

WELCOME ALL OF YOU TO THIS MEETING ON GLOBAL HEALTH SECURITY AND HOW
DETECT RESPOND MODEL IN ORDER TO

REST OF THE WORLD SAFER FROM EPIDEMIC AND PANDEMIC THREATS.

MY NAME IS TOM KENYON, I'M THE GLOBAL HEALTH AND IT'S MY MODERATE THIS
OPENING SESSION. OF YOU THAT YOU CAN'T SEE WHO THAT IS AVAILABLE. INTEREST
IN THIS TOPIC BY A VERY REWARDING AND WE'RE VERY ENGAGE. WELCOME A
NUMBER OF IMPORTANT SECURITY FROM OUR PARTNER TODAY FROM WASHINGTON,
D.C., DR. SECURITY COUNCIL, AMBASSADOR PROGRAMS IN THE DEPARTMENT OF
COULDN'T BE WITH US TAKE BECAUSE WAS INTENDING TO BE HERE. SECRETARY OF
HEALTH AND HUMAN HEALTH. SANTEE, DEPARTMENT OF DEFENSE.GLOBAL AFFAIRS
IN HEALTH AND AND DR. DENNIS CARROLL, DIRECTOR THREATS IN USAID.
PARTNERSHIPS THAT GLOBAL HEALTH SO THANK YOU ALL FOR BEING HERE,
PARTNERING WITH YOUR AGENCIES TO I'D ALSO LIKE TO WELCOME THE
51COUNTRIES THAT INCLUDES TEAMS OF DISEASE DETECTION CENTER ADVISERS,
LAB EXPERTS AND OTHERS DURING THIS WEEK ON HOW TO SECURITY WITHIN THEIR
COUNTRY OF COUNTRY OWNERSHIP. CONTRIBUTION THIS WEEK. HARD TO READ
LISTS THE 40 CDC WHO HAVE REGISTERED FOR THIS DEMONSTRATING NOT ONLY
THE TOPIC, BUT ALSO THE OF PUBLIC HEALTH KNOW HOW AND HAVE. ANYWHERE.
EXTRAORDINARY OPPORTUNITY FOR APPROACH TO SUPPORT CAPACITY SYSTEMS
AMID THE CROSS CUTTING OF GLOBAL HEALTH SECURITY. NELLIFON WHICH
UNPREDICTABLE SECURITY. NELLTEON WHICH UNPREDICTABLE SECURITY.
NELLNON WHICH UNPREDICTABLE SECURITY. NELL HAVE PUT MANY MONTHS OF
ORGANIZE THIS MEETING. END, BUT IN PARTICULAR WE'D LIKE WE'LL THANK THEM
AGAIN AT THE TO THANK THE CO-CHAIRS. ALSO THE COORDINATORIS SCOTT AND
THE GLOBAL HEALTH SECURITY WHO LED THE DISEASE SPECIFIC AND DISEASE AND
RESPONSE TRACK. IMPLEMENTATION PLANNING TRACK. OUR OWN FACILITIES AND
OUR OWN PLANNING AROUND THIS MEETING, TO A MINIMUM SO THAT MORE IS
FIELD. SUMMARIZING THE PURPOSE OF THIS FIRST, WE WISH TO CONVEY AND THAT
GLOBAL HEALTH SECURITY IS A AND HOW CDC IS FITTING IN ON TO AND CLEAR
EXPECTATIONS FROM THE THIS MEAN IN TERMS OF APPROACHES AND ACHIEVING
OUR MOST IMPORTANT OUTPUT WILL IMPLEMENTATION IN THE FIELD. COLLEAGUES
ON HOW BEST TO RELATIONSHIPS YOU YOU ALREADY AND OTHER INSTITUTIONS
AND THE UNDER WAY THAT WE CAN BUILD UPON WE WILL ALSO COVER THE
TECHNICAL APPROACH TO GLOBAL HEALTH EVERYONE'S IMPORTANT INPUT INTO
THAT WILL GUIDE PLANNING AND WE ALSO EXPECT COLLEAGUES TO FOR NEXT
STEPS AND OPPORTUNITIES RETURN TO COUNTRY, RECOGNIZING COUNTRY LED
PLANNING WITH OTHER AND OTHER PARTNERS. EXCITING TIME. AND PARTNER
COUNTRIES WANT TO ENGAGEMENT THAT WILL PREVENT CHARACTERIZE AND
REPORT LET'S EFFECTIVELY AND RAPPIDLY. OPPORTUNITY FOR US ALL TO AND WE
LOOK FORWARD TO YOUR FULL WEEK. SO OUR C CAN DC DIRECTOR DR. TO LEADING
CDC'S ROLE IN GLOBAL ARE WHAT WE ARE LARGELY DUE TO HEALTH SECURITY
AND WE CLEARLY HIS EFFORTS. THOUGHTS AND HAS RECORDED A NOW. MEETING
ON GLOBAL HEALTH I REALLY WISH I COULD BE THERE I'LL LOOK FORWARD TO
LEARNING ADVANCED THIS IMPORTANT WORK. ORGANIZERS OF THIS MEETING FOR
PERSEVERANCE. THANK YOU FORGETTING US TO WHERE GLOBAL HEALTH SECURITY
ISWE ARE TODAY. IMPORTANT. IT'S AN IMPORTANT OPPORTUNITY TO COUNTRIES
AND THE WHOLE WORLD LAST MONTH I WAS PRIVILEGED TO GOVERNMENT GLOBAL
HEALTH THE DIRECTORS GENERAL OF THE FOOD AND AGRICULTURE ORGANIZATION
FOR ANIMAL HEALTH PARTICIPATED IN THIS IMPORTANT IT HIGHLIGHTED THE ROLE
THAT SAFETY AND SECURITY AROUND THE AT THE LAUNCH, SENIOR OFFICIALS
VULNERABILITIES. WE HAVE THREATS FROM NEW INFECTIONS, AND THE POTENTIAL
OF MICROBES. CONSENSUS THAT WE HAVE NEW STRONGER GLOBAL COMMITMENT,
NEW BUILD ON BECAUSE SUCCESS BREEDS SUCCESSES TO BUILD ON BECAUSE WE

