



IANPHI-Africa Regional Meeting 17 October 2016, Shanghai, China

Welcome/Introductions

Mwele Malecela, Director, NIMR/Tanzania; IANPHI Vice-President; IANPHI-Africa Chair

Welcome, introductions and thanks to organizers was noted, by Chairperson Dr. Malecela

Following the Introductory, Dr. Malecela emphasized the following:

- IANPHI-Africa's importance as a platform to discuss issues specific to Africa
 - We have created, connected, and, using the strength of the network, are transforming public health in our region
 - Proud to have this representation from Africa
- IANPHI Leadership Academy
 - Great success; leadership training for NPHI executive teams; importance for succession planning & sustainability
 - Joint effort by IANPHI US Office & IANPHI-Africa; two sessions, Maputo and Dar es Salaam
- Communications and collaboration: continuing challenge for IANPHI-Africa
 - Each director asked to designate an IANPHI-Africa focal point to ensure responsiveness and sustained communication even in times of NPHI leadership transition
 - Think of ways to ensure quick & effective communication
 - Real-time aspects of WhatsApp is appealing
 - Important to link with WHO regional offices, Africa CDC, and regional networks to encourage dialogue
 - Take advantage of platforms such as One Health, African Society for Laboratory Medicine (ASLM), Global Health Security Agenda (GHSA), etc.
- IANPHI-Africa leadership:
 - Dr. Malecela has led IANPHI-Africa for 3 years, aided by Vice-Chair Dr Ilesh Jani from Mozambique
 - Call for nominations for new leadership
- Action items:
 - Renew commitment to Leadership Academy; convey importance of Leadership Academy to CDC/partners
 - Ensure support for communication and branding from IANPHI
 - Address communication challenges; more communication among NPHIs is needed to support twinning arrangements, cross-collaborations, funding opportunities
 - Nominate new IANPHI-Africa leadership
 - Discuss how network will be funded

Updates and Reflections on NPHI Development

Botswana -- *Haruna Jibril*

- Botswana is a large area with a small number of people
- Health system development pre-colonial until now; most services provided by expatriates
- Shift from curative services to disease prevention through establishment of public health systems, laboratory systems, public health laboratory, etc. – paradigm shift
- Presidential initiative from 2014 included decree for NPHI establishment, with huge support
- Several missions and funding support from CDC Atlanta
- National parliamentary support needed
- Next steps
 - Ensure funding
 - One-year plan of action
 - Laboratory capacity assessment
 - Establishment of relationships between Ministry of Health and NPHI
 - University of Botswana to assist with procurement, etc.
- Challenges
 - Human resources, capacity building
 - Lab capacity
 - Emergency operations system
 - Technical staff training
 - Need for director to push things forward

Togo -- *Abiba Banla*

- Expanding the NPHI's mission to include strengthened epidemiology and surveillance activities
- Current problem is timely response to outbreaks of infectious diseases – especially Ebola, which has created a huge problem in West Africa; outbreak response has been time consuming and also delayed by changes in Ministry leadership, each of which requires 'starting over from square one'
- The Ministry is now working toward transformation of INH into a bona fide NPHI
- Notable activities this year:
 - Investigated outbreaks of meningitis and Lassa fever, among others
 - Participated in two major meetings on global health security
 - Participated in an evaluation of Staged Development Tool (SDT)
 - Prepared surveillance documents as part of the World Bank's Regional Disease Surveillance Systems Enhancement (REDISSE) program
 - Set up labs at the national level
 - Obtained support from the US Embassy in Togo for a new building to house the public health laboratory
- Challenges
 - Administrative hurdles
 - Human resources
- Action item: Strengthen human resources for surveillance

South Africa -- *Natalie Mayet*

- NPHI provides a platform for surveillance research for communicable diseases, NCDs, and injury prevention

- Journey began in 2010, with drafting of a business case and a commitment to establishment of a steering committee
- Key steps/success factors:
 - Included representation of Treasury Department; hugely supportive; their inclusion was critical
 - Developed concept documents with assistance of CDC
 - Conducted study visits to IANPHI-Atlanta and Canada
 - Conducted stakeholder engagement and discussion with labor representatives
 - Devised social and environmental impact assessment
 - Opened document for public comment March 2016; important for public engagement
- Legislative process for bill to be published into an act
 - Complex, onerous, time-consuming
 - 2- to 3-year period; high-level project approach
 - Major workshop planned; development of business case
- Way forward
 - Finalize legislation process
 - Fully established by 2017-2018; implemented by 2018-2019
 - Want to benchmark with other countries – NCDs, injury, violence

