CDC Global Health Security Agenda/Ebola Grantee Meeting

Accountability. Results. Sustainability.

CDC & GLOBAL HEALTH SECURITY AGENDA
Response to a Cholera Epidemic: GHSA Learning Lab

Tanzania

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Division of Global Health Protection
CDC Tanzania

GHSA Grantee Conference
Early Successes Panel
February 10, 2016
United Republic of Tanzania

- Located in East Africa
- Population of approximately 52 million
- Approximately 70% rural
- Capital is Dodoma
- Dar es Salaam is the largest city of approximately 4.5 million
- Eight neighbors
- GDP of $43.8 billion
- Life expectancy ~61 years
GHSA in Tanzania

- Phase 1 GHSA country
- US Government interagency workgroup established
- USG 5 year road map developed
- USG 1 year work plan developed
  - International Health Regulations Action Plan
  - VHF/ Ebola Preparedness Plan
  - One Health Work Group
- Government of Tanzania sensitization meeting planned for GHSA
- Activities across all action packages
- GHSA self-assessment being completed
- GHSA external assessment Feb 2016
## GHSA Planning in Tanzania

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<th>ACTION PACKAGE</th>
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<td>Initiate national antimicrobial resistance surveillance strategy development</td>
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<td>Zoonotic Diseases</td>
<td>Implement One Health strategy</td>
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<td>Biosafety and Biosecurity</td>
<td>Identify laboratories and assess capacity for biosafety and biosecurity</td>
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<td>Immunization</td>
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<td>National Laboratory Systems</td>
<td>Improve infrastructure to support Biosafety Level III laboratory capacity</td>
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<td>Revise Integrated Disease Surveillance and Response (IDSR) guidelines</td>
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<td>Information Systems</td>
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<td>Emergency Operations Centers</td>
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<td>Linking Public Health with Law Enforcement and Rapid Response</td>
<td>Establish linkages and collaboration framework</td>
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<td>Medical Countermeasures and Personnel Deployment</td>
<td>Identify gaps rapid response training for emergency preparedness and response</td>
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Cholera Epidemic

• Started August of 2015 in Dar es Salaam
• February 8, 2016:
  • A total of 15,408 cases reported across mainland Tanzania
  • 239 deaths; case fatality rate of 1.6%
  • 23 of 25 Regions reporting cases
  • Islands of Zanzibar also reporting cases
National Cholera Task Force

- Surveillance
- Laboratory
- Coordination
- Logistics
- Case management
- Water, sanitation and hygiene
- Social mobilization
Cholera Response– Laboratory; Biosafety and Biosecurity; Antimicrobial Resistance

- Microbiology capacity strengthened at National Lab and Dar es Salaam municipal labs
- Water quality testing
  - Specimen collection
  - Free-residual chlorine
  - E. coli
- Drug-susceptibility testing
- IPC through WASH activities at cholera treatment centers
- Specimen collection, handling, and transport
Cholera Response—Surveillance; Reporting

- Strengthened the use of data for decision making
- Review of surveillance system for cholera
- Strict adherence to case definition
- Support to districts and regions on maintaining line lists
- Improved reporting from affected areas
- Develop a reporting template, with key indicators, tables and maps that is distributed to all stakeholders daily
- Improved linkage of laboratory data to epidemiologic data
- Data quality assessments and improvements
- Water quality monitoring plan
Cholera Response—Medical Countermeasures and Personnel Deployment

- Prepositioning of cholera treatment supplies
- Prepositioning of chlorine and aquatabs
- Deployment of assessment teams
- Deployment of rapid response teams
Cholera Response– Workforce Development

- FELTP mentoring and support
- Case management training; TOT
- Cholera treatment center evaluations
- Implementation of WASH activities; chlorination strategy; training of bowser drivers
MOH Tanzania EOC, November 2015
Coordination Activities
CDC Response Activities by Action Package