CAN TAKE ADVANTAGE OF THE CHALLENGES POSED BY INFECTIOUS ON THREE KEY FRONTS, EARLIER. EFFECTIVELY. WHEREVER POSSIBLE TO AVOID HAPPEN. U.S. GOVERNMENT IS COMMITTED TO COUNTRIES WITH AT LEAST 4 DETECT, RESPOND AND PREVENT CDC WILL PLAY AN INSTRUMENTAL ONE OF THE GOALS OF THE GLOBAL HELP COUNTRIES IMPLEMENT REGULATIONS IN THE CORE ALTHOUGH 194 COUNTRIES ARE THESE IHRs, IN 2012, FEWER THAN REPORTED THAT THEY HAD DONE SO. WITH W.H.O. TO HELP COUNTRIES CDC WORKS CLOSELY WITH W.H.O. TO IMPORTANT GOAL. CDC'S INCREDIBLY IMPRESSIVE EXPERTISE IS CRITICAL IN ORDER THE GLOBAL HEALTH SECURITY IMPROVING GLOBAL HEALTH SECURITY EXISTING EFFORTS FROM COMBATTING TO STRENGTHENING LABORATORY RESISTANCE. SECURITY IS THE NEXT BIG THING THIS EFFORT WILL NOT ONLY HELP SAFER, IT WILL NOT ONLY HELP THE IMPORTANTLY IT WILL HELP DEVELOP ROBUST RESILIENT PUBLIC ADDRESS ANY HEALTH THREAT A THIS WEEK EXPERTS HAVE THE THE NEXT STEPS TO ADVANCE GLOBAL THE LAUNCH TO THE THANK YOU ALL FOR PARTICIPATING I LOOK FORWARD TO MOVING THE TODAY FORWARD AT CDC WITH OUR WITH PARTNERS ALL AROUND THE THANK YOU. OUR KEYNOTE SPEAKER FOR THIS CONFERENCE. DR. FAGY'S WORK AND GLOBAL HEALTH ARE INDEED AS AN EPIDEMIOLOGIST WHO WORKED SMALL POX, HE BECAME CHIEF OF PROGRAM AND REPORTED DIRECTOR OF HE IS THE RECIPIENT OF MANY FELLOW OF THE LONDON SCHOOL OF AND IN 2012 WAS AWARDED THE OF FREEDOM, HIGHEST CIVILIAN GOVERNMENT. POSITIONS AT THE CARTER CENTER, SURVIVAL, AND IS CURRENTLY PROFESSOR EMERITUS OF UNIVERSITY. TO THE BILL AND MELINDA GATES FOUNDATION ON STRATEGIES TO HE'S HAMPIONED MANY YOU ISSUES, SURVIVAL, POPULATION, PREVENTIVE LEADERSHIP ARE OF SPECIAL DEVELOPING WORLD. DISEASE ERADICATION AND CONTROL. THE ERAD SITUATION OF POLI HE'S SUCCEDED IN BROADENING ISSUES AND BRINGING THEM TO THE ACTION. PUBLIC HEALTH WILL LEADERS OF SO PLEASE JOIN ME IN WELCOMING >> THANK YOU. STUDENTS AT THE UNIVERSITY OF STORY THAT I HADN'T THOUGHT STORY BUT THEN FORGOT TO TELL SO I WANT TO TELL THAT STORY TELLING IT IS TO THINK ABOUTTOR. AGAIN, BUT THE REASON I'M WHAT IS THE QUESTION YOU'RE SO 40 YEARS AGO, PUBLIC HEALTH TOLD ME THAT HE HAD GONE BACK TO HIS ROOMMATE WAS FROM AUSTRALIA, THE ROOMMATE WAS ASKED SO OFTEN AT CHURCHES AND SO FORTH, AND IT SPEECH, STANDARD QUESTIONS AND HE WAS INVITED ONE NIGHT TO A WHEN HE FINISHED SPEAKING, A MAN US WHAT HE HEARD WAS THE QUESTION RABBITS. A NATIONAL NNUANCE. POISON THEM, BUT THEY KEEP SO LISTENING TO THE QUESTION. ANSWER IS DO I HAVE ANYTHING TO AND I'D LIKE TO TOUCH ON THREE WHAT IS SOME OF THE HISTORY AND THE HISTORY BECAUSE IT'S SO TO BE INTERESTED IN GLOBAL BUT WHO WAS INTERESTED BEFORE? GO TO FOR COOPERATION BECAUSE SO WHAT IS SOME OF THE HISTORY? THINGS YOU MIGHT THINK OF AND DOING THIS. I'LL JUST NAME THESE. BUT THE CHURCH GROUPS WHO DID MANY YEARS. SO MUCH GOOD WORK TRYING TO PROTECT TROOPS. THE POST WOERRLD WAR II ERA. ALL KINDS OF NGOs. THE THOUSANDS. SOME OF THEM OLD. THIS YEAR. AND THEN THE RECENT CHAPTER OF INTERESTED. MOST EXCITING CHAPTERS IN GLOBAL CAN BRING SO MUCH IN THE WAY OF AND IT STARTED ACTUALLY WITH THE BIFURCATED NEEDLE TO THE AND THEN INDUSTRIES BECOMING ERADICATION. LEVEL IN THE '80s. CORPORATIONS, TASK FORCE FOR THIS YEAR WILL GET \$2 BILLION CORPORATIONS FOR NEGLECTED SO THERE HAS BEEN A GREAT CHANGE CHILDREN UNDER FIVE DYING EACH DAY. SEE THE PROGRESS THAT HAS BEEN PERHAPS IT TOOK ALL OF THOSE ACCELERATION IN THE LAST 15 AND I'M CONVINCED WHEN SOMEONE HEALTH, THEY WILL SAY THE 2000 DUE TO TWO PEOPLE, MELINDA THIS CHANGED EVERYTHING, THE WAY BECAUSE WE ALWAYS SAW OURSELVES LIKE POOR PEOPLE. ON A SHOESTRING, NOT THINKING AND THE GATES FOUNDATION YOU AT CDC, THIS GLOBAL HEALTH SO THE MALARIA PROGRAM STARTED WHICH IS WHY DCD W KRCHLCDC WAS. DISEASES. SCIENTISTS IN ATLANTA THAT IT MALARIA AND TROPICAL DISEASES THE COMMUNICABLE DISEASE CENTER. HEALTH. CENTER. TO KOREAN HEMORRHAGIC FEVER AND BIOTERRORISM.

