

MEETING SUMMARY

Global Work Group (GWG)

Advisory Committee to the Director (ACD)

Centers for Disease Control and Prevention (CDC)

via teleconference

9:00 AM – 11:00 AM

November 21, 2013

Meeting #7

David Fleming, GWG Chair

Tom Kenyon, Center for Global Health (CGH) Director and
GWG Designated Federal Officer (DFO)

On November 21, 2013, the Global Work Group (GWG) of the Centers for Disease Control and Prevention (CDC) Advisory Committee to the Director (ACD) convened a teleconference from 9:00 am until 11:00 am EST. The meeting agenda included updates from the Center for Global Health (CGH), CDC-wide Global Tuberculosis (TB) Coordination Activities, and development of National Public Health Institutes (NPHIs).

I. Welcome and Introductions

Dr. David Fleming, GWG Chair, welcomed the group. Those in attendance introduced themselves. A list of meeting attendees is provided with this document as Attachment A.

II. Center for Global Health Update

Dr. Tom Kenyon, Director, CGH, greeted the group and thanked Dr. Anne Schuchat for her interim leadership of the center. He noted his appreciation of GWG's contributions to CGH. He provided updates on many different topics and highlights are provided in this summary.

Global Health Security

CGH is involved in two proof-of-concept demonstration projects in Uganda and Vietnam to address how CDC can best engage with inter-agency (DoD, USAID) and country partners in global health security. The demonstration projects have resulted in an effective model, including improvements in laboratory detection and platforms, information systems, and using an Emergency Operations Center approach. Each country selected targeted diseases and conducted exercises to assess their capabilities to prevent, detect and respond to the public health disease threats. A lesson learned was that one approach will not fit all countries.

Polio

CDC is part of the Global Polio Eradication Initiative (GPEI) along with the United Nations (UN), other US government partners, and the Gates Foundation. The trend in 2012 was favorable, but there have been setbacks in 2013, when polio-endemic countries (Afghanistan and Nigeria) have seen progress, but polio has escalated in Pakistan and other countries, particularly in the Horn of Africa. If left unchecked, this situation will require additional protective health actions, more complex screening and detection approaches, and additional vaccination efforts to minimize the risk of additional polio cases.

The GPEI Strategic Plan takes outbreaks into account and incorporates approaches for them. GPEI is prepared for these events, although 2013 has experienced more of them than anticipated. The recent outbreak in Syria underscores the importance of interrupting transmission in endemic countries. Achieving eradication will require continued commitment and perseverance.

CDC Global Health Strategy

The 2012 Annual Report was recently finalized and is being condensed for external distribution. The Global Health Strategy Executive Committee has provided recommendations, and meetings are ongoing with objective workgroups that focus on each of the objectives, next steps and completion of the 2013 annual report.

Parasitic Diseases and Malaria

The Division of Parasitic Diseases and Malaria (DPDM) worked on multistate cyclosporiasis outbreaks with CDC partners: one from bagged salad mix from México, and another from a cilantro product from another part of México. They hope to develop technology for molecular testing for cyclosporiasis so that the sources of future outbreaks can be identified earlier.

DPDM is part of a global effort to develop a malaria vaccine. A recent vaccine trial in Kenya reduced malaria incidence in children by half, and in young infants by a third. This work is ongoing, and future work will assess the durability of the vaccine's protective efficacy. If successful, the vaccine can be part of a toolkit for malaria control, elimination, or eradication.

Global HIV/AIDS

The Division of Global HIV/AIDS (DGHA) recently awarded a research study to maximize the implementation of combined community-level interventions to decrease population-level HIV incidence in Botswana. This effort will maximize biomedical interventions and behavioral approaches to increase results. This study is parallel to a National Institutes of Health (NIH) study, and both are supported by PEPFAR.

CGH Organizational Structure and Country Offices

There are now clearer reporting lines within CGH for Country Directors: they report through their applicable program and also report on cross-cutting issues directly to the Office of the Director. The new proposed fourth division in CGH, the Division of Global Health Protection, should be official in the next week.

CDC's Maternal and Child Health Strategy

CDC lacks a specific Maternal and Child Health (MCH) Division and MCH activities are scattered across the agency. The agency's new MCH Strategy incorporates a range of input, including from countries and Country Directors, to better articulate where CDC can be supportive of these global efforts, in which USAID has been a leader.

Improving Public Health Management for Action (IMPACT)

CDC can have an impact on global health by generating information for decision-making and by helping to improve the management of global health programs and public health programs. The IMPACT project is a planning grant funded by the Gates Foundation to assess feasibility and country interest in developing public health managers similar to Public Health Advisors in the US. Strong managers are needed in the field in order to achieve public health goals. The first step will be to determine the need and best model for doing this work in countries.