- Laboratory
- Biosafety and biosecurity
- Antimicrobial resistance
- Surveillance
- Information systems
- Reporting
- Workforce Development
- Emergency Operations Center
- Medical countermeasures and personnel deployment
Challenges

• Epidemic is not over
• Our planning was too broad
• Cholera wasn’t a focus of our GHSA planning
• No WASH implementing partners
• No WASH targets
• Outbreak response studies?
• Heavy administrative burden on GHSA implementation
Lessons Learned for GHSA

- Cholera control and prevention can lead to success of GHSA
- Partnership key to implementation
  - CDC offices overseas need subject matter expert support
- Multiple sectors must be involved
- Refine road map and work plan
- Emphasis on prevention beyond current targets
- How can locally employed staff assist with in-country surge capacity response
Cholera Epidemic Currently in Africa
Acknowledgements

- Tanzania Ministry of Health
- Division of Global Health Protection
- National Center for Emerging and Zoonotic Diseases
- Division of Global HIV and TB
- USAID/OFDA
- US Embassy Tanzania
CDC Global Health Security Agenda/Ebola Grantee Meeting

Accountability. Results. Sustainability.
Global Health Security Agenda’s Implementation in West African Francophone Countries: Lessons learned from Malian experience

Mali

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Senior Technical Advisor
Acting CDC Country Director - Mali

GHSA Grantee Conference
Early Successes Panel
February 10, 2016
Landlocked in West Africa
Area: 478,839 sq km
Population: 16,466,059
GNI per capita of US$1,530
Religion: Muslims (>95%), Catholics, Protestants...
Health care system decentralized in:
63 Health districts (CSREF), and ~1300 primary health centers (CSCOM).
Background

- Total Fertility Rate - #3 worldwide, after Burundi
  - 6.06 births per woman
Background (continued)

- **Under-five Infant Mortality Rate**
  #2 worldwide, after Afghanistan
  - 102.23 deaths per 1,000 live births

- **Literacy Rate**
  #3 worldwide
  - 25% for women
  - 43% for men

Central Intelligence Agency: The World Factbook
Diseases threats and Challenges

**Rift Valley Fever**
- 16 Oct. 2015, 13 health districts affected
- 25 suspected cases, 8 confirmed; 8 deaths

**Meningitis**
- 10 May 2015, 5855 suspected cases of meningococcal, 406 deaths

**Avian Flu**
- July 2015, 94 outbreaks in 6/45

**Ebola 2014-15**
- 3351 cases, 2083 deaths, 1268 survivors

**Chikungunya**
- Sept 8, 2015, 10 confirmed cases

**2015:**
- Polio, 1 case; 0 deaths
- Meningitis, 7 cases
- MDR TB (20%)

**2014:**
- Ebola: 8 cases; 6 deaths
- Meningitis: 8 cases; 3 deaths

**MDR TB (20%)**

**2014:**
- Ebola: 8 cases; 6 deaths
Activities

• A GHSA multi-sectoral workshop
• GHSA interagency meeting
• Surveillance
• EOC

GHSA Action Package(s)  
Surveillance, EOC, Immunization
Activities (continued)

- MoH selected and hired a fiduciary agent fully functional and launched its program
- Obtained official support from the MoH to the GHSA Project
- Launched and validated CRS and IMC 1-yr plan with key stakeholders and sub grantees
- IMC mapped out pertinent actors in targeted regions/districts that deal with zoonoses and are willing to take part in the intersectoral committee at different level

GHSA Action Package(s)
Surveillance, EOC, Information system, Immunization
GHSA Early Successes

• TA to the Government of Mali in Ebola response in Mali
• Creation of USG GHSA Interagency Country Team based on Ebola experience, GHI and HIV
• TA to develop the USG interagency 5-year roadmap and the 1-year work plan submitted to the NSC
• TA to develop and finalize 5-year road map with the Ministry of Health (get country ownership, ministry-led process)
GHSA Early Successes (continued)

- Field Epidemiology Training Program (FETP) Surveillance Training for Ebola Preparedness (STEP)
- Coordination of the organization USG
  GHSA October 14-15, 2015 Workshop
  Interagency Debriefing Meeting:
  October 16, 2015
- TA to launch the 3 FOAs for the MoH and partners for implementing the GHSA in Mali
- TA for IHR implementation plan (Aug-Sept15)
- TA to conduct the IDSR assessment (Sept-Dec15)
Mali Potential Challenges/Obstacles

- Continued conflict in the north and recent terrorist attacks have led to security challenges
  - In November, militants launched an armed attack on a popular hotel in Bamako.
  - The process of returning everyday government functions to northern Mali is a key priority.

