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# ANNUAL MEETING

NOVEMBER 30 - DECEMBER 2, 2022 | HYBRID

HOSTED BY



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN

Pandemics, Conflicts, Climate Change: New  
Roles and Challenges for National Public  
Health Institutes

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Meeting 3

Global Health Partnership  
with IANPHI

November 30, 13h30-15h30

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Geneviève Chene,  
Former Chief executive,  
Santé publique France  
(Oct 2019 - Oct 2022)

Thursday, December 1

# Meeting 3 : Global Health Partnership with IANPHI Introductory speech

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Francisco Perez Canado,  
Adviser to the Director General on the  
External Dimension of Health,  
led the work on the EU Global Health  
Strategy in the European Commission  
(DG SANTE)

Thursday, December 1

## Development of an EU Global Health Strategy

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Dr. Silvia Logar  
International Aid/Cooperation Officer  
European Commission – DG INTPA

Thursday, December 1

# Team Europe Initiative “Support to Public Health Institutes in Sub-Saharan Africa”

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## Global Gateway Prosperity Package – Health

*Reinforced EU-AU partnership in health:*

**“Healthy lives and wellbeing for all in Africa’s transformation”**

EU-Africa: Global Gateway Prosperity Package - **Health**

*Flagship #1:*  
Support to COVID-19 vaccine supply and roll-out

Ongoing (short term)  
COVID response

*Flagship #2:*  
**MAV+**  
Manufacturing & access to vaccines, medicines & health techs.  
*(1 regional TEI)*

Longer-term collaboration aligned with new Public Health Order in Africa

*Flagship #3:*  
**Strengthening health systems and capacity for pandemic preparedness, digital and public health**  
*(3 regional TEIs)*

*Flagship #4:*  
Enabled environment for Sexual and reproductive health and rights in SSA  
*(1 regional TEI)*

Uphold EU, AU and RECs commitments on SRHR

## SPECIFIC OBJECTIVES

- 1. Strengthen core-functions, attributes and services of schools and institutes of public health (national level)
  - Enhanced their PHl expertise, knowledge and resources to provide national health authorities with evidence-based and locally adapted policy advice, initial (e.g. Masters of Public Health) and continuous (short courses) training and other support;
  - Increased availability of context specific, culturally and gender sensitive data and evidence on Africa public health priorities to drive policy response strategies to tackle the underlying determinants of morbidity/mortality, reduce the vulnerability and build the resilience of health systems against health threats or Strengthened PHl at technical/academic

## SPECIFIC OBJECTIVES

- 2. Establish/Enhance regional collaboration between PHIs to jointly develop research, training, policy advice and advocacy (regional level)  
South-South collaboration facilitated; Increased integration of national PHIs and establishment of networks at sub-regional/continental level
  
- 3. Enhance collaboration between European and African PHIs and integration of African PHIs in international public health networks.  
Enhanced Twinning and Consultation with regional and global public health organizations and political fora and working groups; Increased participation in international public health conferences

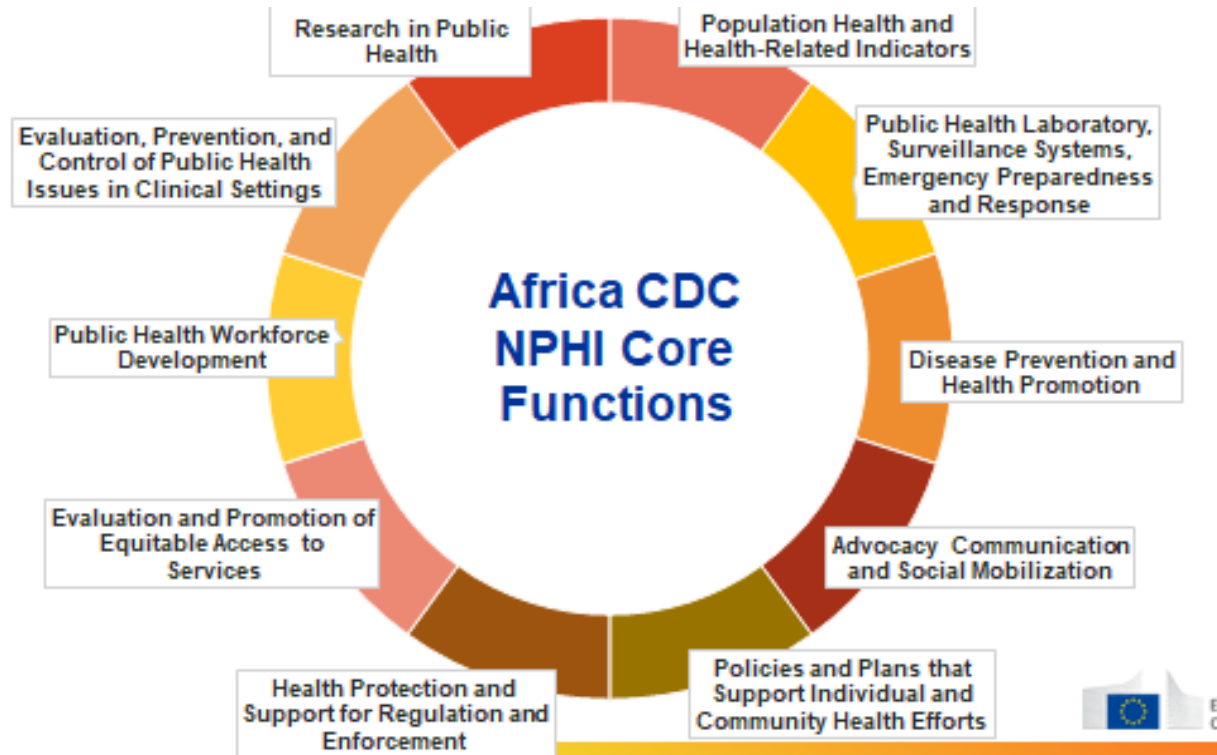
# CORE FUNCTIONS and ATTRIBUTES



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## NPHIs : Core functions



## NPHIs : Core attributes

Science-based: use of data and evidence to make recommendations, develop programs, and suggest policies

Transparency and accountability

Strong and continuously improving NPHI workforce

Adequate infrastructure to perform the core functions efficiently

Linkages at international, national, and subnational levels

Defined legal authority for work: legally binding documents that describes the NPHI, its mandate, its key functions, and its authority

Plans for sustainability

National scope: NPHIs have the responsibility to serve entire national populations



## SCOPING STUDY

DG INTPA has commissioned a scoping study to inform the international related to the PHI TEI. The research revealed that 32 NPHIs are established in the 49 SSA countries (65%).

