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MAY 2016

AFRICAN STRATEGIES FOR HEALTH



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REGIONAL ACTORS ADDRESSING DISEASE SURVEILLANCE AND RESPONSE IN AFRICA:

Comparative Advantages, Challenges, and Opportunities

In recent years, there has been a growing trend toward regionalization on the African continent. Political, economic, and social sectors are finding value in integrated and cooperative efforts among like-minded countries. In Africa's health sector, regional actors have become active contributors to development and health agendas. Today's interconnected world also allows for the emergence, amplification, and spread of epidemic-prone diseases across borders and continents. Disease surveillance and

response has emerged as a focus area for regional bodies across Africa, particularly since the signing of the revised International Health Regulations in 2005, which signified the international community's commitment to improving the detection and reporting of public health emergencies worldwide.

As an epidemiological practice, disease surveillance and response improves the flow of surveillance information to monitor the spread of disease, evaluates the effectiveness of control and preventive measures, and supports planning and allocation of resources in the health system. It takes into account the One Health perspective—a collaborative, multi-sectoral strategy endorsed by the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Organization for Animal Health (OIE), that addresses interactions between humans, animals, and their environments and how to better manage the risks posed by them.¹ The emergence and spread of many infectious diseases found in Africa are fueled by economic development, changes in habitation and farming systems, globalization of travel and trade, and climatic variations. Such complexity demands the collective efforts of resource sharing and collaboration across sectors and national-, regional-, and global-level actors.

The United States Agency for International Development's (USAID) Africa Bureau and their project, African Strategies for Health (ASH), conducted a landscape analysis of regional African health sector bodies. The study contributes to a larger analysis commissioned by Harmonizing for Health in Africa (HHA), supported by the Norwegian Agency for Development Cooperation (NORAD). This Technical Brief provides a summary of findings related to regional actors engaged in disease surveillance and response work and their comparative advantages, challenges, and opportunities.

Recent epidemics such as the 2014-2015 Ebola outbreak in West Africa expose weaknesses in surveillance, preparedness and response systems, leading to devastating impact on health, development, and growth across the region. The epidemic revealed widespread gaps in trained health workers, functional laboratories, and quality surveillance data necessary to make timely decisions about the allocation of resources. Moreover, it demonstrated the urgent need for a harmonized, regional approach to the prevention and control of cross-border disease outbreaks.

Regional stakeholders working in disease surveillance and response in Africa have established niche roles for themselves, often working in partnership with other health-related entities, national governments, and international agencies. Understanding how these regional organizations operate, as well as their comparative advantages and challenges, will ensure that governments, policymakers, donors, and implementers partner with them effectively to develop strong and viable disease surveillance and response systems and protect the African population from emerging public health threats.

Types of Regional Actors Working in Disease Surveillance and Response in Africa

Africa-based regional actors are organizations or institutions headquartered in Africa and comprised of groups of individuals or organized entities from more than one country with a relationship structured around a common purpose. They can be grouped into the following three categories:

- **Regional economic communities (RECs)** are groups of individual countries in a region that partner for the purpose of achieving greater economic integration. They are responsible for the planning, coordination, and monitoring of the integration or regionalization process, and for this reason are often referred to as the 'building blocks' of regional integration. RECs may also coordinate the implementation of multi-country disease surveillance initiatives by serving as principal recipients of externally-funded projects.
- **Regional networks and associations** include umbrella organizations for civil society organizations (CSOs); groups that bring together advocates, health professionals, researchers, or policymakers; and groups of research and/or academic institutions. They often cite knowledge exchange, capacity building, and advocacy as their main objectives, and closely follow current thinking about disease surveillance in order to disseminate related information, monitor the use of systems in place, represent the voice of the community, or advocate for strengthened disease surveillance and response policies.
- **Regional technical organizations** bring together groups of people with deep technical expertise in disease surveillance that understand the African context and can conduct research or provide guidance for transforming disease surveillance commitments and decisions into technically sound, evidence-based interventions.

Comparative Advantages of African Regional Actors in Addressing Disease Surveillance and Response

This section describes four of the key advantages African regional organizations have in working to address disease surveillance and response on the African continent.

■ **Convening power**

RECs are uniquely positioned to convene African countries at the highest political level, by organizing meetings of heads of state and government officials to discuss political, economic, and social issues in their region. Disease surveillance and outbreak preparedness is of critical concern for these communities at-large, as recent epidemics have demonstrated far-reaching impacts of disease outbreaks on economic growth, commerce, and trade.² At these high-level meetings, officials negotiate regional responses to health priorities and make commitments on behalf of their countries. For instance, in July 2013, the African Union (AU) convened leaders to the AU Special Summit on HIV and AIDS, Tuberculosis, and Malaria, where participants recognized the need to establish an African Center for Disease Control (CDC).³ Ministers declared their commitment to investing in an accountability framework for health security across the continent, and it was determined that the African CDC would work closely with the United States' CDC to establish five collaborating centers in the region and a coordination office. The center aims to support member countries in their efforts to effectively respond to disease outbreaks and emergencies, and serve as a platform for knowledge exchange and technical assistance. African owned, the African CDC takes responsibility for disease control within the continent's borders and carries credibility and legitimacy among member states.