THEY INTERPRETED IT THE SAME WAY INTRODUCED IT. REALLY BENEFITED BECAUSE PEOPLE THIS. BIOTERRORISM, YOU TRAIN ON ALL ENCOUNTERING EVERY DAY RATHER DISEASES. VERY RELUCTANT TO PUT MONEY INTO THEY USED TO MAKE US ALWAYS OF HOW DOES THIS HELP AMERICAN AND THIS WE WOULD TRY TO DO, BUT THERE IS SOME DIRECT CONNECTIONS FAST. THE PRESS CONFERENCE AT ANNOUNCING THE SALT VACCINE AND THIS WAS A BIG THING WE HAD AN EVEN BIGGER HISTORICAL BECAUSE MRS. HOBBY SAID THE SOCIALIZED MEDICINE, AND WHEN HAD A VACCINE THAT WOULD PROTECT IS THE GOVERNMENT PLANNING. SO PRESIDENT EISENHOWER ASKED PLAN AND SHE ANNOUNCED SHE WOULD POLIO VACCINE FOR POOR CHILDREN. CONFERENCE AND SAID HE WOULD POLIO VACCINE FOR ALL CHILDREN. DECLARE THEMSELVES POOR TO BE THIS IDEA THAT CHANGED FROM INDIVIDUAL TO PROTECTION OF AN TEN YEARS HATER, LYNN DEP JOIND SMALL POX PROGRAM. THIS WEEK IS A SOCIAL PROBLEM. AND HE USED ALL KINDS OF POX ERADICATION BECAUSE HE SAID POPULATION. I BECAME DIRECTOR AND ONE DAY WALKED INTO THE SMALL POX LAB PACKAGE. RIGHT. CARD SYSTEM TO GET INTO CERTAIN BUT THEN I RECEIVED A LETTER ONE IT IN, SHE SAID YOU BETTER READ IT WAS A LETTER FROM A PERSON BOTCH LINE TOXIN IN A MUNICIPAL IF I WAS INTERESTED IN FOLLOWING NOTICE UNDER THE TIMES". THEY PUT THAT INTO THE "NEW YORK THEY TOLD ME THEY WERE COMING COME FROM. MORNING AND SAID THE PRESS HAS CALL YOU TODAY. STORY. HOW IMPORTANT IT WAS FOR US TO AND I SAID WE'LL GIVE YOU ALL YOU CAN WRITE THE STORY. NEVER HEARD FROM THE PERSON BUT THAT ALERTED ME TO THE FACT PROBLEM. YEARS AGO DEVELOPED A PROGRAM WE WENT THROUGH EVERY DISEASE WE COULD USE THIS OFFENSIVELY WOULD WE NEED. SECURE ROOM, A PERSON AT CDC FOR WE REALLY HAD A GOOD PROGRAM. ON THE PROGRAM AFTER I LEFT SAID HE DESTROYED THE PROGRAM SO WE DID NOT HAVE THAT PROGRAM LAST THING I WANT TO SAY IS BILL TELEVISION ONE NIGHT AND SOMEONE CARE ABOUT THESE DISEASES PUTTING OUR RESOURCES INTO IT. ME AT CDC ALL THESE YEARS JUST JUSTIFYING EVERYTHING ON THE GATES SAID BECAUSE IT'S THE AND I THOUGHT, BOY, IF I COULD THESE YEARS. CIRCLE FROM MALARIA SECURITY START CDC TO CONCERNS ABOUT EIS AND NOW CONCERNS ABOUT THIS SO YOU Y'RE HERE BECAUSE IT'S AND I'VE SAID WE NEED TO LINK NEEDS OF THE POOR. THAT. SUSPECTED WE WOULD NEVER GET THE UNLESS THEY FEARED AN ALIEN AND OVER THE YEARS, I'VE COME TO PROVIDES SEAY ROSURROGATES. AN ALIEN INVASION. TO WORK TOGETHER. AS YOU'RE MAPPING OUT THE BIG ALL OF THIS THIS WEEK OR THE SECURITY OF INFECTIOUS DISEASES WHICH ONES GET PRIORITY, WHAT'S OF THE PROBLEM, WHAT WOULD BE WAS INTRODUCED, WHAT WOULD BE THINGS WERE CHANGED. AND THE CHANGE IN THE WHERE IS THE SCIENCE. SCIENCE BETTER. USED TO ASK WHICH DISEASES COULD WE'D GO THROUGH THE LIST. WHAT WOULD IT ACTUALLY TAKE TO AND WE WENT THROUGH THE ENTIRE QUESTION BECAUSE WHEN YOU'RE AGENDA FOR EVERY DISEASE.THINKING ABOUT WITH THIS. WHERE IS THE FINAL POINT IN BUT I WOULD URGE YOU TO HAVE IN THIS. THIS WEEK, BUT BEYOND THE SECURITY, MALNUTRITION, WATER, HEALTH CARE DELIVERY AND AND THEN BEYOND THAT, BE EDUCATION, WORK, SOCIAL POVERTY. YOU WON'T WANT TO THINK ABOUT PEACE. BUT IF YOU HAVE THAT IN MIND, IT WORKING. AREA. SURVEILLANCE, ANALYSIS, AND SO FORTH. SYSTEMS IS SOMETHING WE'VE KNOW THE TRUTH. WANT TO KNOW THE TRUTH. 1973 WHEN WE TRIED FOR THE FIRST SEARCH LOOKING FOR SMALL POX. THAT IN THE INSTRUCTIONS TO THE GOING TO FIND MUCH SMALL POX. BUT WE'RE GOING TO FIGURE OUT IN SIX DAYS TIME IN TWO STATES CASES OF SMALL POX THAT WE AND SOME PEOPLE SAID LET'S NOT BUT, SEE, THAT'S THE DIFFERENCE TRUTH AND NOT WANTING TO KNOW AND WE SAID WE'RE GOING TO DO IT AND FOUR WEEKS LATER WE FOUND 4,000 NEW CASE. AND PART OF KNOWING THE RUTH IS TWO WEEKS AGO I VISITED A START TO USE THE LATEST TECHNOLOGY. UP IN PALO ALTO. T RUTH TWO WEEKS AGO I VISITED A START TO USE THE LATEST TECHNOLOGY. UP IN PALO ALTO. POSSIBLE TO MAKE A DIAGNOSIS ON OF BLOOD. ULTIMATE. AND SHE CAN GET AN ANSWER ON AND SO INSTEAD OF HAVING AN AFRICA AND HAVING TO