3 MoH are working as NPHI, and there are 6 public health organizations in 5 SSA countries which are members of the IANPHI but are not NPHIs.

Sub-Region	<i>Tot. Nb country</i>	Identified NPHI	%
West Africa	17	13	76%
East and Central Africa	18	12	67%
Southern Africa and Indian Ocean	14	7	50%
<i>Total</i>	<i>49</i>	<i>32</i>	<i>65%</i>

The creation of NPHIs is concentrated during the EBOLA crisis and period following this crisis (Africa CDC: Jan. 2017).

## No NPHI is designed to implement all the 10 CFs

- Most Institutions are dedicated to performing functions related to epidemiological surveillance, laboratory services to support the identification, monitoring and response to public health threats (CF2).
- Almost all are developing HR capacity for epidemiologic assessments (CF8), and research and development related to diseases survey (CF10).
- They also contribute peripherally to the assessment of national health problems (part of CF1) and evaluation of quality of public health programs and services (part of CF9), in collaboration with academic institutions.
- No NPHIs were found responsible for the national health policies and plans (CF5), leadership in health promotion (CF3), mobilizing community partnerships to increase access to health (CF7), of enforcing laws and regulations that protect and ensure safety of individuals (CF6).

# CONCLUSION AND NEXT STEPS

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Health systems and NPHIs remain fragile due to financial, organizational and human resources issues. Lessons learnt from the Covid-19 pandemic and Ebola epidemic call for urgent public health policy responses.

It is therefore crucial for SSA institutions to develop and implement sustainable plans to strengthen public health institutions to improve the access, quality, efficiency and equity of health services for all populations.

- NPHIs and Africa-CDC, as science-based government institutions, should operate as independent institutions, with a legal mandate to serve as Public Health Agencies implementing the 10 EPHF.
- Their definition and status however is limited to outbreaks control and a large part of the EPHFs is neglected, inadequately supporting the strengthening of public health systems and protecting African populations.
- African leaders and partners must consider strategies to respond effectively to public health issues protecting all populations from all health threats



# THANK YOU

QUESTIONS?



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Dr Andrea Ammon  
Director,  
European Centre for Disease  
Prevention and Control (ECDC)

Dr Raji Tajudeen,  
Head of Division of Public  
Health Institutes and Research,  
Africa Centres for Disease  
Control and Prevention (Africa  
CDC)

Thursday, December 1

# ECDC and Africa CDC Partnership



## TWIN AGENCIES

- Supranational entities
- Ambitious continental strategies
- Period of transformation
  - ECDC reinforced mandate
  - Amended statute of Africa CDC





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# ECDC for AFRICA CDC



This project is  
funded by the  
European Union



## EU for Health Security in Africa: ECDC for Africa CDC

- **Project duration:** 48 months, 2021 – 2024
- **Overall aim:** to contribute to health security in Africa by sharing EU practices and strengthening Africa CDC to respond to health threats posed by communicable diseases
- **Funding authority:** European Commission, Directorate General for International Partnerships
- **Budget:**
  - 9M EUR ECDC/DG INTPA Contribution Agreement – *signed in October 2020*
  - 1M EUR Africa CDC/DG INTPA direct grant for project staff in Africa – *signed in August 2021*

## WORK PACKAGE 1

Objective: strengthen capacities of Africa CDC in **preparedness, response, and emergency operations.**

Focus:

- Disease prioritization and risk ranking
- Simulation exercises and learning events (In and After-Action Reviews)
- Technical support to Emergency Operation Centres



## WORK PACKAGE 2

Objective: improve continental **harmonised indicator- and event- based surveillance** of infectious diseases, including platforms for data sharing and early detection of threats

Focus:

- Development of IBS/EBS tools
- Exchange of practice

## WORK PACKAGE 3

Objective: strengthen foundations for a **sustainable trained public health workforce**

## NEXT STEPS

- Continued **project** implementation
- Foundations for **long-term** collaboration
- Examples:
  - Monkeypox
  - Monitoring events of interest
- Seek opportunities for additional collaboration

## WORK PACKAGE 3

- Soon-to-be launched survey to map existing and planned FETPs in Africa - covering the 55 member states of the African Union, followed by virtual interviews.
- Supporting Africa CDC on the development of the continental program, the African Epidemic Service (AES)
- Supporting the launch of Africa CDC's LMS: 2 workshops organized in August and November to share experiences, practices and lessons learned, and to see how ECDC can support Africa CDC with content for their LMS both at launch and after.



