

Rockefeller Foundation Trip Report: SS Africa
Sarah Macfarlane, Kenya, May 2001

- Related program area:** a) Rockefeller program development
 b) Health Equity/Resourcing Public Health/Disease surveillance
 c) Health Equity/Resourcing Public Health/ Exploration
- Related grants:** all three EAIDSNet grants, UNF/RF/Gates grant to WHO, RPH consultancy FAP for Dr Were
- Venue:** Nairobi, Kenya
- Dates:** May 13-20, May 25-27
- Purpose:** a) attend the RF Field staff retreat
 b) meet investigators working on the Kenya country grant related to the East African Integrated Disease Surveillance network,
 c) work with RF consultant Miriam Were

Background

- b) Florence and I finalized the EAIDSNet Kenyan country grant when I was in hospital, so it was important for me to meet with Dr Joyce Onsongo, the principal investigator. I also needed to update myself on progress with the work in the South of Sudan under the RF/UNF/Gates grant to WHO/AFRO
- c) Similarly the FAP for Dr Were's work was drawn up on my return to RF and I wanted to meet her again and spend time working with her at the very beginning of her consultancy.

Activities

- a) Minutes are available for the Field Staff retreat. It was an excellent meeting thanks to the organization of the African Regional office.
- b) I met with John Lynam to discuss collaboration between the Disease Surveillance and Information for Development programs; Pat Naidoo to plan his involvement in the disease surveillance activities in Africa; Dr Rumisha Shoo, WHO/EMRO to discuss surveillance activities in Southern Sudan being conducted by EMRO under the joint RF/UNF/Gates grant; and Dr Onsongo to discuss surveillance in Kenya..
- c) I had a couple of short meetings with Dr Miriam Were around the retreat and then I worked with her over my subsequent weekend in transit from Tanzania to Zimbabwe.

Outcomes and follow-up

- There is a need to discuss coordination of implementation of the poverty mapping work, the equity gauge and disease surveillance in Africa - meeting arranged with Tim, Cheikh and myself in New York in June.
- John Lynam and I will continue to work on coordination between the Information for Development and the Disease Surveillance programs. We are considering the possibility of a joint regional workshop on GIS for health.
- When the concept paper outlining Dr Were's consultancy framework is drafted, I will share it with Cheikh and Tim and agree with them her plan of activities.
- The WHO/EMRO work in Southern Sudan is on target. Some of the methods being used to reach inaccessible populations are worth writing up. I am interested in what can be learned from such models in more stable situations but where populations are still out of reach. I will follow this up with Dr Shoo and Dr Chungong at WHO HQ.

Rockefeller Foundation Trip Report: SS Africa Sarah Macfarlane, Uganda, May 2001

Related program area: Health Equity/Resourcing Public Health/Disease surveillance
Related grants: PHSWOW, Health Equity Gauge, Uganda EAIDSNet country proposal
Venue: Kampala, Uganda
Dates: May 21
Purpose: to meet investigators working on the EAIDSNet Uganda country grant

Background

I had originally intended to meet all the country teams at the EAIDSNet meeting in Arusha but the Uganda group asked me to spend a day with them in advance of the meeting.

Activities

- I participated in a seminar discussion organized by the Institute of Public Health (IPH). The session focused on the work being conducted by IPH in collaboration with the Ministry of Health (MOH), and funded by RF. Presentations included an update on the work of the Institute and the status of PHSWOW, an introduction to the Regional Center for Quality of Health Care, (Prof Wabwire), a proposal to develop community-based surveillance (Mr Luswa) and a summary of the work on the Health Equity Gauge in Uganda (Dr Katunguka). Discussions focused on the integration of all this work around a framework entitled 'Towards a Healthy Nation'.
- Also at Mulago Hospital, I paid a courtesy visit to Prof Nelson Suwanwela, and Prof Wabwire showed me around the Regional Center for Quality of Health Care.
- At the MOH, with Pat Naidoo, I met with Dr Zaramba, Dr Mokooyo, and Professor Owor to discuss the Ugandan work around EAIDSNet. They are still at the stage of purchasing equipment but expect to move quite fast now the monies have been released by the MOH.
- Later, in Harare, I had some follow-up discussions with Prof Wabwire, and with Dr. Kamugisha (MOH).

