



Webinar '2024 Recognition of Success Contest : Meet the Winning Projects'

July 1st, 2025

Summary

The webinar was moderated by **Prof. Aamer Ikram**, IANPHI Vice President and former director of Pakistan's National Institute of Health. The aim was to present more in details the 4 projects that won the award in 2024.

The first presentation was by **Celso Monjane**, Head of Surveys and Surveillance and General COMSA/SIS-COVE coordinator at the National Institute of Health of Mozambique. His presentation outlined Mozambique's efforts to improve mortality and health surveillance through the Countrywide Mortality Surveillance for Action (COMSA) and its transition to the Community Health and Vital Event Surveillance System (SIS-COVE).

In Mozambique, the Civil Registration and Vital Statistics (CRVS) system covers only 10% of deaths, and the National Health System captures about 25%, leaving most deaths unmonitored. To address this, COMSA was established in 2017. It evolved into SIS-COVE in 2020.

SIS-COVE uses community surveillance agents to monitor events like pregnancies and deaths in randomly selected geographic areas, ensuring comprehensive data collection and integration with other surveillance systems.

SIS-COVE categorizes data by neonatal, children, and adults, and identifies maternal deaths. The system combines verbal and social autopsies to understand household and community characteristics and care-seeking behaviors.

The real-time data collection combined with a data analysis portal allow to generate reports on birth and death profiles, mortality rates, and causes of death. Results are disseminated at national, provincial, and community levels to influence policy decisions.

SIS-COVE data has been instrumental in updating Mozambique's health strategic plan and has attracted interest from other African countries. Efforts are underway to integrate SIS-COVE with the civil registration system to increase coverage.

SIS-COVE has been expanded to include disease surveillance, such as monitoring cholera outbreaks. The system is also part of a broader integrated disease surveillance platform that includes wastewater, internet, and genomic surveillance.

Challenges include limited financial resources and the need for more investment in human resources and capacity building. Collaboration between institutions and countries is crucial for strengthening and sustaining the surveillance system.

Then, **Jia Lee**, Director of the Global Community Division and head of the Global Health and Security Coordination Office (GHSCO) at the Korean Disease Control and Prevention Agency, presented on KDCA's contributions to global health security. She emphasized the need to shift from reactive responses to building sustainable capacities for preventing, detecting, and responding to health threats. Key capacities include surveillance systems, laboratory capabilities, a trained public health workforce, and rapid outbreak detection.

KDCA supports international organizations and bilateral cooperation. In December 2023, they launched GHSCO to strengthen global health security through networking, connecting domestic and international partners, and serving as a think tank.

GHSCO's activities include operating an education and training center, joint projects with WHO, publishing newsletters, and participating in international events. A notable program is the GHSCO Core Personnel Training, which offers hands-on training for ASEAN public health professionals.

GHSCO's quarterly newsletter shares updates on their activities and global health news. Jia Lee highlighted that global health security is a shared responsibility requiring coordinated responses and collaboration.

The third presentation was by **Prof. Otto Helve**, Specialist in Pediatric Infectious Diseases and in Public Health at the Finnish Institute for Health and Welfare. He discussed the avian flu influenza outbreak that occurred in Finland in June 2023, and in particular, how the Finnish Institute successfully managed it.

The outbreak began when a mink at a fur farm was tested positive for avian flu, leading to excess mortality among fur animals across tens of farms. The virus likely originated from wild birds and spread through multiple introductions to fur farms, evolving genetically and transmitting among the animals.

The response involved extensive collaboration with the Finnish Food Authority, ministries, researchers, and veterinarians. Over 150 people were exposed to the virus, primarily fur farmers and veterinarians, with over 500 exposure incidents recorded. Despite 400 tests conducted on humans, all results were negative. Nearly half a million animals across 71 farms were culled to contain the epidemic.

The containment efforts were resource-intensive and complex, partly due to the challenges of surveillance data being considered trade secrets. Finland became the first country to implement avian flu vaccination in risk groups, using tens of millions of euros to compensate farmers and enhance biosecurity.

The decision to vaccinate was driven by the unstable epidemiological situation, aiming to inhibit virus transmission and evolution. Guidelines were drafted with the Finnish Food Authority, and around 1,000 people have been vaccinated, with the process still ongoing.

The outbreak highlighted the need for public health experts to adopt a broader perspective, considering One Health and planetary health viewpoints.

Bernardo Hernandez Prado, Dean of the School of Public Health at the Mexican National Institute of Public Health, gave the last presentation. He introduced the academic reforms undertaken by the Institute and the School of Public Health of Mexico.

The Mexican health system is undergoing changes, with a shift towards non-communicable diseases and an emphasis on primary health care. This shift necessitates new competencies for health professionals and the development of research to guide health actions.

The academic reform aimed to place public health at the center of the institute's work and involved four key actions : reorganizing academic bodies, reviewing the institutional mission, updating normative frameworks, and renewing academic programs. The process was inclusive, involving the entire academic community to foster flexibility, debate, and participation.

The review of the institutional mission resulted in a new mission statement that emphasizes social equity, public health protection, and a holistic, humanistic approach with a gender perspective. The reorganization of academic bodies led to the creation of six academic research and education groups (GADI) to supervise education and research activities, and 50 research and education groups (GIDS) to integrate students into research activities. The graduate academic programs were restructured into five major programs to ensure a strong foundation in public health fundamentals while allowing flexibility and greater involvement in research and community activities. The updated normative frameworks formalized the reforms and incorporated non-discrimination, gender, and ethical considerations.

The expected impacts include making academic programs more aligned with the national context, better responding to community and national needs, and achieving more efficient and participative institutional functioning.

The webinar ended with some questions from the audience and the moderator.