## WORK PACKAGE 3

- Professional exchanges
- Africa CDC visit to Stockholm, on 22-25 November: ESCAIDE, experience sharing activities on creating, managing and promoting learning, an in-depth technical exchange
- ECDC visit at Africa CDC, first trimester 2023



Dr. Pasi Penttinen,  
Director,  
Gulf CDC

Thursday, December 1

# Role of a regional CDCs in global health collaboration : Gulf CDC





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A new regional CDC infrastructure is emerging



EUROPEAN UNION



EUROPEAN CENTRE FOR  
DISEASE PREVENTION  
AND CONTROL



Caribbean  
Public Health  
Agency



Centres for Disease Control and Prevention  
Safeguarding Africa's Health

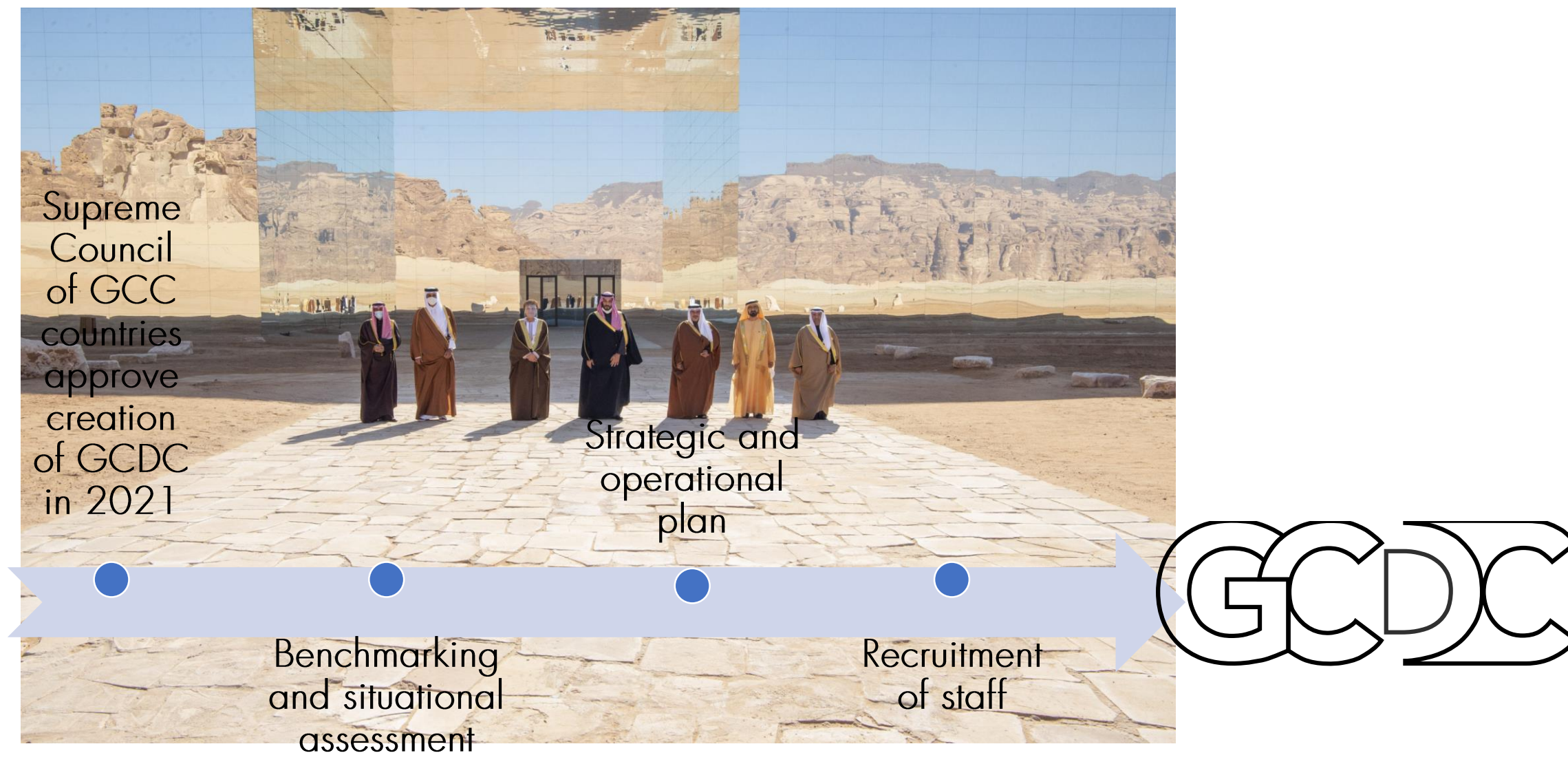


المركز الخليجي للوقاية من الأمراض ومكافحتها  
Gulf Center for Disease Prevention and Control



