

MEETING SUMMARY

**Global Work Group**

Advisory Committee to the Director of CDC  
Centers for Disease Control and Prevention

Roybal Campus, Building 19  
9:00 AM – 3:00 PM  
April 24, 2013

Meeting #6

David Fleming, GWG Chair

Pattie Simone, CGH Principal Deputy Director  
and Acting Designated Federal Officer (DFO)

On April 24, 2013, the Advisory Committee to the Director (ACD) of CDC's Global Work Group (GWG) convened in Atlanta, Georgia from 9:00 am until 3:00 pm. In addition to updates on GWG's previous meeting and from the Center for Global Health (CGH), the meeting included presentations on global health security, laboratory medicine progress in Africa, the reorganization of two CGH Divisions, CDC's Global Health Strategy, and general GWG discussion and feedback.

## **I. Welcome and Introductions**

Dr. David Fleming, GWG Chair, welcomed the group and asked those in attendance to introduce themselves. A list of meeting attendees, in person and on the telephone, is provided with this document as Attachment A.

## **II. Highlights of October 2012 GWG Meeting**

Dr. Fleming reviewed highlights of the October 2012 GWG Meeting, which was held via teleconference. GWG appreciated the opportunity to have contact with CGH staff between their in-person meetings. Dr. Anne Schuchat has been a strong interim leader for CGH. GWG looks forward to interacting with the new CGH Director, Dr. Tom Kenyon. Two issues were discussed:

- A new communication plan for CGH, recognizing that CDC is very good at providing information to the media on global health issues, but not as good at promoting why and how CDC is a player in global health; and
- CGH's Organizational Improvement Review.

## **III. Center for Global Health Updates**

Dr. Simone provided an update and noted the importance of Dr. Schuchat's leadership during the transition to a new director. Dr. Tom Kenyon, a pediatrician with a wide array of senior public health positions in global and domestic health, will begin in his role as CGH Director on May 18, 2013.

The report from CGH's Organizational Improvement (OI) Review was released in October 2012. CGH's response to the report included announcing the OI recommendations to CGH employees and GWG; identifying a CGH lead for each recommendation; establishing cross-Center work groups to address the recommendations; and reorganizing two Divisions to reduce overlap and integrate programs for building capacity and enhancing global health security.

Dr. Simone provided updates regarding the CGH Division of Global HIV/AIDS (DGHA) annual meeting in March 2013; World Malaria Day; the Vaccine Summit and progress in polio eradication; and CDC's efforts in tuberculosis (TB) elimination, including development a CDC-wide Global TB Strategic Framework and Susan Maloney as the new Global TB Coordinator.

CGH has developed a global health communication strategy to raise visibility, perceived value, and the unique contribution of CDC. The strategy includes: 1) relentless messaging using core, cross-cutting key messages; 2) engaging in proactive outreach to Washington, DC-based news media; and 3) distributing CDC messages through domestic partners who work in global health.

CGH is involved in National Public Health Institutes (NPHIs), as many countries seek CDC's help in "building a CDC." The new CGH division will be a focal point for this work and also include a Noncommunicable Disease (NCD) unit. Additional updates included the CDC Global NCD Strategic Framework, and CDC's responses to H7N9 influenza and novel coronavirus.

Dr. Simone discussed the US government sequestration and its effects on CDC and CGH. The 2014 President's Budget does not assume sequestration, but the outlook is uncertain. CDC has committed to making administrative cuts in order to avoid making cuts to programs.

### **GWG Discussion**

The effort to link all of CDC's global health activities is commendable. In the past, it was difficult to understand the various responsibilities in global health held by the different CIOs. A Global Health Leadership Council meeting is held quarterly to help address cross-cutting issues. GWG asked about the feasibility of creating a compendium of all of CDC's global health activities. CGH is creating country-based fact sheets, and they have information from different programs, but keeping that resource up-to-date is challenging.

When the new division is finalized, GWG would like an organizational chart in order to better understand how the new division fits into the overall Center structure.

GWG discussed whether Country Directors (CDs) conduct regional meetings. Countries with President's Emergency Plan for AIDS Relief (PEPFAR) activities hold some regional meetings, and some country platforms have regional aspects. The approaches are not consistent, as different programs within countries are involved in different regional systems.

There was discussion on the relationships between CGH and other CDC centers with specific expertise. There is interest in collaborating across centers, and CDC leaders are committed to this collaboration. Different models are appropriate for different issues; for instance, a considerable expertise in NCDs lies within CDC's domestic programs.

