

INFORMATION SESSION

Preventing the next pandemic: using Early Action Reviews to enhance detection and response performance

7 December 2023

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1 Opening Remarks

Harley Feldbaum

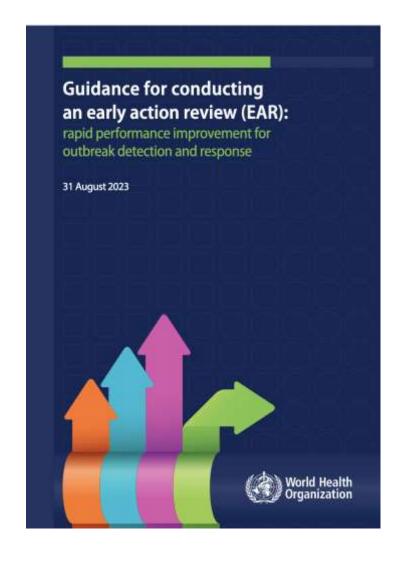
Head, Strategy and Policy Hub, The Global Fund

Stella Chungong

Director, Health Security Preparedness, World Health Organization

New WHO Early Action Review and 7-1-7 guidance





Guidance for conducting an early action review

Dr. Landry Ndriko Mayigane
Unit Head a.i.
Country Simulation Exercises and Reviews Unit
Health Security Preparedness Department
WHO



Can we prevent the next pandemic?

- By stopping outbreaks at their onset?
- Case Studies:
 - Nigeria: 2014 Ebola outbreak
 - Vietnam: COVID-19 outbreak
 - Kenya: 2019 Deadly Anthrax outbreak...



What is an early action review?

- a rapid, easily conducted performance improvement approach
- to evaluate the timeliness of early **detection**, notification and response actions
- An agile approach strengthening gradual and continuous learning.
- Uses a single target to simplify and standardize assessment of systems involved in public health event detection, notification, and early response





Continuum of learning for health emergencies

Early Action Review (EAR)

Learning from the response for real-time rapid performance improvement

Intra-Action Review (IAR)

Learning from the response for course correction

After Action Review (AAR)

Learning from the response to improve preparedness and health systems strengthening



Early phase of the response

Detection, notification, early response

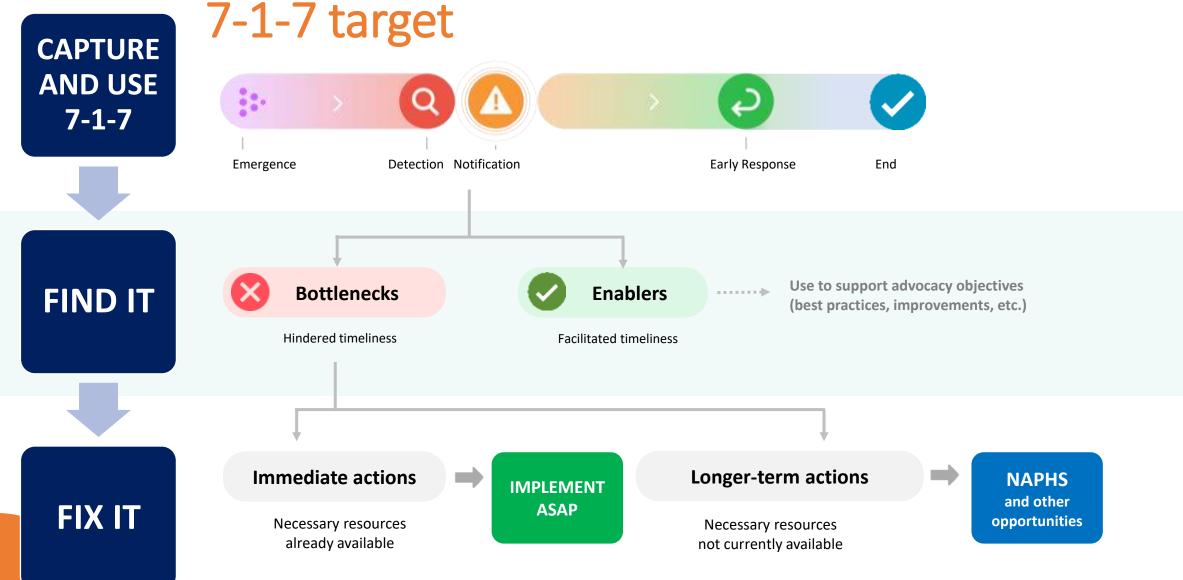
Ongoing response

Protracted responses (exceeding 90 days)

After the response

Larger scale responses, after official declaration of the end of the event





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How can the 7-1-7 approach improve outbreak response?

