Format

The meeting was called to order at 9:00 AM. Following introductions, Dr Greenberg provided a review of the third GWG meeting held in October 2011. Six power point presentations were made by CGH and CDC staff between 9:30 AM and 2:30 PM: CGH Update (Dr DeCock), CDC Global Health Strategic Plan (Dr Simone), Global Partnerships and Communications: Case Studies (Susan McClure and Dr Smith), Cost Evaluations and Latest Global HIV/AIDS Strategy (Dr Blandford), and Global TB Treatment and Control Strategy (Dr McCray and Dr Miller). 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 2:45 PM, and the meeting was adjourned at 3:15 PM.

IV. Highlights of Presentations

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

A. GWG Overview

Dr Greenberg reviewed a brief history of the GWG and presented a summary of the four Discussion Themes that had emerged during the initial GWG meetings. He highlighted the discussions of the last GWG meeting in October 2011.

1. The CGH is Impressive and is off to a Strong Start: The CGH now appears to be well-established with outstanding leadership in the OD. The CGH added the Global Immunization Division last year, and the Center continues to make organizational progress integrating its five Divisions and coordinating global health efforts across 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 health: building public health infrastructure, and non-communicable diseases (NCDs).

Building Public Health Infrastructure: The CGH can work to 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.

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 CDC-wide NCD work group, the hiring of a senior CGH NCD position, and plans to assign NCD staff globally. Currently, there is a \$3+ million budget in CGH for NCDs.

3. Pressing Need for a CGH Strategic Plan: A first draft of the CGH strategic plan was shared at the last GWG meeting. GWG emphasized the need for CGH to develop a plan that articulates an inspirational vision of how CDC will play a transformative role in global health and how the CGH will become “more than the sum of its parts.” GWG encouraged continued development of the plan with input from CGH headquarters and field staff, other CDC Centers, other USG agencies, selected Ministry of Health (MOH) partners, and civil society. The process of the plan development and soliciting intra- and extra-CDC organizational input and buy-in was felt to be as important as the plan itself.

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

Partnerships: The CGH has made progress towards establishing connectivity internally with other CIOs. Limited details regarding CGH’s strategic approach to developing external partnerships were presented. The Global Health Initiative provides an opportunity to improve interagency USG relationships both in-country and at headquarters. There is the potential for CGH to establish partnerships with academia through the Consortium of Universities in Global Health (CUGH) as well as with the private sector.

Developing CDC's Strategic Voice: There is an important opportunity to monitor, package and communicate the full extent of CDC's global health activities. A communications plan of how CDC can develop its strategic leadership voice in global health would be helpful.

B. Center for Global Health Update

Dr De Cock thanked the GWG for providing valuable input and helpful assurance on CDC's global health work. He provided an overview of CGH progress and activities since the last GWG meeting in October 2011. He summarized several important global health developments, including a stepwise approach to building MOH capacity and health systems strengthening, updates and accomplishments of the Divisions, activation of the CDC Emergency Operations Center for oversight and support of polio eradication activities, global burden of Tuberculosis, update on cholera in Haiti and the water, sanitation and health (WASH) activities, and the upcoming meetings of the World Health Assembly and the international AIDS 2012 conference.

Dr De Cock then addressed several of the GWG's previous suggestions. The CGH completed additional development and vetting of the CDC Global Health Strategy which now has four main goals on health impact, health security, health capacity and organizational capacity. He covered additional activities that addressed previous GWG suggestions including global NCD coordination and strategic plan, a maternal and child health strategic plan, vital registration strengthening in several countries, and strengthening existing partner relationships. He discussed the recent Lancet commentaries and the CDC response, copies of which were distributed to GWG members. As per previous plans articulated by Dr. Frieden, all new organizational elements in CDC such as CGH will undergo a formal organizational improvement (OI) review this year. The CGH OI review is scheduled for June this year. During that same month, an external expert panel will conduct a review of the global TB program.

C. CDC Global Health Strategic Plan Update

Dr Simone presented progress to date in the development of the CDC Global Health Strategy, FY2012-FY2015, which had been distributed to the GWG by email the week prior to the meeting. There are four main goals: health impact, health security, health capacity and organizational capacity. The efforts since October have included further external stakeholder input, interviews with selected Ministries of Health, workshops with subject matter experts, and additional reviews before finalizing the goals, objectives and strategic priorities. She provided an overview of the objectives for each of the goals and the overall guiding principles. The document will be finalized and prepared for publication in mid-May and there are plans to communicate the strategy broadly to internal and external stakeholders at the end of May. In addition, a plan for monitoring progress toward achieving the strategy will be finalized at the end of May.

D. Global Partnerships and Communications: Case Studies

Susan McClure, Team Lead for External Relations, and Dr Smith, CGH Associate Director for Policy, provided an update on partnership activities. The presentation included three case studies involving the Center for Strategic and International Studies, the Consortium of Universities for Global Health (CUGH) and the World Bank. The key

activities, challenges and future steps for strengthening the partnership with each organization were discussed.

E. Cost Evaluations and Global HIV/AIDS Strategy

Dr John Blandford presented on the use of economic analysis and modeling to inform Global HIV/AIDS program and policy. His work in PEPFAR treatment costing and modeling activities have provided the fiscal basis for the continued PEPFAR-supported scale-up of the number of persons on antiretroviral therapy. The economics analysis supports broad benefits to society including deaths averted, infections averted and life-years gained.