GWG suggested creating a brief report or reassessment one year after the OI review to document the work that has been accomplished and that is ongoing. CGH is committed to assessing progress with the standing work groups in the fall of 2013. Additionally, the annual employee survey will provide an opportunity to receive input.

Regarding polio, GWG inquired about the completeness of surveillance in countries such as Afghanistan, given the challenges in working in those countries. Dr. Simone replied that important progress is being made and staff is monitoring the situation closely.

GWG raised the role of chronic disease, especially diabetes and susceptibility to TB. GWG commended CDC on its leadership and working with WHO NCD Action Plan to set specific targets and performance indicators. There has been more country-level interest and request for technical assistance on NCDs than was expected. Having sufficient staff and resources will remain a challenge for CDC and countries. One approach that CGH will use to build NCD country capacity is through the Field Epidemiology Training Program (FETP).

GWG commended CGH for keeping NCDs and capacity-building on the agenda, and believes that CGH should continue to play a leadership role. Over the next two decades, NCDs will cost about \$47 trillion. Industries affected by NCD issues could be effective partners. Given limited resources, it may be advisable to explore public-private partnerships. A future GWG meeting could devote time to discussing how to mobilizing resources and develop partnerships.

It appears that the target for voluntary medical male circumcision will not be met on time. GWG asked for feedback on this issue. New technologies are making it possible to accelerate

progress in some countries, but challenges remain. The Division of Global HIV/AIDS (DGHA) is working with AIDS advocates and indicating that the other treatment targets will be met. National governments are increasing services for antiretroviral therapy. Treatment costs are decreasing, partially due to the availability of more generic drugs.

TB is an area of great interest to GWG. In many ways, the TB work at CDC can serve as a model for all of CDC's global health strategy. GWG would welcome more discussion on the CDC Global TB Strategic Framework as it develops with coordination across CDC.

There was discussion on how the Field Epidemiology and Laboratory Training Program (FELTP) relates to CGH's work with NPHIs. Due to differences across countries, each country will need a tailored plan to reflect its priorities and systems. There was discussion on whether other countries may provide technical and financial assistance to the developing NPHIs. There are some examples of this type of assistance, but there remains much to be accomplished.

Communication plans should not only consider traditional media, but also should include long-term strategies for communicating more widely and to new populations, using new technologies. CGH primarily focuses on policymakers and partners but is also using social media channels to disseminate messages and new information more broadly. CGH also coordinates with the many different communication structures already in place throughout government.

Regarding H7N9 influenza, GWG asked about the completeness of China's surveillance system. The number of contacts being traced and followed carefully is high, and CGH is confident that the surveillance is comprehensive.

Regarding the budget, GWG offered to assist CGH and CDC in providing advice regarding minimizing the effects of sequestration. It was noted that funds appropriated to the US Department of Health and Human Services (HHS) and CDC through the US Department of State (DoS) and USAID are protected from sequestration.

USAID is leading the MDG consultations and is ensuring that HHS and CDC are involved in the process, which includes many constituencies. Bill Gates is interested in the MDG process and has expressed concern that the post-MDG goals are too broad and are, therefore, not measurable or useful. GWG expressed interest in learning more about how CDC is approaching this process so that the goals will be achievable and measurable.

#### **IV. Global Health Security**

Dr. Dowell presented an update on global health security. There is concern across the US government about the use of the word "security" because of a lack of clarity about what the term really means and the perceptions among different partners around the world. The CDC Director has made global health security a priority. CDC uses new technologies in combination with traditional epidemiology and basic laboratory science to react to increasing global health threats. These threats include the spread of new pathogens; the globalization of travel, food, and medicine; the rise of drug resistance; and the intentional engineering of microbes. Inter-agency collaboration is critical, as these threats can happen at any time.

As of the July 2012 deadline, only 20% of the countries that committed to the International Health Regulations (IHR) were fully prepared to detect and respond to pandemics. However, the requirements are self-reported and do not have concrete measures attached to them. Most countries have requested extensions with the possibility of another extension until 2016. An

inter-agency group considered IHR implementation and promulgated four concrete measures in the areas of human resources, surveillance, laboratory, and response.

CDC believes that now is the time for a bold effort to create a world safe from the threat of global epidemics. Detecting threats early requires surveillance systems, strong laboratory systems, trained staff, and high-quality facilities. Responding effectively relies on an efficient emergency management system connected with Emergency Operations Centers (EOCs) and improved border safety. To prevent avoidable catastrophes, it is important to secure a safer food and drug supply, reduce the pace of drug resistance, and ensure safe and secure laboratories. To pursue these ideas, CDC is engaging in pilot studies in fiscal year (FY) 2013 to leverage resources to focus on three areas: EOCs, an Information Technology (IT) platform, and a National Laboratory System.