FIGURE OUT LAB AND THEN HOW TO GET A COULD HAVE THAT RIGHT THERE AND YOU HAVE A BUILT-IN SURVEILLANCE TEST. TESTS IN THE UNITED STATES, THE THINGS OR 30 THINGS, COULD YOU ACCEPTED TH THIS WOULD GIVE YOU REAL TIME IN THIS COUNTRY AND AROUND THE SO THIS IS WORTH LOOKING AT. SHE CAN EVEN TELL YOU YOU THE ORGANISM. HAVE TO FIGURE OUT HOW TO USE. BE INVOLVED IN THIS. FINALLY, WHY ARE YOU DOING THIS? COURSE, UNINTENTIONAL TERROR, INTENTIONAL, ALSO. EIS STARTED. THE WORLD HAS BECOME MORE PERSON OR A FEW PEOPLE CAN CAUSE PEOPLE. THAT OUT VERY QUICKLY. WHAT YOU DO IN WEEK, THAT IT NOT OTHERS DON'T NECESSARILY FIND DOING. AND THIS NOW IS THE LEAP THAT OF PEACE. AND THEN FAMILY HEALTH, HEALTH, GLOBAL HEALTH. YOU'RE TALKING ABOUT INDIVIDUAL PEACE IS MORE LIKELY IF YOU CULTURAL BOUNDARIES. SUPERVISED SOVIETS IN INDIA WHO AMERICANS. OTHER THAN HEALTH WHERE YOU DURING THE COLD WAR. IF PEACE THAT YOU HAVE TO YOU CAN'T JUST SAY, NO, WE'RE DISEASES AND NOT INTERESTED IN SO USE YOUR ACTIVITIES TO FIND INVASION. WILLIAM PENN SAID TO HEAL THE PEOPLE IN TROUBLE DON'T NEED AND ALSO THINK OF THE SYSTEM. BUT FOR MANY THINGS, W.H.O. FOR ALTERNATIVE. TO CREATE W.H.O.. BE MADE BETTER. STRAPPED W.H.O., DO YOU BELIEVE PEOPLE? SENSE. WAS THE U.S. THAT INSISTED ON WE WERE TRYING TO PROTECT. IT'S VERY DIFFICULT FOR GENEVA MAKE A DIFFERENCE BECAUSE OF WE SHOULD BE ABLE TO SAY, OKAY, LET'S STEP BACK AND ASK HOW DO AND CAN WE CHANGE THEM NOW. IT'S POSSIBLE TO PLAN A RATIONAL IF THAT WOULDN'T BE POSSIBLE, WE ALL. PUBLIC HEALTH AND YOU YOU ALL THE FACT THAT YOU'RE SITTING SO WE HAVE TO GET THAT STRAIGHT I TALK TO STUDENTS ABOUT THIRD OF THE AMERICANS ARE THEY DON'T THINK THEY CAN DO IN SOME COUNTRIES IT'S AS HIGH AND FOR ALL OF US, IT BURIES DAY BY DAY WHAT WE'RE INVOLVED IN. GET IN A TAXI. FUTURE. INTO A TAXI 11:30 AT NIGHT IN HOTEL, BUT ON THE FREEWAY AT SMELLING ALCOHOL.DRIVER AND SEE HOW HIM PAIRIR AND I SAID I'M A HIGH RISK AND HE SAID WHAT DOES THAT MEAN? TAXI ACCIDENTS IN MY LIFE. AND HE SAID THAT'S NOTHING. THAT. CHILDREN WILL DIE BY THEIR 8th THIS IS NATURE'S LAW. DIFFICULT. BUT PEACE LIKE HEALTH WILL BE A ALWAYS RELATIVE. AND THERE IS A DIRECT CONNECTION BETTER HEALTH INCREASES THE AND THERE ARE TOOLS OF GLOBAL HAVE YOU EVER THOUGHT ABOUT HOW STUDY CONFLICT? CENTER. 30 HAD MORE THAN 1,000 DEATHS IN AND WE TRIED TO FIGURE OUT WHAT WHY DO SOME OF THEM DISAPPEAR. THAT IS WORTH PUTTING MONEY INTO EPIDEMIOLOGISTS TO FOLLOW THIS THE CHANCE OF CONFLICT. GLOBAL HEALTH WAS NOT ROBUST THINGS DO CHANGE. POSSIBLE. WE ALL ARE WEAR AWARE OF. CAN'T DESCRIBE SCIENTIFICALLY. SOCIAL EVENTS? AND YOU WILL GIVE HOPE TO PEOPLE THIS AND TRYING TO COME UP WITH WE'RE ALL AWARE OF AND WARY OF AND POLITICIANS OCCASIONALLY BY THE WAY, LAST WEEK I WAS IN A POINTING OUT THAT PRO AND CON THEREFORE, THE OPPOSITE OF AND -- SO WE'RE AWARE OF PEOPLE STUDENTS THAT'S EXACTLY WHAT WE'RE TRYING TO REWRITE HISTORY, THAT'S WHAT YOU'RE TRYING TO DO REWRITE HISTORY BEFORE IT WHEN YOU'RE ENGAGE THIS HD IN P REWRITE HISTORY BEFORE IT FINALLY THE LAST POINT IS THAT REQUIRES AN IMPROVEMENT IN SCHOOLS ARE VERY GOOD AT BUT VALUES AND CIVILIZATION ARE AND SO FIND MENTORS AND BE AND A GOOD CRITERION OF PEOPLE TREAT EACH OTHER. ORGANIZED KINDNESS. PROCESS THIS WEEK, JUST THINK ASSIGNED TO WHAT DOES THIS MEAN AND THE LAST POINT, THERE'S A AND THERE IS A LINE IN THERE WHERE YOU'RE FROM. AND YOU'VE ALL FOUND YOUR HOME THANK YOU. EXPERIENCE. CHANCE TO HAVE A DIALOGUE WITH SPEAKERS IN A MOMENENMOMENT. GLOBAL HEALTH SECURITY PROJECTS IN ORDER TO DEMONSTRATE WHAT CAN EMERGENCY OPERATIONS CENTERS, PLATFORMS, AND NATIONAL DISEASE DETECTION. WILL NOW BE GIVEN BY TWO STAFF SUCCESS OF THE DEMONSTRATION I'D FIRST LIKE TO INTRODUCE DR. THE DIVISION OF GLOBAL HIV/AIDS. DR. JEFF BORSHET FROM UGANDA AND DISEASES AND NATIONAL

SOMEWHERE MICHELLE WILL FIRST PRESENT ON JEFF ON UGANDA. MORNING SPEAKERS COME UP TO THE DISCUSSION.

>> GOOD MORNING. ABOUT THE DEMONSTRATION PROJECT FOR THOSE OF YOU THAT ARE NOT PERHAPS SPENT A LOT OF TIME IN ORIENTATION FIRST. THE NORTH AND TO LAO AND IT HAS A LONG BORDER. EPIDEMIC. HAVE CONTENTED WITH NUMEROUS OTHER INFECTIOUS DISEASES. THE IMPORTANCE OF GLOBAL HEALTH WORK CLOSELY WITH W.H.O. AND WHEN THE FIRST CASES OF H7N9 TIME WE STARTED THIS VIETNAM MINISTRY OF HEALTH STAKEHOLDERS AND PREPARE FOR SO BEFORE I GO INTO THE PART OF THE DEMONSTRATION PROPER PROPER CORRECT, I WANT TO GIVE CONTEXT. AND INFORMATION SYSTEMS. SYSTEM, OFFICIAL LAWS AND AND THIS IS AN OPPORTUNITY AND THESE LAWS ARE A FRAMEWORK AND HEALTH INSTITUTIONS. WHAT DISEASES AND PATH OW E AGOG AND THERE IS IN EXISTENCE A EMERGING DISEASE PREVENTION AND THIS COMMITTEE HAS THE AUTHORITY OPERATIONS. DESIGNATED EOT SPACE AT THE DIFFERENCE MEDICINE AT THE