Performance improvement

Bottlenecks are easily identified and quantified, and shortand long-term actions are taken to drive rapid improvement

Prioritization for financing and systems strengthening

Data on real-world system performance informs prioritization of available and needed resources

Communication and advocacy

When presented with simple metrics, political leaders and donors can clearly visualize resource needs and necessary policy interventions, substantiated by clear data

Accountability and reporting

Reporting against simple metrics can monitor performance, evaluate interventions and improve transparency









metric to make the world safer from pandemics

Thomas R. Frieden, Christopher T. Lee, Aaron F. Bochner, Marine Buissonnière, Amanda McClelland

Implementation of the 7-1-7 target for detection, notification, and response to public health threats in five countries: a retrospective, observational study



Aaron F Bochner, Issa Makumbi, Olaolu Aderinola, Aschalew Abayneh, Ralph Jetoh, Rahel L Yemanaberhan, Jenom S Danjuma, Francis T Lazaro, Hani J Mahmoud, Trokon O Yeabah, Lydia Nakiire, Aperki K Yahaya, Renato A Teixeira, Mohammed Lamorde, Immaculate Nabukenya, John Oladejo, Ifedayo M O Adetifa, Wanderson Oliveira, Amanda McClelland, Christopher T Lee



"[Early action reviews] encourage the principles of gradual learning from experiences and real-world outcomes, reflecting on wins and losses, and adjusting to changing factors as part of continuous improvement.





7-1-7: the promise of tangible results through agility and accountability







In The Lancet Global Health, Aaron F Bochner and colleagues showed how implementing the 7-1-7 target promotes agility and accountability in global health security, using examples from five low-income and middle-income countries. The Article emphasises the importance of early action to stem morbidity and save lives, as any delays in detection, notification, and response directly affect the outcome of a public health event.' Early action also has applications for animal diseases, including zoonoses, where the impact of a disease, if not quickly contained, could decimate entire populations.1

The Article further presents how the timeliness of critical actions matters for effective outbreak management aiming to stop diseases where they occur and as soon as they start. It also provides a quick stepby-step process of review and immediate correction and improvement of the performance of national and local health systems.

The 7-1-7 approach is complementary to the WHO methodologies for intra-action and after-action review by providing additional agile tools and approaches and supporting the emerging concept of "early action review" for the national and subnational health emergency planners and incident managers to use for rapid performance improvement for outbreak detection and response. It also encourages the principles of gradual learning from experiences and real-world

for conducting a country COVID-19 intra-action review on July 23, 2020.25 Countries are already knowledgeable of intra-action and after-action reviews, which is an enabling factor for the 7-1-7 framework to thrive.

According to the WHO global public health intelligence report published in 2022, between 2017 and 2021, the WHO African region reported 589 acute public health events—the highest number among all other WHO regions.1 Adoption of the 7-1-7 target for detection, notification, and response to public health threats will contribute to establishing more agile systems especially at local levels that can contain health threats as they emerge on the continent.

To accelerate its uptake, the 7-1-7 target might benefit from the development of a communication package with a clear explanation and justification of why it should take 7 days for detection, 1 day for notification, and 7 days for the response to be completed. Greater clarity around the 7-1-7 target itself would be beneficial For example, the 7-day target for detection might be challenging to achieve in many less resourced countries with limited access to reliable laboratories for differential diagnosis and where misdiagnosis occurs regularly.10 It might similarly be difficult to compute the number of days for detection, especially when there are many probable cases that had not been sampled and confirmed with laboratory testing. Uptake of 7-1-7 could also be accelerated by mainstreaming this target into existing

Netton //doi.org/10.1006/ \$2214-109X(23)00167-5

https://doi.org/50.3036/ 52214-109X(23000333-X

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When to conduct an EAR?