**ASEAN Centre for Public Health  
Emergencies and Emerging Diseases  
(ACPHEED)**

## Gulf CDC established within Gulf Health Council (GHC) and GCC



# Gulf Center for Disease Prevention and Control



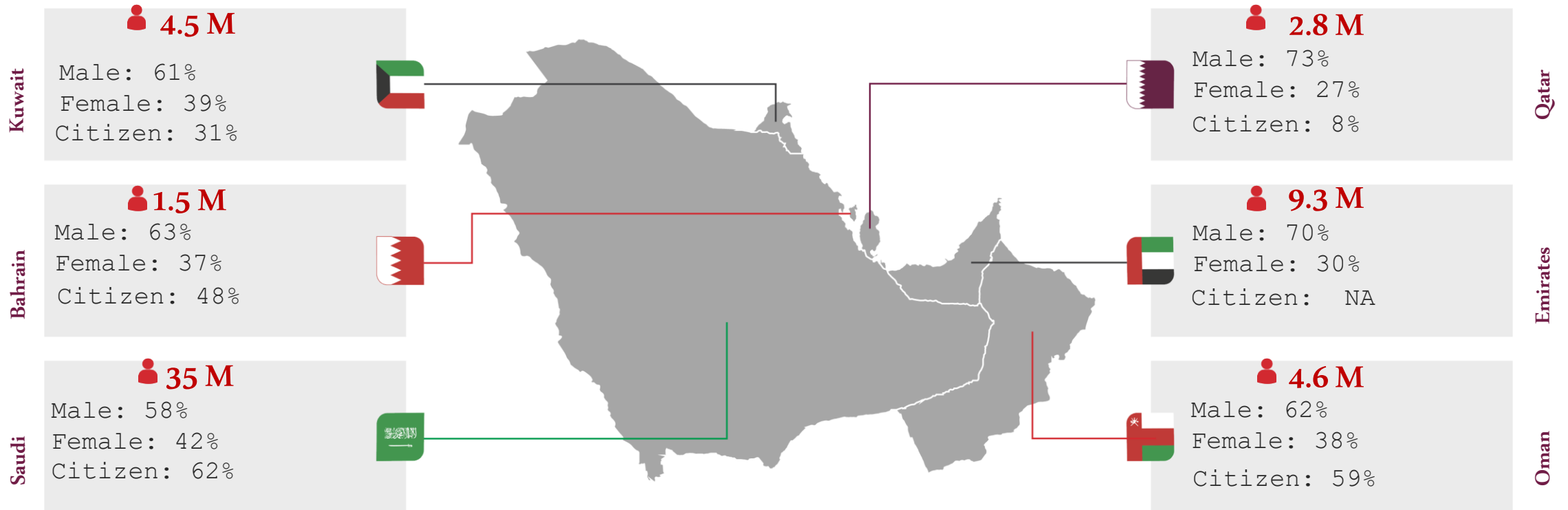
## Vision

A Gulf society enjoying the highest level of health and wellbeing through a Gulf partnership in public health.



## Mission

To foster harmonisation, build knowledge, and generate evidence to enable the prevention of communicable and non-communicable diseases, mitigation of public health emergencies and promotion of healthy communities across the Gulf.



## Disease prevention as a pillar in regional transformation

- Opportunities to prevent chronic diseases due to demographic structure
- Public health as a driver in quality of healthcare and medical tourism
- Communicable disease control in support of tourism sector
- Societal resilience - Disaster and Pandemic preparedness and response
- Urban development – healthy cities
- Injury prevention

# Strategic Objectives of Gulf CDC



1. Support the development of collaborative public health **programs, policies and practices**.
2. Strengthen regional public health **training and capability building**.
3. Enable the collection, integration and utilization of public health data across key indicators through **surveillance and research**.
4. Enhancing **preparedness, early detection and rapid response** to health hazards in the Gulf region



## Challenges Gulf CDC faces in building up Global health role

- WHO governance structure based on state actors
- Bilateral agreements required (MoUs etc) with other PH institutes
- Balancing the role of national authorities and regional authorities
- Managing vertical programs in a functional structure
- Needs in neighborhood vs global health
- Balancing global health resource needs vs regional capacity development during launch phase



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Thank you! Email: [p.penttinen@gulfcdc.org](mailto:p.penttinen@gulfcdc.org)



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Dr. Lisa Indar  
Director,  
Surveillance, Disease Prevention  
and Control,  
Caribbean Public Health  
Agency (CARPHA)

December 1, 2022

# Regional CDCs challenges in Global Health cooperation: CARPHA experience

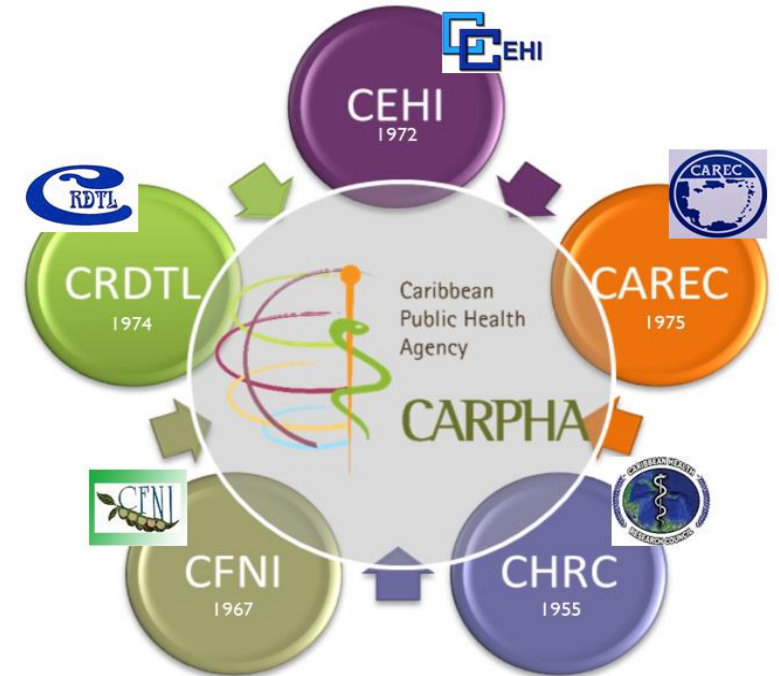
## VISION

Health People  
Healthy Spaces  
Healthy Caribbean

## MISSION

*As a professional organisation to build Member States capacity to prevent disease and promote health and wellness through leadership, partnership and innovations in Public Health*

- A CARICOM Institution with responsibility for Public Health
- Merger of former 5 Regional Health Institutions
- Established by CARICOM Inter-Governmental Agreement 2<sup>nd</sup> July 2011. Operational 1<sup>st</sup> January 2013
- Headquartered in Trinidad and Tobago with campuses in Saint Lucia and Jamaica
- COVID-19 support to the CARICOM Region through the perspective of Health Security
- Serve 26 CARPHA member States /countries



# Who We Are

# What We Do: Objectives of CARPHA



1

Promote physical and mental health and wellness

2

Provide strategic direction in analysing, defining and responding to public health priorities