AT THE BEGINNING OF THE OF HEALTH HAD EOT SPACE AND THE STAFF HAD PRESCRIBED ROLES COMMITTEE WHICH WERE FULFILLED EVENT THAT OCCURRED. HEALTH INSTITUTES. NATIONAL SURVEILLANCE SYSTEMS 71. CONNECTED WITH NUMEROUS DEATHS THE PMINISTRY OF HEALTH. INSTITUTE AND NATIONAL INSTITUTE AND THIS IS ALSO WHERE THE TWO ALSO LOCATED AND WHERE CDC HAS YEARS TO BUILD SURVEILLANCE AND IN GENERAL THESE PUBLIC HEALTH INFRASTRUCTURE AND LABORATORY THAT SAID, CAPABILITY BECOMES PROVINCIAL AND DISTRICT LEVELS AND EVEN AT THE REGIONAL PUBLIC REPORTING SYSTEMS ARE NOT FULLY AND IN MANY CASES THERE ARE PROTOCOLS. SYSTEMS JUST BY WAY OF AGGREGATE SURVEILLANCE DATA ARE REPORTABLE CONDITIONS. IT'S COLLATED, SENT TO THE TRANSMITTED TO THE GENERAL MEDICINE. REPORT COMMUNICABLE DISEASE SYSTEMS IN PLACE FOR CERTAIN FINALLY, THERE IS IN EXISTENCE DISEASE SYSTEM AND AT THE TIME PLA 48 PROVINCES. DEMONSTRATION PROJECT, CDC AND BUILD ON EXISTING SYSTEMS. DONOR DRIVEN PROJECTS AND THE ENHANCEMENTS PUT IN PLACE. INSTITUTIONAL SYSTEMS IN PLACE, FUNCTIONAL OR CONNECTED SO OUR FASTER. FIRST STEP TWUS REVIWAS TO REVI AND I'VE GIVEN YOU BACKGROUND ON WE ALSO LOOKED AT THE VARIOUS PLATFORMS TO BUILD ON AND INCLUDING THE SARI SURVEILLANCE DIVISION. LABORATORY STRATEGIC PLAN. SUPPORTS TO THE PROGRAM IN THE DRAFT PLAN WAS DEVELOPED AND HEALTH, THE PLAN WAS FORMALLY ONE MONTH OF PROJECT INITIATION. INCLUDED MECHANISMS FOR AND OTHER ASSISTANCE. AS I SAID, IT WAS NOT FORMALLY FORMALLY ESTABLISHED THIS OFFICE DEPARTMENTS, REGIONAL INSTITUTES AGENCIES. AT THE MINISTRY AND SOPs WERE THESE WERE TAILORED TO THE SIX STAFF WERE TRAINED ON AT W.H.O. IN MANILA. TESTS WERE PRIORITIZED FOR THE THEY WERE EZ 71, INFLUENZA, RESPIRATORY PANEL. AT THE TWO NATIONAL INFLUENZA TRAINING WAS PROVIDED BY SUBJECT PERFORMANCE WHICH INCLUDED A NEW AND SOFTWARE AND PROFICIENCY SUPPLIES WERE PROCURED. AND FINALLY, MAPPING OF THE WAS INITIATED USING THE GLAD MAP LEVELS OF RESPONSIBILITIES FOR NETWORK. AGAIN THE GOAL WAS TO BUILD ON SYSTEM. INVESTIGATION TOOLS WERE CREATED INVESTIGATION TO FLOW TO THE PROVINCIAL STAFF WERE TRAINED IN OUTBREAK INVESTIGATION SOFTWARE ALLOWING THE COLLECTION OF CASE AND REAL TIME WAS DEMONSTRATED AT THE CONCLUSION OF THE CONDUCTED WITH SUPPORT FROM CDC AND THIS IS JUST A GRAPHIC SEQUENTIAL DRILLS. INACTIVATED VIRUS. PATH OOGENS WERE SUCCESSFULLY AND THE PASTOR KRAL INSTITUTE PATHOGENS THAT THEY WERE GIVEN 71. IDENTIFIED FOR IMPROVEMENT IN THE DRILL INCLUDED STREAMLINING, ACROSS THE LABORATORIES, AND THE PROTOCOLS. DONE SEPARATELY FROM THE LAB VARIOUS MINISTRY OF HEALTH AND WITH GDPM AS THE LEAD, THEY INFECTIOUS DISEASE OUTBREAK. AROUND COORDINATION AND DIFFERENT DEPARTMENTS IN THE DIFFERENT THAN THEIR USUAL AND THEY ALSO LEARNED

HOW TO SO AS WE MOVE FORWARD, THERE IS THERE ARE ADDITIONAL ACTIVITIES FOR THE LABORATORY, AND FINALLY, WHICH IS REALLY THE PIECE THAT I THINK ONE OF THE GREATEST CAPABILITY WITHIN AN INSTITUTION MINISTRY OF HEALTH. COMMUNICATION BETWEEN AND THAT'S WHY THE LINKING OF AT CDC, WE'RE CONTINUING TO THESE ACTIVITIES. PARTNERS SUCH AS USAID, W.H.O. AND IN THE MINISTRY OF HEALTH HEALTH SECURITY. THE CONCLUSION OF THE CONTINUED CASES OF H7N9 REPORTED RESPONSE TO H 7. 63 PROVINCES BY THE MINISTRY OF UPGRADING THE SERVER SYSTEM FOR AND ITCHING TH THINK THIS SPEAK WAS A REAFFIRMATION AND NECESSARY STEPS FOR IMPROVEMENT. WORDS ABOUT COLLABORATIONS IMPORTANT CONTRIBUTE TORE TO OR THIS IS NOT A COMPREHENSIVE THIS IS AN EXAMPLE. SECURITY ACTIVITIES IN VIETNAM RELATIONSHIPS THAT WERE DIVISIONS AND CENTERS AT CDC OF STAFF TIME AND EXPERTISE TO SUCCESS. SURVEILLANCE IN EPIDEMIOLOGIST, OPERATIONS, DIVISION OF VIRAL BUT IF WE TURN THIS AROUND, HEALTH SECURITY ACTIVITIES HAVE ADVANCED THE WORK OF OTHER MINISTRY OF HEALTH SEES IT AS A DISEASE OR PATHOGEN. THEM. PATHOGENS PROJECT SPECIFIC BEEN WORKING ON SUCH AS THE AND PUBLIC HEALTH INFORMATICS HAS ENGAGED BLOODER STAKEHOLDERS RELEVANCE FOR THESE SYSTEMS TO BECOME MORE APPARENTLY. VIETNAM OF THESE PLATFORMS. FROM THE DEMONSTRATIONS ARE GLOBAL HEALTH SECURITY AND THEY HEALTH SYSTEMS. TAGS MUST BE TAILORED TO LOCAL MANY PARTNERS ARE ALREADY COORDINATION AND INFORMATION AT A HEADQUARTERS LEVEL, A VALUE IN LEVERAGING THE OTHER ONGOING PROGRAMS AND IN THOSE PROGRAMS. VITAL WITH AMBASSADOR AS U.S. ROLE AS A COMPLEMENT TO AND THERE WERE PROBABLY 50 TO DEMONSTRATION PROJECT. ALL. WORKED ON THIS. SOME OF THE ORGANIZATIONS THAT DEMONSTRATION. THANK YOU.