Nigeria -- *Chikwe Ihekweazu*

- New director; started 2 months ago; building on significant progress to date
- Nigeria CDC in its infancy; need to focus on public health functions
- Strong relationship with IANPHI and colleagues across the African continent; Africa CDC
- Look forward to listening more than speaking

Côte d'Ivoire -- *Kouassi Dinard*

- Five institutions collaborate with IANPHI as part of common NPHI “platform;” worked well in the context of Ebola
- INSP, created in 1970, conducts research, training, and monitoring and evaluation of diseases, and offers health services
- INSP also deals with diabetes
 - Diabetes prevalence is 5%; incidence is likely much higher
 - 67.5% of cases are not documented, and many patients are unaware of their disease status
 - INSP working to generalize patient records, set up a database, and improve patient care
 - Major difficulty is lack of specialists

Malawi -- *Ben Chilima*

- Since 2013, embarking on NPHI legal process; currently still under Ministry of Health
- Government will grant land for a building
- By December 2017, hope to be able to announce a full-fledged NPHI with a national epi unit, public health lab, and ten disease control programs
- In the interim, working with Norway’s NPHI in a peer-to-peer capacity-building arrangement
- FETP has trained 12 fellows; now in second cohort
- Challenges:
 - Shortage of skilled staff
 - Delays in legislation
 - Leadership

Report on Africa CDC

Richard Kamwi, African Union; Rachel Idowu, US CDC

- Africa CDC concept document lays out center and regional centers; approved in 2015 – **see attached MOU**
- Work on the legal foundation document took about one year; statutes were done by heads of state and government
- Followed by the operational phase (administration, equipment, facilities); EOC now operational
- Coordination center will be dependent on five regional collaborating centers
 - Commission has organized an evaluation of proposed centers
 - Report submitted to governing body (two ministers per region)
 - Five regional collaborating centers approved
- Nine epidemiology experts have been recruited through the AFENET network; all have specialized training and diplomatic skills
- NPHIs in each country will be the gate for the African CDC to work with countries on the continent

Discussion yielded these points:

- CDC will support WHO and member states in implementing those strategies.
- Africa CDC will provide a major role in advocacy, e.g., speed processes in response to crises
- As leadership is established, more concrete answers to many questions can be provided
- As noted in Ebola, Africa CDC can address the gap between member state responsibilities within versus across borders. This is a unique sector where our public health issues are impacted by what is going on in our neighboring countries, and without a political link, it would be challenging to work at a technical level. By obtaining a mandate from heads of state at continental level, we can seek to assist during emergencies and non-emergency periods.
- Africa CDC is in unique position to advocate for communication linkages throughout the continent. Africa CDC will have the ability to call on Member States to link to the responder network when challenges are above what one country can handle.
- China CDC supported Africa CDC construction and participated in team evaluations of regional candidates. Looking forward to continuing to work with Africa CDC for the bright future of Africa.
- Africa CDC is funded by the African Union, contributions from member's states, and internal funding.

Mapping a Dashboard of Collaboration – China CDC & Africa initiatives

Dr. Zhou Xiaonong, China CDC

- China CDC has made many contributions to public health progress, e.g., lymphatic filariasis elimination in 2007; proposing schistosomiasis elimination by 2025 (www.sciencedirect.com/science/article/pii/S1473309915003606) and malaria elimination by 2027
- Important collaborations/MOUs with institutions in Africa
- Major needs: health systems, diagnostics training, financial support
- Relevant Chinese experience; training, research collaborations, advances in parasitology
- “Four T” model:
 - Tailor the Chinese experience to local settings
 - Transfer technology/tools into practices
 - Train local staff
 - Treatments – drugs/compounds

- Forecasting: goals for 2020 and 2030
 - HIV/AIDS, lymphatic filariasis, schistosomiasis, malaria, Ebola, TB, soil transmitted helminths
 - South-South Cooperation/capacity building
 - Pilot projects
 - Training
- E's:
 - Enhance research capacity
 - Enlarge research activities
 - Extend networks
 - Exchange information through collaborations

NPHI Staged Development Tool (SDT)