3

Promote and develop measures for the prevention of disease

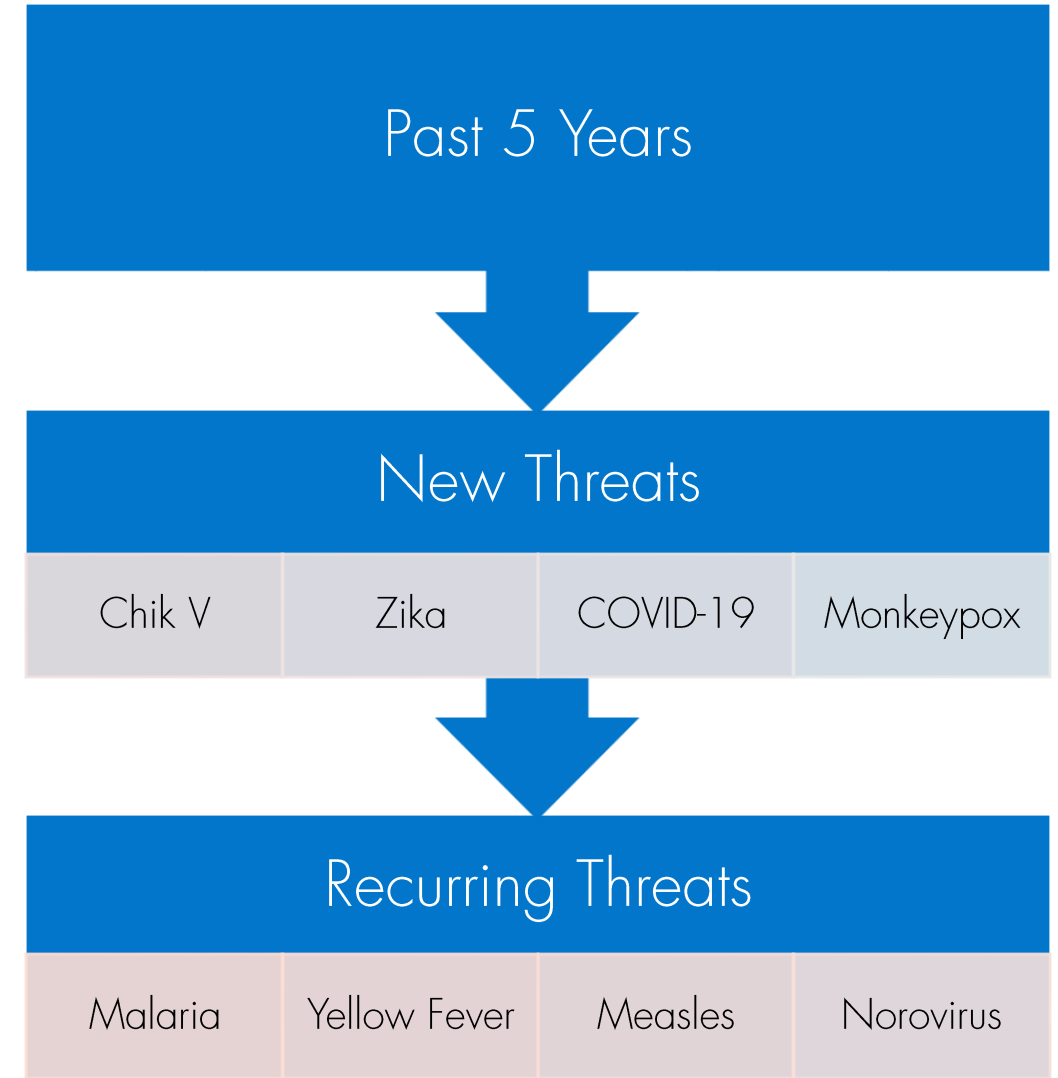
4

Respond to public health emergencies

5

Support relevant objectives of Caribbean Cooperation in Health

# Public Health Challenges in the Caribbean



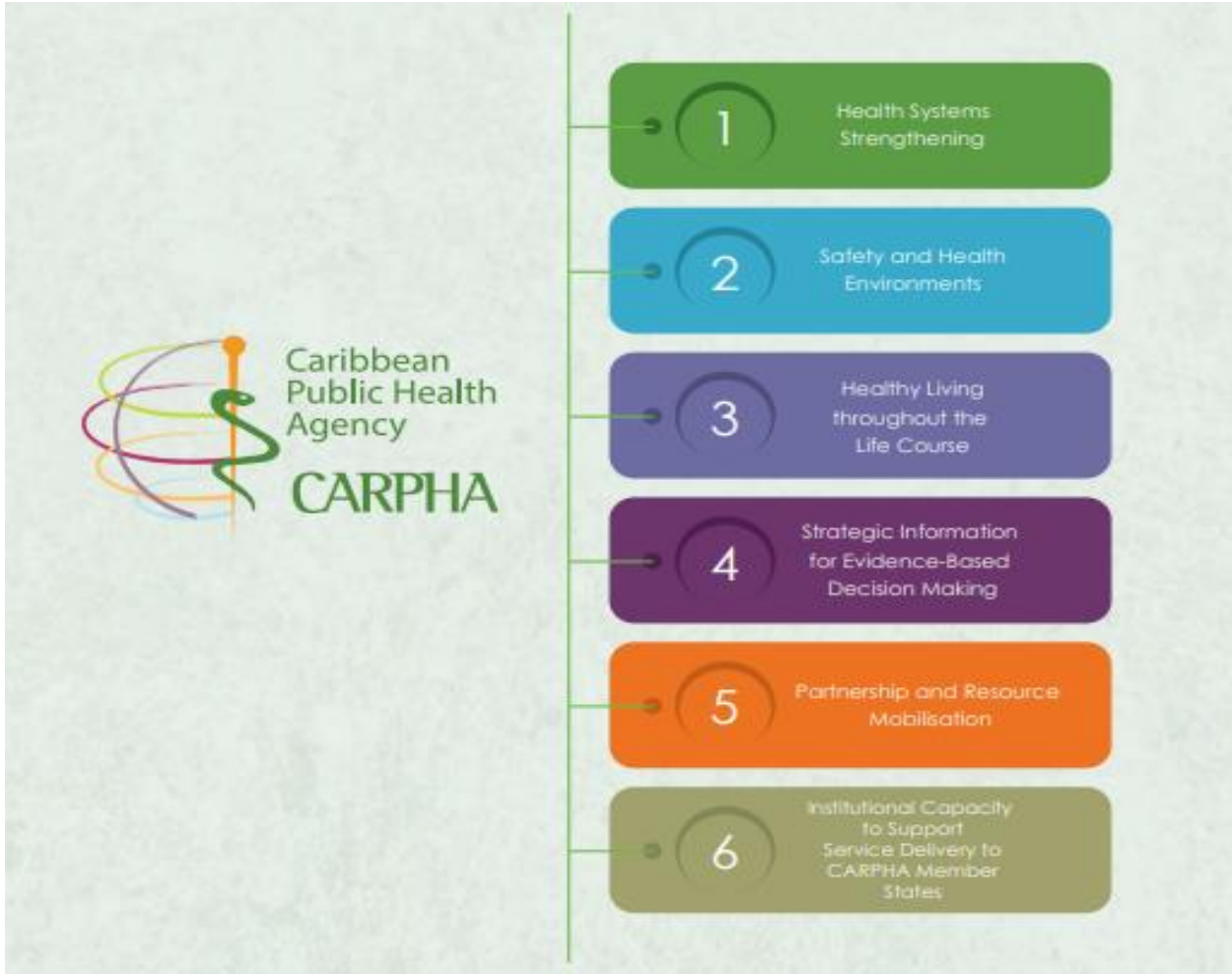


# Programmatic Priorities

- Non-communicable Diseases and Obesity
- Communicable diseases, including HIV/AIDS
- Laboratory Services and Network