■ **Regional strategy and system harmonizing**

Given the infectiousness of some of the most prominent illnesses in Africa, regional coordination of preparedness and response strategies is essential. Regional actors have the ability to facilitate the harmonization of strategies and develop regional-level systems to implement them. In 2013, the West African Health Organization (WAHO) received a grant from the World Bank to implement the West African Regional Disease Surveillance (WARDS) Project with the intention of designing and costing a regional surveillance and response system for member states of the Economic Communities of West African States (ECOWAS).⁴ The WARDS Project aims to (i) develop a framework and operational strategy for a regional disease surveillance and response system; (ii) develop an integrated regional health information management system; (iii) develop a resource mobilization strategy; and (iv) increase the quantity and quality of human resources for field epidemiology and laboratory diagnostics in the region.

Another such example is the East African Integrated Disease Surveillance Network (EAIDSNet), an intergovernmental collaborative initiative of Ministries of Health. In 1999, Burundi, Kenya, Rwanda, Uganda, and Tanzania, came together to form the



East African Community (EAC), by signing a treaty that asserts their commitment to joint action towards the prevention and control of disease outbreaks that may endanger the health and wellbeing of partner states.⁵ With funding from the Rockefeller Foundation, EAIDSNet was established the following year by EAC partner states, in response to a growing frequency of cross-border malaria outbreaks and a fragmented health system unable to respond in a timely manner.⁶ The primary purpose of EAIDSNet is to strengthen the communication channels necessary for integrated cross-border disease control, through enhancing international collaboration and harmonizing surveillance systems in the region under a One Health approach. One of EAIDSNet's major accomplishments includes influencing the establishment of a health department within the EAC Secretariat to support a regional health agenda.

■ *Regional centers of excellence*

Regional networks play a key role in modelling best practices and building institutional capacity in disease surveillance and response. They are critical in facilitating the exchange of emerging research, implementation experience, and expertise at all levels. For instance, the African Field Epidemiology Network (AFENET), a network of training programs, aims to enhance countries' capacity in field epidemiology, health laboratory, and surveillance and outbreak response systems. As a regional center of excellence, AFENET advances the sharing of regional knowledge and expertise and disseminates resources and field experiences to member programs. AFENET promotes the use of electronic systems to facilitate public health surveillance functions of prevention, prediction, detection, and response for any serious public health event (e-surveillance). Through its One Health e-Surveillance Initiative (OHSI), AFENET assists countries to adapt, develop and pilot strategic plans for sustainable e-surveillance solutions. Thirteen training programs are now part of the greater network, with representation from 15 member countries. In ten years of implementation, 1,408 trainees have enrolled and 808 residents graduated as leaders in national public health surveillance systems.⁷ Every two years, AFENET hosts a conference as a strategic platform for trainees to share their public health contributions and engage with partners working toward a shared goal.

Similarly, a key component of EAIDSNet's work focuses on building the capacity of members and continuously exchanging expertise and best practices to improve the health of the East African population. EAIDSNet partnered with the East Central and Southern Africa Health Community (ECSA-HC) to create

the World Bank-funded East African Public Health Laboratory Networking (EAPHLN) Project, with the aim of improving regional surveillance through strengthened laboratory capacity. In 2014, EAIDSNet collaborated with the Southern African Centre for Infectious Disease Surveillance (SACIDS) to host an EpiHack event in Tanzania, bringing together computer programmers and public health experts to collaboratively design and refine digital tools for national and regional disease surveillance.⁸ EAIDSNet demonstrates the value of regional networks in fostering strong links between researchers and decision makers.

■ *Advocating for change*

Regional blocs such as WAHO have established sub-regional public health emergency funds to enable countries and donors to pool financial resources for a collective response to cross-border emergencies. The blocs serve as a coordinating mechanism for disbursing the funds—often at more localized levels—for the implementation of regional strategies to combat disease outbreaks and epidemics. In response to the West Africa Ebola outbreak, leaders of the 15 ECOWAS member states agreed to set up a solidarity pooled fund to fight against Ebola in the sub-region during a summit convened by the Secretariat. The ECOWAS Special Fund for the Fight Against Ebola was established to provide technical and financial assistance to the three affected countries. After the creation of the fund, the Nigerian government and the African Development Bank were among those who pledged financial support to WAHO for coordinating the regional response to the outbreak.⁹ Pooled funds that the affected countries could not have come up with on their own were used to train health workers, purchase equipment and medicine, and ensure the necessary logistics were in place to provide emergency health services to Ebola patients.