CGH Actions in Response to Organizational Improvement (OI) Review

The OI process is ongoing. CGH is following through on the OI recommendations, including an update assessment that will be shared with GWG in April 2014.

GWG Discussion

Regarding global health security, there is interest in building on the success in Vietnam and Uganda to expand to 12 additional countries in 2014. Success will depend on full-time personnel “on the ground” who can work with existing vertical programs to build horizontal institutions. DoD looks forward to continuing its cooperation.

GWG praised the approach in the CDC Global Health Strategy that highlights key activities in different CDC centers. GWG members were encouraged to forward comments regarding the recent Annual Report via email. The Annual Report includes a number of activities, but it will be challenging to tease out CDC’s impact among the work of other agencies. The report could describe successful global initiatives in which CDC participates and specify how CDC contributes to them.

Dr. Pattie Simone directed the group’s attention to and asked for comments on a handout regarding how CGH works with Country Directors, country programs, and across CDC.

Regarding the development of management training, there may be opportunities for cross-learning between state and local public health managers in the US and their international counterparts.

III. Update on Global TB Coordination Activities

Dr. Susan Maloney, Global TB Coordinator, provided an update on CDC’s Global TB Coordination activities. An external peer review of CDC’s global TB activities was conducted in 2012 and provided findings and recommendations. The panel noted that CDC is a leader with passionate commitment to global TB, and the agency performs a range of activities across several divisions with a relatively small workforce and limited budget. The panel provided two major recommendations: develop a CDC-wide Global TB Strategy and improve internal/external coordination to optimize resources and impact.

The Global TB Coordination Office has coordinated regular meetings of global TB stakeholders at CDC as well as workgroups. It serves as a CDC-wide focal point for global TB and provides unified global TB strategic information.

The Global TB Working Group is working on the CDC Global TB Strategy and unified global TB measures and targets. A steering group will focus on the Global Health Strategy and Global TB Strategy, regional and local coordination and collaboration, and infection control (IC) and TB BASICS: Building and Strengthening IC Strategies. Improving global TB IC is imperative given the dual epidemics of HIV and MDR- and XDR-TB, and Dr. Frieden has called for the prioritization and acceleration of efforts to strengthen TB IC.

GWG Discussion

GWG praised the progress that has been made in TB and agreed with the focus on TB IC. It is a great cause to unite CDC, as the agency has strong capacity in IC and domestic experience to share, as well as experience in TB and TB/HIV. There was discussion regarding the proportion of the total TB burden that is attributable to a lack of IC and the impact of better IC on the total TB burden. FETP could provide an excellent opportunity for trainees to conduct assessments and to inform TB and HIV control programs regarding IC

GWG discussed the major findings of the Global TB external peer review group, in particular the lack of an overall, coherent agency-wide strategy. The strategy should not create an “umbrella strategy” as CDC cannot do everything in global TB. Given its very limited resources, the agency would be better served to select a few things to do well. The explicit funding streams present challenges, but CDC’s TB-related groups should come together and pare down their activities to focus on the priorities while optimizing programmatic synergies. Assistance from GWG will be welcome as they move to the next phase of the Global TB Strategy.

IV. National Public Health Institutes

There is real interest in many countries to create NPHIs. The countries seek ideas, technical assistance, and engagement, not necessarily funding. This work is important, even in a resource-constrained environment. CDC’s long-term global engagement will be with NPHIs and similar institutions. CDC has learned many lessons and can make important contributions.

Ms. Shelly Bratton further described CDC’s efforts regarding NPHIs. NPHIs are science-based organizations. They can also be networks of organizations that provide national scope and leadership, bringing public health focus and functions together for long-term impact. NPHIs focus on major public health problems facing a country. They vary from country to country. Some have limited functions, while others implement all of public health’s core functions. In low-resource countries, NPHIs tend to focus on infectious diseases. They are beginning to incorporate noncommunicable conditions into their work.

The International Association of National Public Health Institutes (IANPHI) is CDC’s main partner in this effort. IANPHI was founded in 2006, supported by funding from the Gates Foundation. Now there are over 80 members, each with a different scope. CDC partners with IANPHI to focus in-country on larger projects, such as establishing NPHIs and strengthening existing NPHIs.

CDC’s NPHI focus is on supporting the development of essential core public health functions. CDC also coordinates engagement of specific technical expertise from across the agency and from other sources including global security and the goals to detect, respond, and prevent. FETP helps countries build a public health workforce, and CDC also works with the systems strengthening group. The team is focusing on developing a monitoring and evaluation framework to measure the staged development of NPHIs. CDC is also focusing on a systems approach and how NPHIs can serve as a legacy for US government investment in the future.