1 Document performance



2

Review performance and calibrate response



The five Cs of the WHO health emergency prevention, preparedness, response and resilience (HEPR) global architecture.

Incorporate into national planning, advocacy and larger reviews (IAR/AAR)

Support in building IHR (2005) capacities



EAR supporting tools:

Various tools have been developed to support the conduct of EAR

Tool	Link	
Early action assessment tool	https://apps.who.int/iris/bitstream/handle/10665/372093/WHO-WPE-HSP-CER-2023.2-eng.docx	
2. Event review template	https://apps.who.int/iris/bitstream/handle/10665/372094/WHO-WPE-HSP-CER-2023.3-eng.pptx	
3. Post-EAR action tracker	https://apps.who.int/iris/bitstream/handle/10665/372096/WHO-WPE-HSP-CER-2023.4-eng.xlsx	
4. EAR synthesis report template	https://apps.who.int/iris/bitstream/handle/10665/372095/WHO-WPE-HSP-CER-2023.5-eng.docx	
5. EAR Country Case Study	https://apps.who.int/iris/bitstream/handle/10665/372097/WHO-WPE-HSP-CER-2023.6-eng.pptx	



Country early action review (EAR)

Early action assessment tool 31 August 2023



TOOL 1: EARLY ACTION ASSESSMENT TOOL

Rapid performance improvement for outbreak detection and response

Background

The emergence of SARS-CoV-2 and the resultant COVID-19 pandemic have demonstrated the importance of timely and effective systems to detect, notify and respond to outbreaks before they become epidemics. The pandemic has highlighted limitations in existing measures of health security capacity and underscores the importance of evaluating not only the presence. But also the



Thank you:

- WHO Country Simulation Exercises and Reviews Unit (Candice Vente, Armand Mbanya & Elliot Brennan)
- WHO RO & WCO,
- Resolve to Save Lives
- CDC
- Uganda IDI

3 Country Example: Cambodia



Using the 7-1-7 target and Action Reviews to enhance early detection and response in Cambodia

HE Dr. Ly Sovann

Director, Communicable Disease Control Department

Ministry of Health, Cambodia

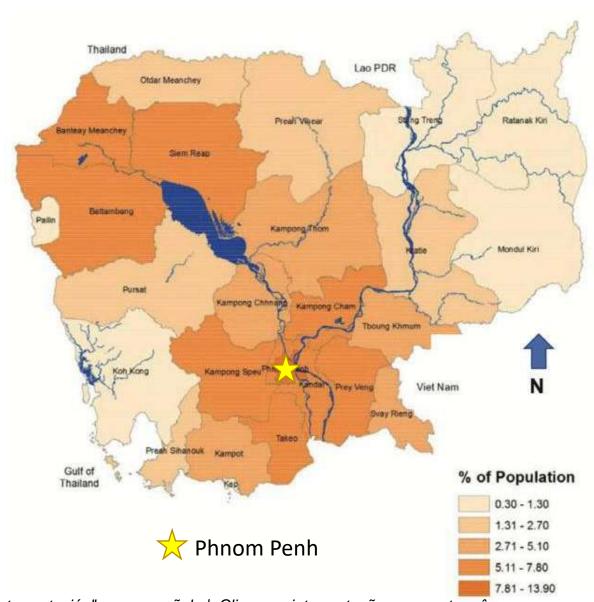
Outline

- Background
- Introducing 7-1-7 in Cambodia
- Early experience and lessons learned through action reviews
- Recommendations
- Next Steps
- Acknowledgements



Cambodia

- WHO Western Pacific region
- 17.1 million people*
 - 2.3 million in Phnom Penh
- Languages: >95% Khmer (<25% English)
- Capital City of Phnom Penh and 24 provinces





^{*}Population 2023 source: Kingdom of Cambodia Ministry of Planning, National Institute of Statistics. Population Projection 2020-2033, July 2023.