Dr. Tappero provided an update on CDC activities in Uganda, where an EOC facility and incident management system are planned. They have selected three diseases of public health concern: TB (particularly multi-drug resistant), cholera, and viral and hemorrhagic fevers (including the Ebola and Marburg viruses). CDC has worked in Uganda to build capacity in the laboratory, surveillance, transportation and IT systems. This important work builds on the health system components developed with PEPFAR investments since 2000.

### **GWG Discussion**

GWG discussed use of the word “security” and encouraged CGH to consider how different terms “play” to different audiences in the global community. It should be clear whose security is being addressed when CDC engages in global health security work. It is important that CDC reinforce its partnership with each country. GWG encouraged CGH to work directly with key intended audiences to develop messages. A mini focus group, for example, could shed light on the kind of language that will resonate with different groups.

GWG asked if public health in other countries is recognized to be part of the emergency response system. CDC is working with WHO on the IHR implementation process, and WHO is developing standards and resources for EOCs. Many countries recognize the priority of a public health response in an emergency. There could be an opportunity to integrate this concept into the International Association of National Public Health Institutes network, as emergency response is a core function of a NPHI.

Regarding the lack of quantitative indicators for IHR, GWG noted that WHO’s Framework Convention on Tobacco Control (FCTC) was also vague at the outset. WHO eventually worked with countries to reinforce the importance of reporting and indicators, and while FCTC still relies on self-report and more work needs to be done, the area of tobacco control has made progress. WHO promulgated guidelines to accompany FCTC, and there could be an opportunity to create similar guidance to help countries quantify their IHR efforts and progress.

### **V. Laboratory Medicine Progress in Africa**

Dr. Ballard provided a progress report on laboratory strengthening efforts in Africa. Laboratories in Africa tend to be under-appreciated and inadequately resourced, leading to poor services, unreliable results, lack of trust in the results and the under-utilization. This cycle can be broken by strengthening laboratories as part of IHR compliance and support of Global AIDS Program. There is overlap between the IHR-centered efforts and PEPFAR. The laboratory systems that underpin both initiatives need support. A general strengthening of laboratory systems is needed

in order to avoid creating silos of technologies and programs. The new CGH division will bring a unified approach to laboratory strengthening across the center and across CDC.

Dr. Ballard described efforts in Kenya and South Africa. The process of Strengthening Laboratory Management Towards Accreditation (SLMTA) occurs over approximately one year and includes three workshops. Since 2010, the process has been applied to 356 laboratories in 21 countries across Africa and leads to improvement in the quality of testing and the approach to laboratory work. SLMTA utilizes the Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) checklist. By gradually improving quality and measuring that improvement over time, laboratories will aspire to full, internationally-recognized accreditation. Two-thirds of the laboratories that have completed the process have realized an increase in at least one SLIPTA star level.

One limitation of this work is the relatively small number of certified auditors in Africa. Even as more auditors are trained, the demand for them is high. The African Society for Laboratory Medicine (ASLM) was launched in 2011 in Addis Ababa, Ethiopia. Its mission is to advance professional laboratory medicine needed to support preventive medicine, quality patient care, and disease control in Africa through partnerships with governments and relevant organizations. The society's vision encompasses training, enrolling more laboratories, raising regulatory standards for diagnostic products, and developing public health reference laboratories and a network. Long-term sustainability is one of the society's challenges.

### **GWG Discussion**

GWG asked how trainees who spend time in the US are able to apply what they learned in their home countries, and how they build capacity in a very different setting. The training is an ongoing mentoring process that takes place in Africa and is adapted to local traditions, which makes the training much more useful and practical.

GWG recognized the lack of resources for laboratories and asked if the situation might change. There was discussion about a potential model for these activities, especially given challenges there in diagnostics. Africa has had trouble with outdated and/or low-quality diagnostic tests.

ASLM is focusing on the need for regulatory bodies regionally or within countries. ASLM is funded by several groups, countries, and companies. It is important to sustain that support and to enhance revenue generation. A regional organizational structure is envisioned to pool resources and promote a spirit of sharing.

GWG observed that this work can serve as a model for CDC taking on a capacity-building role internationally as it has done domestically. The laboratory enhancement work thus far has been an unqualified success and has accomplished a great deal in a short amount of time. Countries need continued support and interaction to continue to make progress. This work is also a good example of how PEPFAR's funding can serve as a foundation for a broader system.