>> GOOD MORNING.

I'D LIKE IT START OFF WITH A QUICK OVERVIEW. WE HAVE 127 STAFF WITH 106 BEING LOCAL STAFF AND 21 DIRECTIRES. ALL THE POSITIONS AREN'T FILLED YET, BUT THE MAJORITY ARE. THE OFFICE OVERSEES A BUDGET OF JUST OVER \$160 MILLION. AND OF THE MAJORITY OF IT IS IN HIV WORK ALONG WITH PEPFAR. AND THERE IS ALSO SIGNIFICANT REPRESENTATION FROM OTHER GROUPS INCLUDING PMI, VIRAL BRANCH, UP IMMUNIZATION GROUP. AND I'VE BEEN TOLD A RESIDENT ADVISER HAS BEEN CHOSEN. LASTLY, WE ARE IN EARLY DISCUSSIONS WITH THE MINISTRY OF HEALTH ABOUT THE NATIONAL PUBLIC HEALTH INSTITUTE THAT THEY'RE INTERESTED IN STARTING IN THIS COUNTRY. THERE IS HIGH INTEREST OF GLOBAL HEALTH SECURITY WITHIN THE U.S. MISSION THERE. THE AMBASSADOR IN UNDA HAS A HIGH INTEREST IN PANDEMIC PREPAREDNESS. AND HE CHAIRS AN ENTER AGENCY GROUP THAT OVERSEES \$428 MILLION BUDGET IN UGANDA. THIS IS TWO-THIRDS OF THE OVERALL BUDGET. AND IN THIS GROUP IS A MEMBER OF DIFFERENT TECHNICAL WORKING GROUPS INCLUDING THE DISEASE OUTBREAK WORKING GROUP CO-CHAIR BY CDC AND EPG. SO AO CORRECT BETWEEN APRIL AND SEPTEMBER 2010, WE SAW THREE DIFFERENT THINGS. THE FIRST WAS STRENGTHEN DISEASE SURVEILLANCE CAPACITY TO DETECTION OF DISEASE. AND THESE DISEASES WERE CHOSEN AFTER A LOT OF DISCUSSION WITH THE MINISTRY OF HEALTH AND GOING OVER THEIR PLANS AND PRIORITIES. THE THREE WERE MDR AND XDR, CHOLERA AND EMBULLA. WE ESTABLISHED AN OPERATIONS CENTER AND ENHANCED INFORMATION SYSTEMS TO ENABLE REAL TIME MONITORING OF DEPICES AND RESPONSE. AND COORDINATING THAT ALL THROUGH THE EMERGENCY OPERATIONS CENTER. SO WE BUILT ON A NUMBER OF EXISTING EORTS ALREADY IN COUNTRY. AND THE FIRST AND FOREMOST WAS THE MINISTRY OF HEALTH'S OWN PLANS FOR DISEASE SURVEILLANCE THERE. THE MOH USES AN EYE CHART IN UGANDA AND GLOBAL HEALTH SECURITY ACTIVITY FIT WELL WITHIN THEIR IDSR ROLL OUT PLAN. THERE ARE THREE MAIN LABORATORIES. CENTRAL PUBLIC HEALTH LABORATORY FOCUSING MAINLY ON BACK TEAR KRAL DISEASES. SECONDLY THE