7-1-7 target adoption activities

- Champion: Director, Communicable Diseases Control Department, Cambodia MoH
- High-level stakeholder engagement in MoH in early 2023
- Technical collaboration between Cambodia MoH and US CDC leveraged for adoption activities

June 2023

- Sensitization workshop for government departments and partners
- Full-day training (including measles simulation exercise using 7-1-7 target) for Field Epidemiology Training Program

Context of 7-1-7 adoption and use in Cambodia

7-1-7 help maintain high level of vigilance across multiple events and identify common bottlenecks for timely detection, notification, and response

- In 2023 Cambodia reported 6 cases of Avian Influenza H5N1 in humans (including 4 deaths)
 - No human cases reported between 2015-2022
- Sentinel surveillance and event-based surveillance detected cases
- Multisectoral responses conducted

https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON495



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https://www.nytimes.com/explain/2023/bird-flu-cambodia-death



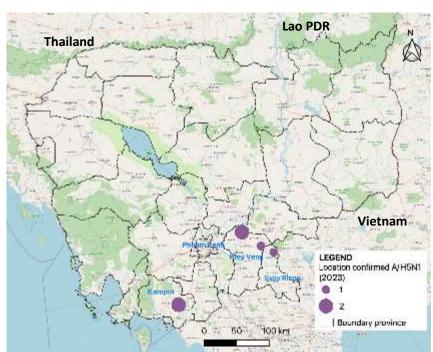
https://www.nbcnews.com/health/health-news/bird-flu-father-daughter-cambodia-not-spread-person-to-person-rcna73076

Avian influenza A/H5N1 in humans, Cambodia 2023 By Date of Emergence

Prey Veng
14 February
2 Cases (1 death)

Kampot
19 November
2 Cases (1 death)

Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec





Prey Veng 1 October Svay Rieng 2 October

2 cases (2 deaths)





Avian influenza H5N1 cluster, Prey Veng Province, February 2023

NOTIFY RESPOND DETECT **TARGET** Target: 1 day Target: 7 days **Target: 7 days** 8 DAYS <1 DAY 3 DAYS **TIMELINE** Date of detection Date of notification Date of emergence Date of early response **22 February 2023 22 February 2023 14 February 2023 24 February 2023** Rare disease; late clinical presentation; lack Suboptimal coordination (no clear joint **BOTTLENECKS** Delayed initial report to National Pediatric of knowledge of risk by community, Incident Management Structure); lack of joint Hospital staff of confirmed A/H5N1 clinicians. Presence of sick/dead poultries SOP³ – draft not used or widely known by all diagnosis not reported sectors Morning patient sample not initially avian Existing oseltamivir emergency stockpile Influenza presumptive case and rapid testing expired (and no pre-existing approved policy protocol initiated one day late on shelf-life extension) Rapid communication among **ENABLERS** Mature surveillance system, trained staff + Rapid detection through SARI sentinel human/animal/environmental health sectors established within-sector procedures; surveillance; Rapid diagnosis at NIPH1 + partners; joint one-health response; and confirmation by Institute Pasteur² excellent laboratory capacity; rapid response resources available immediately; laboratory processing and confirmation oseltamivir mobilized rapidly (local market, through existing protocols regional stockpile) IMMEDIATE: Conduct risk communication to affected communities and the public; disseminate information on avian influenza to Rapid **ACTIONS**

¹National Institute of Public Health, Cambodia ²Institute Pasteur of Cambodia ³Standard Operating Procedures





LONGER-TERM: Revise, finalize joint-sector AI investigation-response SOPs including joint communication

Response Teams nationwide, among clinicians and through human/animal/environmental health networks