- Regional Health Security
- Environmental Health and Sustainable Development
- Tourism and Health
- Foodborne Diseases and Food safety
- Vector borne Diseases
- Medicines and Pharmaceuticals – Testing and Regulations
- Health Research
- Emergency Response
- Climate Change and Health
- Repositioning Health on the Political Agenda



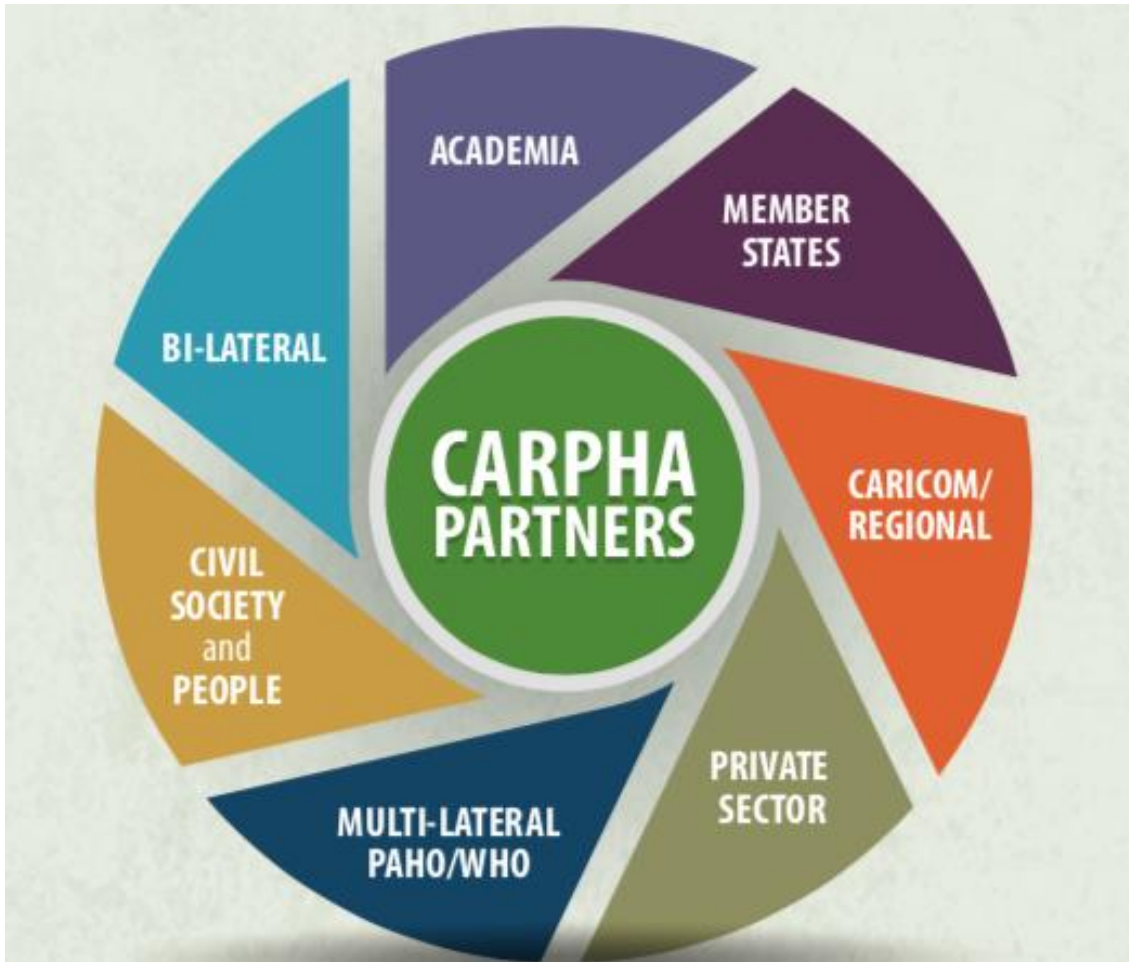
# Partnerships: One 6 Strategic Priority Areas