### **VI. Reorganization Update on CGH Divisions**

Dr. Messonnier shared the progress on the creation of a new division by merging the Division of Public Health Systems and Workforce Development (DPHSWD) and Division of Global Disease Detection and Emergency Response (DGDDER). A transition team was formed to learn about the synergies and priorities of the two divisions. Both divisions work on building sustainable capacity, surveillance and response, assessment of current capacity, supporting SMEs in-

country, and health systems strengthening. The team also engaged field staff to identify issues and conducted an online survey. Communication and coordination emerged as important themes. Each division has important programs that focus on cross-cutting issues and they serve as facilitators and conduits across CDC.

The new division will have four branches and one unit. The proposed name will be the Division of Global Health Protection (DGHP). It will consolidate the two divisions' existing branches and programs, as well as include the new unit for global NCD activities and the Laboratory Systems Development Branch from the National Center for Emerging Zoonotic and Infectious Diseases.

Dr. Missonier shared the proposed mission statement for the new division and the activities of its branches, including the programs such as FETP and Water, Sanitation, and Hygiene (WASH). The Global Health Security Branch represents the most significant change for the new division. This branch brings together IT, preparedness, and response expertise.

### **GWG Discussion**

GWG congratulated CGH on the reorganization process, which represented a great deal of thought and work. GWG noted that the concept of "protection" in the proposed division name does not convey all aspects of the division's work. Alternative terms could include "global health delivery" or "global health implementation."

GWG asked how the new division interacts with laboratory systems. The new division is intended not to be "silo-based" and each branch has a laboratory aspect. The new structure creates one laboratory "hub" branch on which each of the branches can rely. The groups that engage in laboratory activities will also engage in capacity development. Going forward, the division will learn and adjust to the approaches work best.

GWG suggested that CGH create a shorter vision statement for the division that is easy to remember and recite. The vision statement presented follows reorganization requirements, but a shorter one will be developed for external use. It was suggested that the next GWG meeting include an update from the new division's director. The GWG also suggested building accountability for cross-cutting work into job descriptions and performance evaluations.

The process of reorganization has resulted in opportunities for the existing branch chiefs to talk and work together. They were involved in making decisions about the new division structure.

### **VII. CDC Global Health Strategy**

Dr. Simone provided an update on the CDC Global Health Strategy for 2012-2015 which was launched in July 2012. The strategy has 17 objectives across 4 key goals: Health Impact, Health Security, Health Capacity, and Organizational Capacity. Following the launch, CGH convened 17 objective workgroups with representation from across CDC to create performance measures and targets. The workgroups developed the measures and targets, and the first annual (calendar year) report is nearing completion in June. The workgroups are documenting their 2012 progress and accomplishments. A Global Health Strategy Executive Committee will be convened to monitor progress, provide oversight and make recommendations. Additional efforts will include developing an external report and communication plan.

A number of important lessons were learned in this process. Dr. Simone was personally involved with each of the workgroups, and that leadership visibility was positive. The

workgroups were diverse and representative, with joint leadership from within and outside CGH. Input from the GWG and the Global Health Leadership Council was valuable. The framework of the strategy has provided a strong, memorable foundation to the work. It was general enough to encompass all of the different aspects of global work across CDC. It is also important to keep the strategy helpful and relevant.

### **GWG Discussion**

GWG emphasized the importance of having a means to assess CDC's global work and congratulated CGH on creating the strategy and the implementation plan. It is important to collect specific data, but the potential downside of this approach is that "only what gets measured, gets done." CGH might consider inviting more expansive commentary in the reports so that the assessment is broader than just data.

The positive aspects of the measurement process include motivation and recognizing the importance of measurable work. A concern is balancing the amount of bureaucratic work so that the reporting requirements do not interfere with the actual work. The annual report is designed not to be burdensome to complete. Some of the workgroups may not meet more than twice per year, but others may need more meetings. They will find, and likely adjust, the balance over time.

GWG discussed whether the implementation plan is primarily a means for documenting CDC's global work, a tool for advocacy, or a management tool. If the measures truly represent priorities, then it can serve as a means for learning whether the center is working properly. For instance, the objectives could be color-coded to flag potential problems or barriers to center leadership. The objectives could be monitored on an ongoing basis, rather than annually. The Executive Committee could be helpful in this regard. Cross-cutting areas may need more attention to ensure that they do not return to their "silos." The objectives can serve to point out missed opportunities, neglected areas, and/or whether priorities should be re-examined.

The workgroups will remain engaged if they perceive benefits in the work. Keeping workgroups engaged will depend on the owners of the objectives and how they are integrated into daily activities. Structuring the objectives into ongoing workflow will ensure that the process will remain useful.