Outcomes and follow-up

- The IPH will continue working on the coordination of the projects discussed, within their overall program framework, with the possibility that they might eventually be merged into one coherent project for the purposes of RF funding.
- The IPH is considering: 1) the preparation of a proposal to evaluate the management of the Ebola outbreak for funding through a supplemental grant under the Disease Surveillance Program, 2) an assessment of resources available for surveillance activities in Uganda to share with EAIDSNet, and 3) Prof Wabwire is considering calling a meeting of other training institutions in East Africa to examine training in epidemiology and surveillance (in the context of public health training)
- The issue of community-based surveillance will be raised with EAIDSNET to ascertain common interests.
- The Uganda country program on disease surveillance activities is taking off after a slow start, with work on GIS and a discussion of research around surveillance.

Rockefeller Foundation Trip Report: SS Africa
Sarah Macfarlane, Tanzania, May 2001

Related program area: Health Equity/Resourcing Public Health/Disease surveillance
Related grants: All three EAIDSNet grants
Venue: Arusha, Tanzania
Dates: May 23-25
Purpose: to attend a meeting of the East African Integrated Disease Surveillance network (EAIDSNet) and gain an update on progress

Background

- This was the first joint meeting of EAIDSNet since the first three grants were awarded at the end of last year. It was opportune that I could attend as it was scheduled for the week after the Nairobi field staff meeting. Pat Naidoo also attended the meeting. The purpose of the meeting was for the group to do some coordinated planning for the coming year. The meeting was organized and chaired by the Network Coordinator, Dr Andrew Kitua, Director General of the Tanzanian National Institute of Medical Research. The meeting was also attended from Tanzania by Dr. M. Malecela-Lazaro, Dr L. Mboera, Ms. S. Rumisha, National Institute for Medical Research, Prof. J. Shija, Tanzania National Health Research Forum & MUCHS, Dr. M. Kibona, Ministry of Health Epidemiology and Disease Control; from Uganda by Dr. J Wanyana, Ministry of Health Epidemiological Surveillance Division, Dr. E Mukooyo, Assistant Commissioner for Resource Centre/ Health Management Inf. System, Ministry of Health, Dr. W Bazeyo, Institute of Public Health; and from Kenya by Dr S Langat, National Health Research Development Centre, Dr J Onsongo, Ministry of Health, and Dr. R Oduwo, National Health Research and Development Centre,

Activities

- The major issues discussed included agreement on objectives, strategies, common issues, operating principles, and a plan of action for the coming year. Minutes of the meeting are available.
- I was invited to join a group of four Network representatives (Drs A. Kitua, L. Mboera, W. Bazeyo, E. Mukooyo, J. Onsongo) to meet the newly appointed Secretary General of the East African Cooperation (EAC), Mr. Nuwe Amanywa Mushega. The group wanted to ascertain EAC interest in the Network's activities. His Excellency, Mr Mushega reacted very positively and indicated that it would be attractive to the EAC to house EAIDSNet since the Network was already well established and its goals are in line with those of the EAC working group on communicable diseases. He arranged for a follow-up meeting with Dr Wegoro, Head of Multi-sectoral Policies and Programmes, who explained that the EAC would shortly appoint four senior sector officers, one of whom would be responsible for 'health, social development and education'. He encouraged the Network to consider housing itself within the EAC and to report back by early June so that their proposals could be considered by the June Health Sector meeting.

Outcomes and follow-up

- The network agreed a plan of action for the coming year.
- The Tanzanian group will appoint a part-time dedicated coordinator to ensure the implementation of the plan of action. This is crucial for the evolution of the Network.
- Pat Naidoo offered his assistance in the initial operationalization of the plan
- The Network decided it would ultimately be strategic to house the Network and its coordinator in the EAC.