- Key function in the IGA; Article 5.(i) (j)
- Add value to member countries
- Changing resource & financial environment
- Extend range and impact of programs
- Allow implementation of new public health plans/projects
- Develop strategic partnerships (health promotion at work)

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- The partnership approach and working with stakeholders from a wide range of sectors have been instrumental in CARPHA's success
- CMS are active partners in shaping and being the beneficiary of our work.
- Our IDPs have bought into our vision and provided technical and financial resources to the Agency.
- Public-private sector partnerships models have been utilized eg in the tourism sphere and creation of the CARPHA Foundation.
- In CARICOM, we are using a multisectoral approach to achieve public health gains.
- Regional and international academic and civil society allies have facilitated our evidenced based approaches to public health

Staff for International Cooperation - Majority of IDP resources go towards direct support to countries, and all staff play a part in that support whether at the technical or administrative level

Partnership is mentioned in CARPHA's Mission – IGA Section 5i) *Building strategic alliances with regional and international partners*

## International Cooperation

### Bilateral Cooperation Organisation

- Interventions in countries are included in CARPHA's Annual Workplans based on the needs of countries/Member States
- Apart from Development Partners, agreements that are done directly with countries are done through the CARICOM Secretariat.

### Multilateral Cooperation Organisation

- Agreements with IDPs are done via Grant Agreements for MOUs
- CARPHA also has agreements with many Development Partners, and we are a part of many International working groups such as the ECDC, IANPHI, etc.

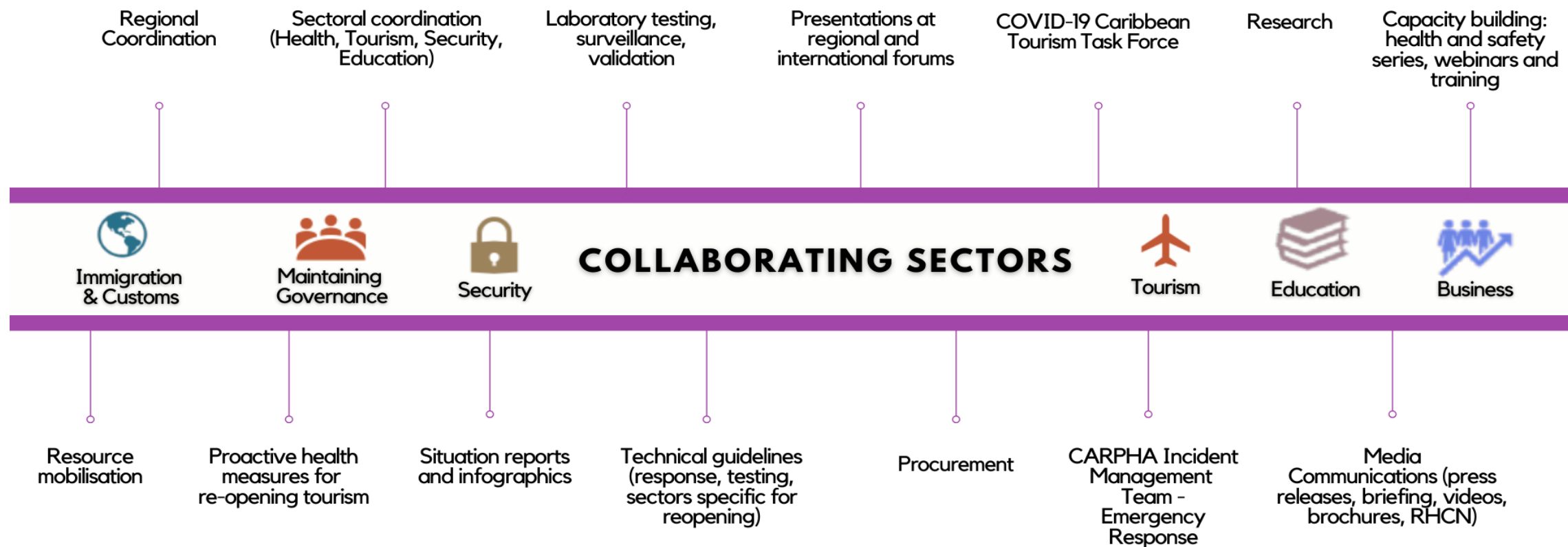


## 10 Steps to Successful Partnership & RM

1. Deliver well on existing grants/projects
2. Promote donor/financial partners
3. Exercise strategic vision; develop a plan for program or Agency or program linked to CCH and other mandates
4. Understand partner interests (and ours)
5. Involve more staff in resource mobilization
6. Learn the process or cycle
7. Sell! Sell! Sell!
8. The negotiation phase
9. Roles partners in countries, CARICOM, PAHO, others
10. Donor coordination



# CARIBBEAN COOPERATION IN HEALTH (CCH): UNITED IN THE FIGHT AGAINST COVID-19



We believe in Caribbean Cooperation in Health. We believe in CCH.