UGANDA VIRUS RESEARCH CENTER FOCUSES ON VIRUSES AND THIRDLY, THE SUPER NATIONAL LABORATORY. THERE ARE A NUMBER OF PEPFAR INVESTMENTS ALREADY IN COUNTRY. AND OUR PROJECT HAS LEVERAGED MANY OF THESE INCLUDING ENNESS THATTING THE ONLINE DISTRICT HEALTH INFORMATION Q SYSTEM. WHAT THIS IS A WEB BASED HEALTH INFORMATION SOFTWARE THAT IS OPEN SOURCED THAT IS USED BY A NUMBER OF DIFFERENT COUNTRIES DOWN IN THIS MAP IN THE LOWER RIGHT. IT'S BEEN USED FOR HIV FOR A NUMBER OF YEARS. AND IS ONE OF THE ACCEPTED ELECTRON HE CAN TOOLS FOR HEALTH INFORMATION COLLECTION IN UGANDA. SECONDLY, WE LEVERAGED THE ALREADY EXISTING SUPPORT FOR DISTRICT SURVEILLANCE OFFICERS TO INVESTIGATE AND REPORT DISEASE EVENTS AND REPORT THESE USING SMS AND THROUGH DHIS 2. THIRDLY A TRANSPORTATION NETWORK WAS SET UP FOR HIV DYING THROUGH SIS. AND WE'LL TALK ABOUT THIS A BIT MORE, BUT IT'S A MOTORCYCLE AND BUS SYSTEM TO COLLECT SAMPLES FROM UP COUNTRY. LASTLY, WE LEVERAGED THE ROLL OUT AND TESTING DEAL. AS MENTIONED ON THE FIRST SLIDE, THERE HAVE BEEN SIGNIFICANT INVESTMENTS FROM OTHER GROUPS IN UGANDA AND TWO PARTICULARLY, VIRAL SPECIAL PATHOGENS GROUP AND INFECTION BORN DISEASES. THERE ARE SIGNIFICANT INVESTMENTS IN LABORATORY SURVEILLANCE ACTIVITIES. WE ALSO CAPITALIZED ON W.H.O. ACTIVITY SET UP TO SUPPORT CULTURE BASED CONFIRMATION OF CHOLERA AT REGIONAL HOSPITALS. AND LASTLY, WE WORKED WITH THE COMPANY WHO UP UNTIL LAST YEAR HAD MANAGED THE PROJECT. ON THE LEFT IT SHOWS THE COVERAGE OF OUR PROJECT DISTRICT THAT WE CHOSE WITH CONSULTATION FROM THE MEN INDUSTRY OF HEALTH. MANY OF THESE ARE IN NORTHERN UGANDA. AN AREA WHERE THERE HISTORICALLY HAS BAUN UNREST AND QUITE A LACK OF PUBLIC HEALTH INFRASTRUCTURE. THEY WANTED TO FOCUS ON THESE AREAS. SECONDLY, THIS MAP IS A SKI THE MATT TICK OF THE EIB CATCHMAN AREAS FOR THE TRANSPORTATION NETWORK. AND THE WAY THE MINISTRY OF HEALTH DID THIS IS THEY DREW A 50 KILOMETER CIRCLE AROUND EACH OF THESE REGIONAL HUBS AND ANY UP COUNTRY CLINIC INCLUDED IN THAT AREA WOULD BE INCLUDED IN THE NETWORK. AND TAKE NOTE OF THE ONE-HALF WAY DOWN. WHEN WE BREAK IT DOWN A LITTLE MORE, YOU CAN SEE HOW THE TRANSPORTATION HUB WORKS. THE MAP OTHE LEFT SHOWS THE SCHEDULE FOR MOTORCYCLE COLLECTION OF SAMPLES FOR EACH OF THE UPCOUNTRY CLINICS. SO MONDAYS THEY GO ONE PLACE, ON TUESDAY A DIFFERENT ROUTE. AND THEY DRIVE ABOUT 150 TO 200 KILOMETERS PER DAY. AND WHAT HAPPENS IS THE SAMPLES ARE THEN TAKEN BACK TO A HUB, THEY'RE THEN PACKAGED AND PUT ON A BUS SYSTEM WHICH RUNS THE MAIL TRANSPORT. SO ALL THESE ROADS LEAD ALWAYS TO CAMPOLA. WE PERFORMED AN ASSESSMENT TOOL IN EACH OF THE DISTRICT LORATORIES TO LOOK AT A BASELINE ASSESSMENT OF PERFORMANCE OF EACH OF THESE INSTITUTIONS. WE THEN MENTORED THE LABS AND PROVIDED RAINING ON SAMPLE COLLECTION AND TRANSPORT OF THE THREE PRIORITY DISEASES. AND SO THE ALGORITHMS THAT WE SET UP WERE HERE. WE ISOLATED, TOOK A SPECIMEN AND THEN TRANSPORTED THE SAMPLE BY THE BUS SYSTEMS TO A CLEARINGHOUSE FOR THESE AND THEN ON TO. FOR TB, WE WOULD COLLECT THE SAMPLES BY MOTORCYCLISTS. THEY WERE TESTED. ANYTHING THAT HAD THE POTENTIAL TO DO TB WAS THEN PACKAGED AND SENT TO THE CENTRAL LABORATORY. FOR COALER LALAAL OUR GOAL WAS TO IMPROVE REAL TIME PROTECTION, TRANSPORT AND CONFIRMATION THROUGH NEW DHIS 2 MODULES. DISEASE SPECIFIC MODULES THAT WE SET UP FOR EACH OF THE THREE PRIORITIES. THESE LABORATORY RESULTS WERE THEN INTERLINKED VEEIA THE EOC. AND WE DEVELOPED DASHBOARDS FOR EACH OF THESE DISEASES AND REPORTS FOR THESE DISEASES COULD BE ACCESSED TO ANY OF THE STAKEHOLDERS IN THE HEALTH SYSTEM AT ALL LEVELS ON A NEED TO KNOW BASIS. AND THERE IS AN EXAMPLE HERE OF ONE OF THE DASHBOARDS FOR CLER CHOLERA CHOLERA. UP COUNTRY DATA WOULD BE ENTERED AT THE REGIONAL SITES. AND THEN TRACKED AS IT WENT THROUGHOUT THE TRANSPORTATION NETWORK. SO AT EACH STEP IN THE CENTRAL LAB WHEN THE BUS REACHED KAMPALA KAMPALA, IT WAS