GWG Discussion

GWG commended CGH for the NPHI work, which represents a great example of CDC’s unique “value-added” to building public health capability. The idea of CDC translating its legacy in building domestic state and local departments into the international arena has been one of GWG’s strategic themes. GWG encouraged CGH to continue to make this work a priority.

The proposed Division of Global Health Protection (DGHP) brings NPHI, Global Disease Detection (GDD), health disparity, and FETP work together with global security to support the development of NPHIs. As NPHI strategies are developed, they are closely aligned with the global health security group and their strategies. DGHP (proposed) also includes the NCD unit, which has improved engagement and synergy. Capacity has already been built in countries through GDD platforms. They are not duplicating efforts, but are bringing public health programs together in countries.

There is potential for including workplace safety and health, especially protection of healthcare workers, into this dialogue. Healthcare workers are often forgotten, and protecting them can serve as an entrance point. Workplace safety is part of the NPHI development in South Africa.

There was discussion regarding the Central Reference Laboratory under construction in Kazakhstan and the operational laboratory in Georgia. CDC has a GDD office in Kazakhstan. They can initiate dialogue with the MOH as the new laboratory is built. DoD provided assistance with the GDD center in Georgia. These developments will support the development of an NPHI. It is important to emphasize engagement and dialogue. Dr. Andy Weber, DoD, offered to assist with these efforts at the political level.

Response to NCDs has evolved as work has shifted to focus on policy and environment as opposed to health education and promotion activities. As NCD capacity improves at NPHIs, CDC can assist in efforts that are now recognized to generate the best return on investment. At the same time, low- and middle-income countries need to invest in prevention through providing treatment for specific risk factors such as hypertension and diabetes. There is potential for impact with this approach, but some countries focus on policy interventions that are viewed as more cost-effective.

GWG encouraged CGH to consider external partners, including academic institutions and state and local health departments, to provide support in other ways. CGH is carving out modest capacity to engage in NPHI work, but they will likely continue to have limited internal resources. CDC works hand-in-hand with IANPHI, which has established relationships and networks with strong NPHIs that could provide assistance. CDC also has established relationships with NPHIs in Europe and elsewhere. CDC is working with the Association of Public Health Laboratories (APHL) on "twinning projects" to pair states with countries that are creating NPHIs.

V. Summary and Recommendations

GWG noted CGH's progress and CDC's ability to accomplish a great deal with limited resources and a broad mandate. CGH and CDC are making significant contributions to advancing global health. While it is challenging to claim credit for achievements, it is possible to describe global health accomplishments and CDC's position in them.

GWG praised the thorough, yet concise, presentations and materials and noted that the Global Health Strategy and Annual Report are good. Dr. Pattie Simone was commended for her work.

CDC's work with IANPHI is strong. NIOSH can contribute to the efforts regarding NPHIs, particularly with programs focused on healthcare workers.

Suggested topics for future meetings included the following:

- An update on NCD work

- ❑ A discussion of CDC's Global Health Strategy
- ❑ Additional information regarding global TB efforts, particularly impacts and outcomes, and about consolidating TB resources to make CDC's impact even greater
- ❑ Consideration and discussion of the Global TB Strategy; GWG can provide a "sounding board" for development of the strategy
- ❑ A discussion of issues surrounding global health cooperation and information-sharing across CDC
- ❑ Additional details regarding IANPHI. For instance, is it a standard-setting organization, and is it being utilized to its full advantage?
- ❑ Information regarding the OI review and organizational structure of CGH
- ❑ A discussion of global health security, which represents a strong movement with strong partnerships, such as with DoD
- ❑ A discussion of how GWG can be maximally helpful to CGH, given that the center is evolving

Dr. Kenyon thanked GWG for their thoughts and input. He suggested posing additional questions to work group members before the April meeting.

The meeting adjourned at 10:59 AM EST.

ATTACHMENT A: Meeting Attendees

GWG Members Present (all via telephone)

David Brandling-Bennett, MD
Alan Greenberg, MD, MPH (ACD Member)
Walter Dowdle, PhD
David Fleming, MD (ACD Member) (GWG Chair)
Andrew Weber, MS

GWG Members Absent

Willis Akhwale
Mickey Chopra, MD, PhD
Ambassador Jimmy Kolker, MPA
Joseph McCormick, MD, MS
Herminia Palacio, MD, MPH (ACD Member)
Wade Warren
Yu Wang

CDC Staff Present

Sonia Angell
Amanda Bodfish
Ron Ballard
Shelly Bratton
Kashef Ijaz
Thomas Kenyon
William Levine
Susan Maloney
Angel Roca
Anne Schuchat
Pattie Simone
Nicole Smith
Bob Spengler
Jordan Tappero
Mary Wettrich

General Public

Kendra Cox (Cambridge Communications)
NIOSH Representative
USAID Representative