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# Partners that support implementation of AWP 2022



## IDPs

## Regional entities

## Public Health Agencies



Imperial College  
London



BILL & MELINDA  
GATES foundation



Caribbean Tourism Organization



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CARIBBEAN  
HOTEL & TOURISM  
ASSOCIATION



Organisation of  
Eastern Caribbean States  
*One Community · Growing Together*



International Society of Travel Medicine  
*Promoting healthy travel worldwide*  
*Established 1991*



EUROPEAN UNION



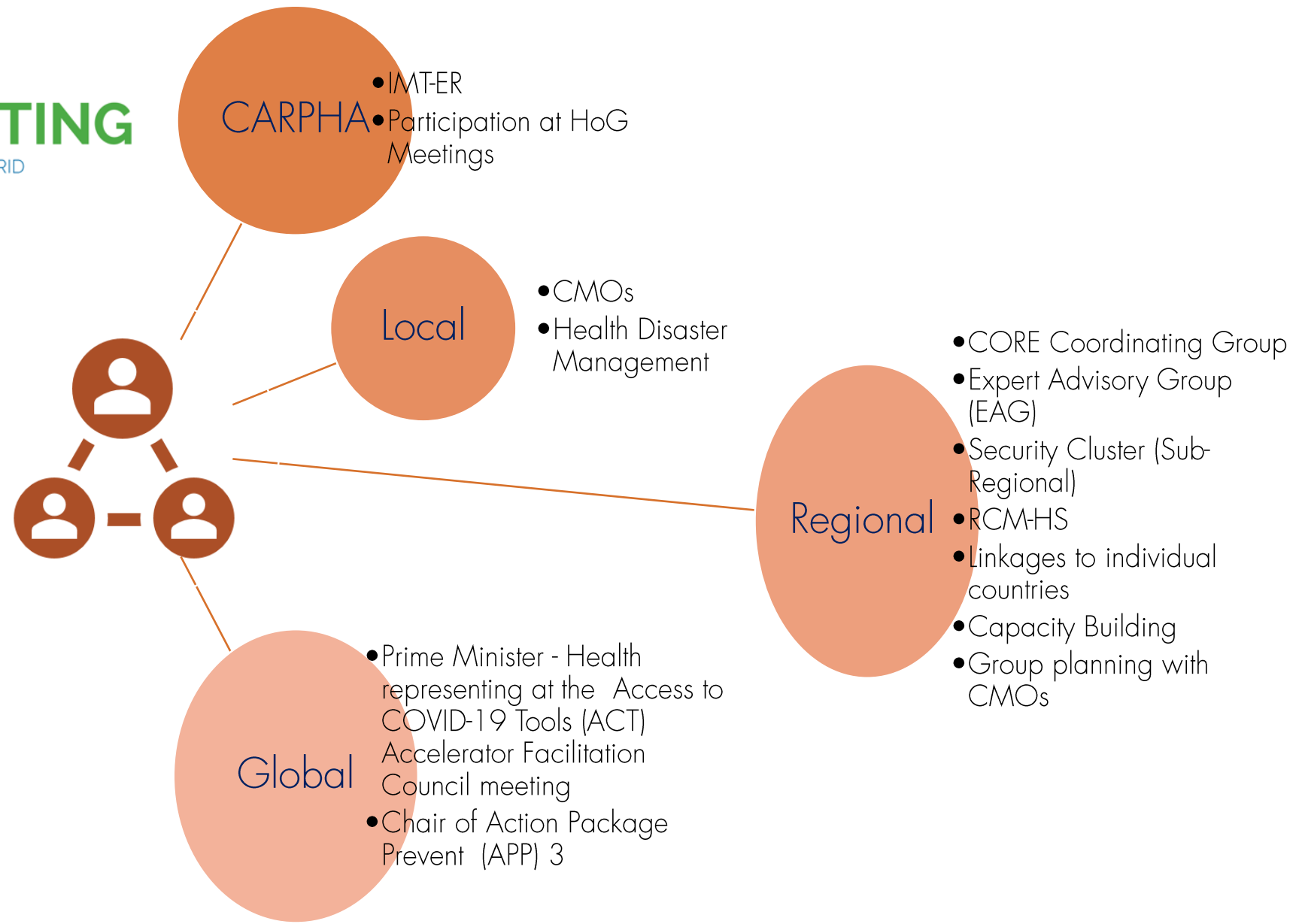
Public Health  
Agency of Canada

Agence de la santé  
publique du Canada



CW  
I





# Coordinating Mechanism in Managing COVID-19

# Covid response Collaborating with multiple Sectors



Tourism



Academia



Security Sector



Business



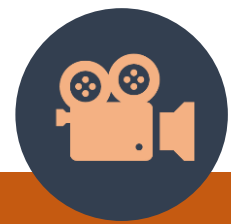
Education



Maintaining Governance



Media





# Stakeholder Consultations on Regional Health Security (RHS) - the way forward, July 2022



- Landmark novel event, based on the wide-ranging stakeholders
- Unique forum for CMS, IDPs, PHAs, CARICOM and Regional Entities to discuss RHS and their priorities towards RHS.
- 84 external stakeholders and CMS participated including:
  - Nine (9) public health agencies : WHO, PAHO PHAC, GAC, CARICOM, OECS, CDEMA, IMPACS, UWI
  - Three (3) IDPs : European Union, World Bank, IDB
  - Twenty-five (25) countries : 19 CMOs, 20 epidemiologists, 15 laboratory directors and 11 EHOs



Opening Ceremony of the CARPHA Stakeholder Consultations on Regional Health Security  
19 July, 2022, Hyatt Regency Trinidad. Trinidad and Tobago

## Key outcomes

- Documentation of the needs and priorities for building the Region's capacities : *Agencies, IDPs and CMS*
- Agreement on RHS framework & for developing the RHS pathway
- Increased awareness and consensus on CARPHA' ISS, Laboratory Strategies, surveillance and capacity building work
- Improved engagement and strengthened partnerships





# Challenges

- Lack of funding
  - ❖ Depletion of technical resources
  - ❖ Depletion of public health resources
- Difficult to balance public expectation and political decisions
- Difficulty in balancing technical input from major PH Agencies
- Careful to avoid duplication of work with different streams of funding

# Strengths

- Technical Resources
  - ❖ Access to Practice Networks of Knowledge
  - ❖ Reciprocity in sharing of experiences and success stories
- Interaction based on mutual respect, trust and confidentiality
- Opportunities for contribution to innovation
- Flexibility and responsiveness to needs
- Training and human resource development opportunities for CARPHA Staff