GWG discussed an external annual progress report that could highlight CDC's activity. It should be clear and readable, but also substantive. The Task Force for Global Health releases an annual report. Specific rules govern the report's length and the concepts included in the content. The report is not internal, but is a means for the task force to share its accomplishments externally. Utilizing writers and editors helps ensure standard language. Graphics and infographics can illustrate progress clearly, and their format can repeat in successive reports. There are examples of similar reports from other areas in CDC.

GWG commented on the emphasis on outcomes. CDC may not have the global resources to impact some targets, such as tobacco reduction. Sometimes not meeting a target can be a positive event, as it can energize efforts.

GWG cautioned CGH to ensure that that Executive Committee is constructed so that it will add to the process.

## **VIII. Summary, Recommendations, Next Meeting**

GWG observed that the meeting included good presentations with sufficient depth and detail, and that the agenda was well-organized. Many organizations slow down or lose direction during a leadership change. CGH has not only maintained its course, but also sped up and produced extraordinary results. The center has “come into its own,” and the Global Health Strategy is coming to fruition.

GWG discussed its role within the center and the agency. GWG, and similar workgroups, were created to advise new centers that were created when CDC was reorganized under Dr. Frieden. GWG is a workgroup of the ACD. The workgroups can make official recommendations to CDC through the ACD, and they can provide informal advice to the centers.

Suggested topics for future meetings included the following:

- A discussion of the new division, with updates from division and branch leadership
- Keeping the “spotlight” on NCDs and how CGH’s activities in this area are progressing
- A discussion on how to capitalize on the PEPFAR infrastructure by building capacity beyond the HIV/AIDS program including laboratory, women’s health and initiatives
- Additional updates regarding the effects of sequestration and cross-CDC coordination
- CDC’s engagement with post-Millennium Development Goals
- Perhaps in 2014, an update on how the laboratory capacity efforts are evolving.
- CGH’s interactions and relationships with the Country Directors.

### **GWG Additional Comments**

CGH should carefully consider the term “health security” and to be aware of the sensitivities of the different governments and partners. GWG encouraged CGH to engage in a thoughtful communications strategy process that involves their different target audiences.

The progress in NCDs is remarkable, and these efforts should continue. NCDs have an impact on a range of other issues; for instance, diabetes has an impact on depression.

The laboratory capacity program is impressive and represents a perfect example of how to leverage PEPFAR’s infrastructure. GWG encouraged CGH to seek other partners, such as by leveraging industry involvement.

GWG asked CGH not to “be bashful” regarding how the workgroup can help them. There was also discussion regarding how they can make contact between meetings and work together on topics of global health interest. GWG should be of value to the center, and CGH should bring issues to the workgroup for feedback and advice.

The second authorization of PEPFAR allows it to expand its reach. There is a danger, however, because of static budgets. PEPFAR should not lose its focus on AIDS.

GWG mentioned the emerging issues of universal health coverage and access to medicines, and their impact on NCDs. Given goals for universal coverage, public health has a role on a population basis and in other discussions.

Antimicrobial resistance is a significant global health issue, and there are health security implications associated with it.

GWG commented on the number of young people who are interested in global health and international careers. It is important to expand job opportunities to take advantage of this energy.

GWG hopes to continue conversations about the notion of global health as a “two-way street,” considering transferring knowledge and expertise from global to domestic work, and from domestic to global work. Individuals at the state and local public health levels have experience in health disparities, for instance, that can translate to other arenas.

## Attachment A: Meeting Attendees

### GWG Members Present

David Brandling-Bennett  
Alan Greenberg, MD, MPH (ACD Member) (via telephone)  
Walter Dowdle, PhD  
David Fleming, MD (ACD Member) (GWG Chair)  
Kelly Henning, MD (ACD Member)  
Ambassador Jimmy Kolker, MPA  
Joseph McCormick, MD, MS  
Herminia Palacio, MD, MPH (ACD Member)  
Wade Warren

### GWG Members Absent

Willis Akhwale  
Mickey Chopra, MD, PhD  
Andrew Weber, MS  
Zijan Feng

### CDC Staff Present

Steve Albert  
Ron Ballard  
Scott Dowell  
John Fitzsimmons  
Rubina Imtiaz  
Bassan Jarrar  
Abbey Johnson  
Namita Joshi  
Eric Kasowski  
William Levine  
Susan Maloney  
Nancy Messonnier  
Michael Pratt  
Pattie Simone  
Larry Slutzger  
Nicole Smith  
Bob Spengler  
Jordan Tappero

### General Public

Kendra Cox (Cambridge Communications)