- The Network will work towards the submission of a major three year proposal to the RF in September 2002. This will involve the appointment of a full-time network coordinator who they would like housed in the EAC.
- The Network also decided to suggest to the EAC that they might immediately need to look for a full time officer as counterpart to the Network coordinator. This person could be responsible for coordination of health activities in the region with a focus not only on surveillance but also on training and research.

Rockefeller Foundation Trip Report: SS Africa
Sarah Macfarlane, Zimbabwe, May 2001

Related program area: Health Equity/Resourcing Public Health/Disease surveillance
Related grants: UNF/RF/Gates grant to WHO
Venue: Harare, Zimbabwe
Dates: May 29-31
Purpose: a) to attend the second AFRO Task force on Integrated Disease Surveillance and Response
b) to visit the RF Harare office

Background

The African Regional Office of WHO (AFRO) has a Regional Integrated Disease Surveillance and Response (IDSR) strategy that aims at building effective national communicable disease surveillance systems. Towards this end AFRO is working with ministries of health to develop generic technical guidelines and supporting these efforts through its inter-country and country teams. To date 22 countries have completed assessments of their national surveillance and epidemic preparedness and response systems and 13 have developed five-year plans of action. The Regional Director has created an Integrated Disease Surveillance and Response Task Force to advise on implementation. As a donor through the UNF/RF/Gates grant, RF is a member of this Task Force. I was accompanied by Pat Naidoo who had attended the first Task Force meeting.

Activities

- The purpose of the meeting was to review progress in the implementation of IDSR, to review the five year plan, agree a work plan for the coming year and discuss key indicators for monitoring and evaluation. Participants included representatives from countries planning to or implementing IDSR, WHO, CDC and USAID. The format of the meeting was very inadequate, with too many presentations and not enough timely background material for an informed discussion of the five-year plan. Participants were vocal in expression of their priorities in plenary but the agenda was too formal to unpack the problems with the plan. Very few of the activities laid out in the previous year's work plan had been accomplished but the current plans were still more ambitious with a five year budget totaling \$112million, 75% of which was to support AFRO.
- I was invited to join Dr Kabore, Director DDC, for dinner. IDSR is a flagship effort for AFRO and he openly expressed his concern at the slow progress. At the end of the meeting, there was a two-hour donor discussion attended only by RF, USAID and CDC all of whom have already committed, so we were able to have a very frank and constructive discussion about moving things forward. The plans need considerable modification if they are to attract any further funds. We made a number of suggestions, most of which were common sense.
- I called a short breakfast meeting to discuss progress with the UNF/RF/Gates grant. There had been a planning meeting over the weekend before the Task Force meeting and the team was all present and able to report on discussions. Although progress has again been slow, they were upbeat about the plans they had made. They seemed to feel they had made some progress in relationships between the various parties (WHOHQ, AFRO and CDC). I have been promised a report of the meeting.
- Whilst in Harare, I discovered that there was a Tephinet meeting on surveillance and I attended as much of it as I could and also took the opportunity to have discussions with Dr Matchaba, Dr Tsimanga, and Dr Chapman to talk about surveillance efforts in Southern Africa.

- I also met with Dr Muragasampillay, WHO Southern Africa Malaria Control Program and Dr Mason, Regional Adviser IMCI, AFRO.
- I was delighted to be able to visit the RF Harare office and to meet staff there. Had some useful discussions with Akin, and, of course, Mary.

Outcomes

- There are many concerns about the AFRO top-down approach to inter-country networking. EAIDSNet stands out as a mechanism that empowers the countries to work together providing a model that could truly complement WHO's activities (as is the case in the Mekong). We are exploring another such model in Southern Africa, as planned.
- I have made an appointment to talk with Andrea Gay who is the UNF officer for the UNF/RF/Gates grant so that we can discuss monitoring of the project and also look for ways of assisting AFRO in its planning and implementation process.