F. Global TB Treatment and Control Strategy

Dr McCray presented an overview of the challenges to TB control including inadequate coverage of effective therapy, rise of multidrug-resistant TB, high-burden of TB among persons living with HIV, and complacency as a resurgence occurs. CDC's contributions include surveillance, developing evidence-base for TB control strategies, outbreak investigations, immigrant and refugee medical screening, capacity building and transferring knowledge. He discussed activities and accomplishments related to preserving effective TB treatment for second line drugs as part of a prospective observational study of multidrug-resistant TB in nine countries.

Dr Miller presented TB/HIV care and treatment issues for the Division of Global HIV/AIDS, CGH in the PEPFAR program. The program focuses and addresses needs in Africa where the majority of TB incidence rates are highest. TB is the leading cause of death (25%) among persons living with HIV (PLHIV); roughly one-third of the 34 million PLHIV are infected with TB; and of the 1.1 million HIV+TB cases, 82% are in sub-Saharan Africa. The program priorities include routine HIV counseling, testing and preventive services to TB patients; early initiation of ART; intensive TB case finding, preventive therapy and infection control; and integrated TB/HIV service delivery.

V. GWG Discussion and Suggestions

In this section, the GWG discussions are summarized with a focus on the primary GWG themes outlined above. A more detailed description is contained in the minutes.

Pressing Need for CGH Strategic Plan; and Envisioning the Potential of the CGH – Building Public Health Infrastructure and Non-Communicable Diseases

The GWG was extremely impressed by the extensive progress made by the CGH on developing the strategic plan since the previous GWG meeting, and felt that the near-final draft of the plan might well serve as a blueprint for global health activities at CDC for many years. In particular, the plan addresses the major GWG priorities of contributing to building public health infrastructure in Health Capacity Goal 3, and addresses NCDs prominently in Health Impact Goal 1, Objective 1.8.

Moving forward, the GWG believed that the next priorities for the plan include the development and inclusion of an executive summary; incorporating language that addresses biosecurity and laboratory diagnostics; articulating how the CDC plan is synergistic with other USG global health strategic plans (for example, those of HHS and

USAID); ensuring the review and buy-in of other USG agencies, civil society and communities; ensuring the roll-out of the plan so that global health partners will understand what CDC does; and developing an implementation plan that outlines how the strategy will be operationalized.

The GWG encouraged the leadership of the CGH to focus their attention on those areas of the plan that the CGH is not yet addressing. Lastly and importantly, the GWG felt that the CGH should allow the plan to drive the development of strategic external partnerships with other global health organizations.

External Partnerships

The GWG appreciated the CGH case studies that were presented on external partnerships that have been explored with CSIS, CUGH and the World Bank. The principal suggestion made about partnerships was to allow the strategic plan to drive the maintenance and establishment of strategic partnerships; that as part of the implementation of the strategic plan, the CGH should encourage each of its programs to identify existing and aspirational partnerships that are needed to help them address their stated goals. It was also suggested that some degree of coordination and categorization of these partnerships by the CGH OD would be needed; that the term "partnership" be reserved for those organizations with the greatest strategic value and commitment to common goals; and that key strategic partners be distinguished from collaborators, supporters, and interested parties.

Developing CDC's Strategic Voice in Global Health

This issue was not directly addressed during the GWG 4 meeting. However, it was suggested that the consideration of the development of a written communications plan about the depth and breadth of CDC's global health activities be a topic for the next GWG meeting.

CGH Impressive and Off to a Strong Start

The CGH appears now to be well-established and its overall progress was not discussed during the GWG 4 meeting. In response to the presentation of the Lancet editorials and the CDC response, GWG members noted that this issue had not been picked up on by other scientific journals; that how an organization responds to adverse publicity often helps to define it; that CDC had been wise to "take the high road" and emphasize the strength of its many global health programs; and were supportive of the CDC plan to request an external review of CGH progress.

GWG Response to Program Presentations

Regarding cost evaluations, the GWG felt that the economic analyses represented innovative efforts to help project cost issues for the PEPFAR program, and suggested that similar assessments could benefit other CGH programs. This approach could also help address how CDC NCD prevention efforts could be maximally effective.

Regarding Global TB Strategy, the GWG expressed its support of the upcoming CDC review of its global health TB programs and ensuring that these activities were housed within CDC wherever they would be maximally effective.

Potential Future GWG Meeting Topics

The GWG suggested a variety of topics that could be considered by the CGH for future GWG meetings. These included follow-up on finalizing and disseminating the strategic plan; ensuring the development of an implementation plan for the strategy; exploring how the strategy is driving external partnerships; discussing in more depth National Public Health Institutes, the Global Health Leadership Council and International Health Regulations; addressing the need for a written communications plan to synthesize and promote the full extent of CDC's global health activities; continued GWG input on the aspirational aspects of the strategic plan, namely building global public health infrastructure and NCD prevention programs; the global TB program review; and the external CGH organizational review of the CGH.

VII. Summary

The fourth GWG meeting was conducted successfully on April 25. 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. The next GWG meeting will be held in person in Atlanta on October 24, 2012.