UPLOADED AND MOVED ON TO THE DIAGNOSTIC LAB. IT WAS THEN UPLOADED THAT IT HAD BEEN RECEIVED AND ANY SAMPLE RESULTS WERE ALSO UPLOADED. QUESTION WE LOOKED TO ESTABLISH AN EMERGENCY CENTER OF APPROPRIATE SIZE AND SCOPE. SO WE LINKED THIS ACTIVITY WITH THE PEPFAR SUPPORTED RESOURCE CENTER. THE MINISTRY OF HEALTH RESOURCE CENTER IS THE AGENCY WITHIN THE MINISTRY THAT COLLECTS ALL HEALTH DATA AND COMPILES IT FOR THE OTHER GROUPS TO USE. SO WE FOUND A RENTAL SPACE ACROSS THE SPACE FROM THE MINISTRY OF HEALTH. THIS IS A PICTURE OF THE NATIONAL HEALTH LAB IN THE BOTTOM RIGHT. THIS IS BEING BUILT RIGHT NOW. AND SUPPOSED TO BE DONE AT THE END OF THIS YEAR, EARLY NEXT YEAR. WE HOPE TO POTENTIALLY HAVE A THIRD BUILDING THAT COULD HOUSE AN EOC AS WELL AS OTHER GROUPS FROM THE MINISTRY OF HEALTH. THE POINT OF THE EOC WAS TO COORDINATE THE PUBLIC HEALTH RESPONSE FROM THE CENTRALIZED LOCATION. SO REALLY IT WAS TO RECEIVE AND ANALYZE AND MONITOR OUTBREAK INFORMATION THIS REAL TIME AND THEN BE ABLE TO TAKE THAT INFORMATION AND PROVIDE IT TO DECISION MAKERS AND POLICYMAKERS WHICH IN UGANDA IS WHAT IS CALLED THE NATIONAL POSITIVE PORT. PASSPORT. AND THIS IS SET UP WHERE THEY MEET AND THEN THE DROUGHT BREAK RESPONSE. SO THE PROJECT WAS SUCCESSFUL IN BUILDING CAPACITY TO REDETECT AND RESPOND. AND IT WAS MAINLY IN THESE THREE AREAS. NATIONWIDE LAB NETWORK, SAMPLE COLLECTION, TRANSPORT. AND REAL TIME INFORMATION SYSTEM WAS FOR THE BACKBONE OF THAT WAS SMS REPORTING. AND THIRDLY THE ESTABLISHMENT OF THIS EMERGENCY OPERATION CENTER AS THE CENTRAL HUB. AND THESE ARE PHOTOGRAPHS OF THE EMERGENCY OPERATION CENTER. IT WAS COMMERCIAL SPACE ACROSS THE STREET FROM THE MINISTRY OF HEALTH AND THESE PICTURES OF THE INSIDE. AND YOU CAN SEE IN THE LOWER RIGHT HAND CORNER, THERE IS SPACE FOR FULL-TIME STAFF. THE MIDDLE PICTURE SHOWS WORKSTATIONS THAT CAN BE USED FOR INSTANT MANAGEMENT TEAMS WHEN THE EOC IS ACTIVATED. AND THEN THIS PICTURE ON THE LEFT HERE IS THE SITUATION ROOM. THE FOUR STAFF THAT WE SUPPORT. MINISTRY OF HEALTH PROVIDE ADMIN SUPPORT. AND OUR EOC IS LINKED NOW WITHES NEWLY ESTABLISHED OFFICE OF THE PRIME MINISTER NATIONAL EMERGENCY COORDINATION AND OPERATIONS CENTER. AND THIS WAS FUNDED BY UNDP. AND THIS ALL HAPPENED AT THE SAME TIME WE WERE DOING OUR DHS PROJECT. SO OTHER SPECIFIC ACHIEVEMENTS WITHIN OUR PROJECT INCLUDED DEVELOPMENT OF SOPs AND PROTOCOLS. AS I SAID EARLIER, WE ESTABLISHED DISEASE SPECIFIC MODULES. WE PERFORMED AN EXERCISE DRILL IN 2013 AND WE EVALUATED THE SPECIMEN TRANSPORT, THE SMS COMMUNICATION SYSTEM, DOC MANAGEMENT OF RESPONSE. WE HAD NOTED SUCCESSES IN THE TIMELY DELIVERY OF SAMPLES WITHIN IN HOURS. AND UTILITY OF THESE SUSPECT CASE RESPONSE MODULES. SO THE EOC WAS ABLE TO MONITOR THIS RESPONSE AS WE WENT THROUGH THE PROCESS OF THE EXERCISE. SINCE THE DEMONSTRATION PROJECT, WE'VE SEEN A PRETTY SANCTION INCREASE IN THE SUBSTANTIAL INCREASE IN THE USE OF THE PARTICULAR NETWORK. WE HAVE HAD A SUBSTANTIAL INCREASE IN THE NUMBER OF SACHLS SAMPLES COMING THROUGH THE DIFFERENT LABORATORIES. THE EOC HAS DEVELOPED A SYSTEM THAT INCLUDES EVALUATION OF MEDIA REPORTS. AND THE REASON WE ESTABLISHED ACCESS TO CANADA'S GLOBAL INTELLIGENCE NETWORK. EOC HAS BEEN ACTIVATED A FEW TIMES SINCE DEMONSTRATION PROJECT. THE FIRST TIME WAS IN OCTOBER TO MONITOR FOR SYMPTOMS CONSISTENT WITH MERS CORONAVIRUS. AND SECONDLY FOR A MASS GATHERING EVENT IN NORTHERN UGANDA. IN MONTH EOC WILL BE ACTIVATED FOR MOTHER TO CHILD TRANSMISSION OF HIV. SO RIGHT NOW WE'RE WORKING THROUGH THE NUANCES. AND THE EOC WAS ACTIVATED ON FEBRUARY 11th FOR CURRENT OUTBREAK OF MENINGITIS IN NORTHWEST UGANDA. EVENT O EOC RECOGNIZED SOME PROBLEMS IN THE SAMPLES. A LOT OF THE DISTRICTS WEREN'T INCLUDED IN THE PILOT PROJECT, SO THEY WEREN'T USING THE TRANSPORTATION NETWORK. SO WE WERE ABLE TO SET IT UP SO THESE

DISTRICTS COULD THEN ACCEPTED SAMPLES SEND SAMPLES TO THE PUBLIC HEALTH LABORATORY. SECONDLY A GROUP HAS DEVELOPED A DISEASE SPECIFIC MODEL FOR MENINGITIS. SO OUR NEXT STEPS ARE TO COUCT MANAGEMENT TRAINING WITH THE KEY STAFF TO TRAIN RAPID RESPONSE TEAMS IN THE REGIONAL AREAS, AND THEN ALSO TO FOCUS ON LOWEST LEVEL WHICH IS THE VILLAGE HEALTH TEAMS TRAININ THEM FORDISEASE CONTAINMENT AND REPORTING. WE'RE LOOKING TO ESTABLISH SENTINEL SURVEILLANCE SITES. WE STARTED ONE IN NORTHWEST UGANDA AND WE'RE LOOKING AT POSSIBILITIES OF OPENING SOME OF THESE OTHER SITES THROUGHOUT OTHER AREAS OF THE COUNTRY. WE'D ROOIKLIKE TO READMINISTER LABORATORY ASSESSMENT AND LOOKING TO INCORPORATE TRACKING INTO THE SPECIMEN TRACKING. WE HOPE TO EXPAND THE MODEL BEYOND THE 17 PILOT DISTRICTS INTO 23 NEW DISTRICTS THIS YEAR. THIS MAP ON THE RIGHT SHOWS THE EID HUBS. THE ONE IN THE RED WERE THE FIRST 19 ESTABLISHED. AND SO THE BLUE ONES ARE NOW WHAT THE MINISTRY OF HEALTH ADDED THIS LAST YEAR. SO UP TO 78 SITES NOW. AND SO THERE ARE A LOT OF AREAS WHERE WE COULD POTENTIALLY ROLL THIS OUT. THIS MAP SHOWS 21 OF THE NEXT 23 DISTRICTS. WE'RE STILL TALKING WITH THE MINISTRY OF HEALTH ABOUT THE REMAINING TWO. WE'RE ALSO HOPING TO EXPAND SOME OF THE DHI TWO MODULES THAT WE FILLED TO POTENTIALLY BE FLLLED IF N. OTHER COUNTRIES. SOME OF THE ROLL OUT COUNTRIES ARE ALSO USING DHIST. SO IF YOU'RE HERE FROM ONE OF THOSE COUNTRIES AND YOU'RE INTERESTED IN WHAT WE DID, WE'RE CERTAINLY WILLING TO TALK ABOUT IT. WE'RE ALSO INTERESTED IN DEVELOPING A MANAGEMENT MODEL. SO WE'RE LOOKING AT SOME OF THE COMMERCIALLY AVAILABLE SOFTWARE THAT IS OUT THERE AND LOOKING TO SEE IF IT WOULD BE WORTH BUILDING ONE OF OUR OWN. AND LASTLY, WE'LL ADD ADDITIONAL DIAGNOSTIC. AND SO YOU CAN IMAGINE THERE WAS A LOT OF PEOPLE INVOLVED. AND THIS IS KIND OF AN OVERVIEW OF EVERY THAT CONTRIBUTED SIGNIFICANTLY TO THIS PROJECT. AND I'D LIKE TO THANK ALL OF THEM FOR THEIR INPUT ON THIS. THANK YOU.