- Progress on all targets will be affected by the security situation and implementation of the recent Peace Accord
- Persistent terrorist and criminal threats continue to affect Mali
Challenges and Lessons Learned

• With a new DGHP program, CDC Mali is working with support from HQ to reinforce the CDC presence at the Embassy and is building a more comprehensive and integrated system.

• Working with Government entities.

• HQ engagement and support, except from CDC Atlanta, has been limited.

• Sustainability is critical, but needs to be balanced with possible gains in a still-fragile and insecure state.
Challenges and Lessons Learned (continued)

- The country team is optimistic they will meet immunization, information systems and workforce development targets by the end of five years.
- We believe the Ministry of Health is motivated to make significant progress on surveillance, antimicrobial resistance and emergency management.
- We may need additional assistance to meet zoonotic and laboratory targets.
- The Government of Mali has little understanding of the medical countermeasures and personnel deployment and linking public health and law enforcement targets.
Conclusion

- Multisectoral workshop with in-country partners and relevant government Ministries
- One successful USG team approach led by the DCM, active participation by CDC, DoD, DoS, NIH, USAID
- Partners activities launched and showed key milestones achieved for surveillance, EOC, immunization, and information systems
- With GHSA, CDC is building an integrated system that is moving besides language and other political and cultural barriers
- **Security is a constraint; need advocacy and support for GHSA implementation!**
Thank you!
Aw ni tié!
Merci!
Contact Information

For additional information about this project, please reach out to:

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Cameroon Field Epidemiology Training Program
A platform for GHSA activities

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DIVISION OF DISEASE CONTROL(DLMEP)
MINISTRY OF HEALTH, CAMEROON
Cameroon

• Cameroon is a central African country bordered by Nigeria, Chad, Central African Republic, Congo, Gabon and Equitorial Guinea
• Estimated population of 20 million
• Top causes of death: HIV, Malaria, Low Respiratory Infections, Diarrheal diseases, Cancer
• Insecurity in the North and East due to Boko Haram

Population Reference Bureau Fact Sheet 2011, GBD Compare, 2010
Field Epidemiology Training Program

CAFETP is a training program within the Ministry of Health in Cameroon which receives technical assistance through the Centers for Disease Control and Prevention (CDC)

Focus on two major training programs

I. Advanced FETP

II. Basic FETP
Central African Field Epidemiology Program

- Regional Central African Field Epidemiology Program (CAFELTP)
  - From 2010-2015
- Part of SURVAC program to improve surveillance in Cameroon, DRC and CAR
- 3 cohorts, 54 trainees: MD, veterinarians and laboratory technicians
- Successes but also challenges
  - Ownership
  - University
Cameroon Field Epidemiology training

- National owned program which invites neighboring countries to participate
  - Cameroon, Chad and CAR
  - Possible future participation from: Guinee Equatorial
- Ownership by MoH
  - Director of program is the Director of Disease Control (MOH)
  - Majority of members of technical secretariat are MoH staff
- Collaboration with Ministry of Higher education
  - Member of the technical advisory committee
  - Buea University
Advance FETP

• Currently there are 16 Residents in their first year of training
  - 9 Cameroon
  - 5 Central African Republic
  - 2 Chad
• Launch of the next cohort in March
  - 9 Cameroon
  - 3 Chad
Residents from this cohort (cohort 5) participated in their first theoretical training of 3 months from September-November 2015. They are currently completing their fieldwork with various departments of the Ministry of Health:

- Division of Disease Control (DLMEP)
- TB
- HIV/AIDS
- EPI
- Maternal health
Basic FETP

• CAFETP is launching the Basic FETP program next week
  – 1 week training of trainers for stakeholders and personnel who will serve as Field Supervisors
  – Funded by GHSA
• Program piloted in the East region
  – Challenges with surveillance due to instability and CAR refugees
  – 3 cohorts in the first year
  – Total of 90 Ministry of Health staff trained
• All 194 districts covered by 2019
  – Total of 850 Ministry of Health staff trained
Basic Training Implementation

Participants will include

- 9 regional level health officials
- 14 District Medical Directors
- Over 40 other health personnel responsible for surveillance at the district level and community health centers
Year 1: Launching first Basic Training in the East region in 2016
Year 2: Centre, Adamawa and North regions

Scale up in 2017
Benefits to the Ministry of Health

Strengthen the ability of the Ministry of Health to
• Respond to public health emergencies
• Conduct surveillance
• Research on priority public health problems
• Improve communications and networking
CAFETP: Platform for other USG Activities

- Technical Assistance to MoH
- Cholera Flagship
- Maternal death Surveillance
- Refugee Health
- GHSA
- EOC
- Ebola Preparedness
- ...
Technical Assistance to MINSANTE

Ongoing support to the Department of Disease Prevention, Epidemics and Pandemics (DLMEP) in various workforce development activities

- Daily meeting between RA and DLMEP Director
- Assistance with work plans, budgets and other GHSA FOA activities
- Day-to-day collaboration on projects
- Other workshops and trainings
- Weekly Surveillance meetings
Cholera Flagship Project

• 1 CAFETP resident is designated as cholera focal point for the DLMEP and cholera flagship project
• CAFETP provided financial assistance for a recent cholera outbreak investigation in the north region
• 2 CAFETP residents traveled to the North region to participate in this investigation
Emergency Operating Center

- CAFETP is USG liaison for
  - All EOC trainings provided by CDC and DTRA
  - EOC building project from DTRA
- Participation from RA and residents in various EOC activities
• RA worked full time for 5 months on providing technical assistance to MoH for Ebola preparedness
• Developed and facilitated training for rapid intervention teams
  – FY 16: FETP will provide training for 10 regional teams with GHSA funding
• Assisted with the development of training curriculum and materials for training sessions for 5 different target population (MDs, nurses, hygiene staff, etc)
  – All regions were trained during a period of 2 weeks
Refugee Health

- CAFETP team conducted a population based cross sectional survey to address issues at Timangolo camp with CDC
  - Presented at the EIS Conference 2015
- CAFETP further assisted DLMEP on conducting an assessment of nutritional and mortality levels with UNICEF
  - Specifically addressing
    - Coverage of measles vaccine
    - Access to clean water and sanitation facilities
    - Estimation of prevalence of 2-week acute respiratory infection
Maternal Death Surveillance

- Active participation from CAFETP resident who was designated as the focal point
- CDC Funds were allocated to assist with this project
- 1 residents working directly with the surveillance project
CAFETP staff

- Director of the DLMEP
- US Direct hire RA seated at the MoH and provides assistance as needed
- Other staff includes
  - 1 Medical Doctor designated by MoH
  - 1 ASPPH Fellow
  - 1 consultant
  - 3 Local Cameroonian staff
    - 2 admin and 1 driver
CAFETP Support Staff

Dr. Els Mathieu
Resident Advisor

Dr. Etoundi
Director

Steering
Committee

Secretariat
Technique/
Advisory Board
Conclusion

- Strong collaboration between MoH and CAFETP has created a platform which has
  - Assisted MoH to receive support for various national programs
  - Provided technical support for a variety of projects
- Focus is not only trainings but also on competence acquisition within MoH departments
- The CAFETP program is multifaceted, it is adapted to the needs of the country with unique components for each department
Thank you