Avian influenza H5N1 cluster, Svay Rieng/Prey Veng Provinces, October 2023

NOTIFY RESPOND DETECT **TARGET** Target: 1 day Target: 7 days **Target: 7 days** 3/6 DAYS 2/2 DAY 23/25 DAYS **TIMELINE** Date of notification Date of detection Date of emergence Date of early response 5/7 October 2023 7/9 October 2023 2/1 October 2023 3 November 2023 **BOTTLENECKS** No multisectoral coordination meeting until Lack of risk of AI; lack of knowledge of risk Delayed turn around time: patient sample AAR, missed opportunity for rapid risk by community, clinicians. Presence of processed as regular SARI case and not communication in 3rd affected village sick/dead poultries not reported. the rapid AI testing algorithm unknown to human health. Delayed health care seeking, privatee Prey Veng: No national or provincial risk providers did not diagnose or provide assessment, no oseltamivir stock provided to adequate care. Rapid testing algorithm not close contacts (caretakers, including followed (concurrent response in Svay investigation team. Duplicate sample collection. Rieng) Rapidly assigned tasks for conducting active **ENABLERS** Prey Veng case: National Pediatric case findings and identification of contacts, NIPH notified NPH and C-CDC immediately hospital staff is a SARI sentinel site and sample collection and transport, health the result of the lab testing (AI) once tested. has experience - documented dead education, setup of mobile care team in the poultry exposure and started treatment on community. Advanced phylogenetic analysis (human and poultry) clarified etiology and day of admission epi links. Joint multisectoral AAR. **IMMEDIATE**: Conduct initial risk communication to affected communities and the public prior to holiday seasons; disseminate information on avian **ACTIONS** among clinicians and through human/animal/environmental health networks, replenish emergency oseltamivir stock. LONGER-TERM: Conduct initial multisectoral coordination meeting before field team deploys and then daily. Finalize joint-sector Al investigationresponse SOPs including joint communication/coordination/collaboration.





Avian influenza H5N1 cluster, Svay Rieng/Prey Veng Provinces, October 2023

NOTIFY RESPOND DETECT **TARGET Target: 1 day** Target: 7 days **Target: 7 days** 3/6 DAYS 23/25 DAYS 2/2 DAY **TIMELINE** 2 DAYS for rapid Date of detection Date of notification Date of emergence 5/7 October 2023 7/9 October 2023 individual sector 2/1 October 2023 response **BOTTLENECKS** No m ting until Lack of risk of AI; lack of knowledge of risk Delayed turn around time: patient sample AAR, risk by community, clinicians. Presence of processed as regular SARI case and not Multisectoral comm ЭE sick/dead poultries not reported. the rapid AI testing algorithm unkno coordination Delayed health care seeking, privatee N Prey al risk providers did not diagnose or provide asses meeting missing provided to adequate care. Rapid testing algorithm not close contacts (caretakers, including followed (concurrent response in Svay investigation team. Duplicate sample collection. Rieng) Rapidly assigned tasks for conducting active **ENABLERS** Prey Veng case: National Pediatric case findings and identification of contacts, NIPH notified NPH and C-CDC immediately hospital staff is a SARI sentinel site and sample collection and transport, health has experience - documented dead the result of the lab testing (AI) once tested. education, setup of mobile care team in the poultry exposure and started treatment on community. Advanced phylogenetic analysis (human and poultry) clarified etiology and day of admission epi links. Joint multisectoral AAR.

ACTIONS

IMMEDIATE: Conduct initial risk communication to affected communities and the public prior to holiday seasons; disseminate information on avian among clinicians and through human/animal/environmental health networks, replenish emergency oseltamivir stock. **LONGER-TERM**: Conduct initial multisectoral coordination meeting before field team deploys and then daily. Finalize joint-sector Al investigation-response SOPs including joint communication/coordination/collaboration.



Avian Influenza A(H5N1) Outbreak Investigation, Kampot Province, November 2023 (Ongoing)

NOTIFY RESPOND DETECT **TARGET Target: 1 day** Target: 7 days **Target: 7 days** 4 DAYS <1 DAY 1 DAYS **TIMELINE** Date of notification Date of detection Date of emergence Date of early response **23 November 2023 23 November 2023 19 November 2023 24 November 2023** Sub-optimal coordination and response in **BOTTLENECKS** Lack of private/local provider knowledge line with the One Health approach, minimal about risks regarding avian influenza and risk sharing of daily reports between sectors, of transmission within the community No joint activity plan Presence of sick and ill chickens not reported in village Delayed proper patient assessment, treatment, care Rapid multisectoral meeting convened. Risk Excellent Epi and lab communication, assessment same day as notification. **ENABLERS** SARI sentinel site quickly alerted lab of experienced staff and established response resources available immediately, stockpile of oseltamivir mobilized, second case patient history of dead poultry exposure procedures Excellent lab capacity for diagnosing AI, (4yo) actively detected and treated same day; NIPH rapid testing algorithm followed, Timely detection and notification of Strong local and central public health leadership, rapid confirmation experienced FETP graduates. suspected cases through active case finding **IMMEDIATE**: Raise awareness within the community and among public or private health providers; plan multisectoral AAR **ACTIONS** LONGER-TERM: Finalize multisectoral coordination SOP, ensure FETP training for at least one Rapid Response Team member from the