Ezra Barzilay, US CDC; Henry Vandi, US CDC; Sue Binder, IANPHI-US Office

- SDT is a tool kit to help NPHIs function better and have more impact.
- SDT involves two steps:
 - Assess and identify gaps
 - Develop work plans to fill the gaps
- SDT uses a maturity model to guide assessment. Stages of development are identified as basic, developing, advanced, leading edge. There are 28 discussion guides to describe these stages for a range of topics falling into two categories: internal facing (e.g. leadership and management, health and safety, internal communications) and external facing (e.g. surveillance, research, emergency response, and data to action)
- Each of the 28 discussion guides has the same structure: 4 stages across a 12-point scoring system and across 6 domains: Strategic Direction (SD), Systems (SYS), Resources (RES), Quality (QAL), Engagement (ENG), Impact(IMP)
- Discussion guides are guided by a facilitator. Participants have in-depth discussions to determine current stage, identify desired stage within a timeframe and identify gaps they need to fill to achieve their desired status.
- Key points are recorded on an assessment form which is structured by identifying the assessment topic, current score, desired score, justifications/examples and gaps. The assessment can be focused on specific domains.
- The identified gaps are the basis for work planning. The work planning guide is structured by identifying each gap and for each, identifying activities needed to fill the gap, along with what action steps are needed to fill the gaps including identifying milestones, responsible parties and timelines.
- Gaps are prioritized by examining importance, feasibility and urgency
- The SDT has been implemented in Guinea-Bissau (capacity assessment and gap prioritization), Mozambique (data-to-action training), Rwanda (informal discussions), Somalia (leadership, management, internal communications), South Africa (informal discussions) and Togo (capacity assessment and gap prioritization).
- Once finalized, material will be available freely

IANPHI-Africa Visioning Exercise

The discussion yielded the following ideas:

IANPHI-Africa operations

- Identify IANPHI-Africa focal points for each member institute
- Devise mechanisms to help with institutional memory
- Improve internal communication/responsiveness
- Develop/implement orientation for new members
- Enhance linkages and partnerships
- Explore funding options for sustainability
- Publish annual report

IANPHI-Africa Considerations

- Training is an important NPHI issue
 - Explore options, e.g., web-based, instructional videos for sharing, etc.; what is working
- Regional mapping
 - Map training available in region (by topic, platform)
 - Map Expertise in the region (by core function/domain) -- Look for expertise within Africa before looking outside; need relationships with other African countries. Each institute to be familiar with neighboring institutes.
- Leadership training (Leadership Academy)
 - Sub-director level; rising leaders
- Communications training
 - Train on Communication strategy, benchmarks, outputs, implementation
- Importance/integration of surveillance and response
- Promote communication with regional partners
- Mentorship
- Lab strengthening; equipment maintenance
- Raising awareness of NCD agenda (e.g., cancer) in Africa – IARC open to collaboration
 - Burden growing, especially due to increased life expectancy and lifestyle changes
 - Not enough diagnostic capacity. IARC open to collaboration.
 - IARC working in education/prevention and risk factors; improving early detection and diagnosis; raising awareness of opportunity for cancer research while implementing programs nationally.
 - Several studies in Africa (e.g., HPV vaccination in Rwanda schools; barriers to early detection of breast cancer; esophageal cancer in Tanzania and Malawi)
 - Issue: governments may tend to set up cancer initiatives outside of NPHIs due to flow of funding
 - Morocco and Cote d'Ivoire NPHIs creating reference registry centers for cervical and breast cancers
 - South Africa has a cancer surveillance platform intended for it to be shared on a communicable disease universal platform.

IANPHI-Africa Business Meeting

- Challenges
 - Communication –when directors receive information, it does not trickle down; need designated IANPHI-Africa focal persons for each member institute; also consider WhatsApp for real-time communication
 - Need to strengthen network to support one another (twinning, cross-collaboration)
 - Funding – of IANPHI-Africa members
- Opportunities
 - Go beyond IANPHI partnerships; link/dialogue with WHO regional office, formation of Africa CDC, regional networks; network on the continent (WHO AFRO, Africa CDC, ASLM)
 - Take advantage of initiatives, such as One Health, GHSA, to move agenda forward
 - Joint calls should become the norm for this network; become used to working together/responding to calls when they come
- Review of IANPHI-Africa Collaboration Agreement – comments requested in one week
- Leadership – Dr. Natalie Mayet was unanimously voted in as new IANPHI-Africa Chair. Regional representatives were named as follows: North/Morocco; South/South Africa; East/Burundi; West/Cote d'Ivoire.