Challenges

Like other international and regional institutions and networks, many African regional bodies face complex challenges related to their mandates, working environment, coordination, and financial and human resources. Three key challenges are outlined below.

■ *Limited authority to enforce policy implementation*

Regional actors have the unique ability to convene leaders and facilitate the regional harmonization of policies that, if implemented, have the potential to improve health outcomes. While these actors can encourage the adoption of commitments and resolutions, they lack the authority to

enforce country-level implementation. Rather, RECs and regional networks can increase their influence by improving their ability to measure impact, monitoring and assessing member countries' performance against previously adopted resolutions, and using evidence to advocate for future change.

■ *Difficulty measuring impact*

In contrast to direct service delivery programs, measuring the effect of regional work on system performance and, ultimately, on health outcomes is often challenging. Networks that focus on sharing information and institutional capacity building often do not follow up on trainees to measure their performance and influence after completing training programs. It is particularly important for institutions coordinating the development of regional surveillance and response systems to also build robust performance management systems. Doing so will enable the institutions to demonstrate the influence and importance of their regional programs.

■ *Limited financing*

While some regional bodies collect fees from members, many depend instead on funding from external sources to carry out their missions. Institutions focused on disease surveillance and response typically obtain funding from the same group of donors and rely on funding from multiple sources at once to sustain their activity. An increased interest in global health security from the international community—comprised of various sectors—may create opportunities for diversified funding sources. However, overreliance on donor and partner funding can lead to inadequate ownership felt by members of regional networks and organizations, in addition to a lack of sustainable services for appropriate disease preparedness and response. Often, a sense of ownership is a critical motivating factor for members.

Opportunities

Regional actors are well placed to make valuable contributions to strengthening disease surveillance and response in Africa. In today's interconnected world, global health security is more important than ever. Drug resistance is on the rise and new pathogens are emerging and spreading faster than before. As a result of globalization, the likelihood and speed of spreading infectious diseases is multiplied due to increases in travel and trade. Poor response to disease outbreaks in Africa can have significant global-level impacts on population health and international relations, and can cause wider social and economic damage. It also has the potential to reverse progress made in Africa's development, devastating the continent's workforce,

human mobility, and access to international markets for African commodities. Moving forward, a focus on strengthening cross-sectoral engagement between regional actors in Africa and international partners advancing a Global Health Security agenda, including international and multilateral donors, will be critical to ensure resilient health systems that protect all populations.

Conclusion

Strong disease surveillance and response systems at all levels of the health system are critical in protecting communities from localized and cross-border public health threats. Regional actors serve as important, strategic partners in the effort to strengthen these systems and improve the flow of surveillance information on the African continent. They have strong convening power, can harmonize strategies and priority setting across regions or continent-wide, pool financial resources to collectively respond to emerging threats, and foster the sharing of best practices and capacity building at the national level.

Nevertheless, complex internal weaknesses and external threats persist, which may prevent regional actors from realizing their full capabilities. Regional economic communities, regional networks and associations, regional technical organizations, donors, governments, and implementing partners must all work together to leverage the competitive advantages that regional actors bring to disease surveillance systems, policy, and research. Effective collaboration will ensure that African countries are better positioned to detect and take action against public health threats in an appropriate and timely way. ■

ABOUT ASH

African Strategies for Health (ASH) is a five-year project funded by the U.S. Agency for International Development's (USAID) Bureau for Africa and implemented by Management Sciences for Health. ASH works to improve the health status of populations across Africa through identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health.

ENDNOTES

1. World Health Organization, "[One Health Meeting in the African Region](#)," 2012.
2. African Union, "[Declaration of the Special Summit of African Union on HIV/AIDS, Tuberculosis and Malaria](#)," Abuja Nigeria, 2013.
3. The World Bank, "[Project Information Document: West Africa Regional Disease Surveillance Capacity Strengthening](#)," 2013.
4. East Africa Community, "[Treaty Establishing the East Africa Community](#)," 1999.
5. East Africa Community Health Sector, "[The East African Integrated Disease Surveillance Network \(EAIDSNet\)](#)".
6. African Field Epidemiology Network, "[AFENET Training Programs](#)."
7. Southern African Centre for Infectious Disease Surveillance, "[EpiHack Tanzania](#)," 2014.
8. World Bulletin News Desk, "[ECOWAS sets up 'solidarity fund' to fight Ebola](#)," 2014.

Additional information can be obtained from:

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