Chhuk Operational District

Using the 7-1-7 target in H5N1 outbreaks in 2023

Feb 2023 H5N1 outbreak (AAR)

 7-1-7 target assessed and discussed during a one-day workshop after the outbreak and prior to the full AAR workshop

Oct 2023 H5N1 outbreak (AAR)

- National and local RRTs applied 7-1-7 target in the affected Svay Rieng and Prey Veng provinces
- Multisectoral AAR meeting held in Svay Rieng with MoH, MAFF, and MOE to discuss the 7-1-7 target, bottlenecks, enablers, and actions

Nov 2023 H5N1 outbreak (EAR)

Data collection and initial assessment for 7-1-7 conducted during the outbreak

Common bottlenecks have emerged, and immediate and longer-term actions have been identified, including community awareness/engagement and multisectoral collaboration



Benefits and challenges

Benefits

- 7-1-7 can be used to strengthen vigilance and act faster for potentially high consequence events, including zoonotic diseases
- 7-1-7 facilitates multisectoral coordination, collaboration, communication and problem-solving
 - Recently applied in a multisectoral AAR and methodology welcomed by animal sector
- The Royal Government of Cambodia adopted One Health approach to address key public health issues including zoonotic diseases, AMR and food safety

Challenges

- Inter-sectoral coordination: increases complexity of incident management and communications
- Vertical programs not yet bought into 7-1-7 and have their own disease specific approach and metrics (malaria, vaccine preventable diseases)
- Limited human resources and budget to introduce the 7-1-7 into the system(s)



Recommendations to improve early detection and early response systems in Cambodia

- Enhance community-based surveillance and public health education campaigns for key diseases, including H5N1
- Apply 7-1-7 to more event-based surveillance (EBS) outbreaks
 - Compile key barriers and enablers across types of disease outbreaks to focus and prioritize resources
- Increase and maintain capacity building for clinical and public health staff at the local, district, and national levels
 - Engage private providers to enhance EBS
 - Integrate 7-1-7 into FETP field work



Recommendations for WHO and Global Fund

- Support integration of 7-1-7 into vertical disease programs, as appropriate
 - Outbreaks of endemic diseases
 - Programs striving for disease elimination or maintaining elimination
- Integrate 7-1-7 into M&E, IHR Core Capacity metrics



Next steps in Cambodia

- Further sensitize high-level stakeholders and other sectors to EARs/7-1-7.
 - Additional MOH formal endorsement
- Integrate EAR guidance and the 7-1-7 target into existing systems and workflows at the national and subnational levels, with multi-sectoral engagement in the process
 - Establish formal guideline and integrate into standard operating procedures
- Train national, provincial and district-level teams on EARs and the 7-1-7 target
- Continue to apply EARs/7-1-7 in real-time to outbreaks from different diseases, and incorporate results into programs
- Use EARs/7-1-7 to facilitate multisectoral coordination, collaboration and communication for zoonotic outbreaks



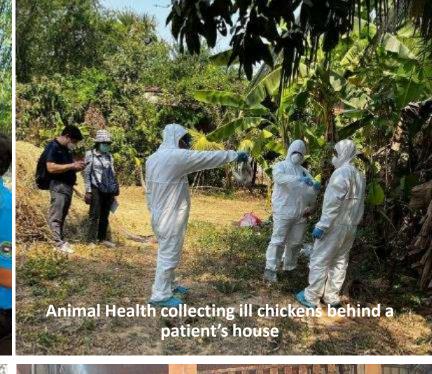
Acknowledgements

- One Health Rapid Response Team at national level
 - Ministry of Health
 - Ministry of Agriculture Forestry and Fisheries
 - Ministry of Environment
- RRT, Agriculture, and Environment at provincial/district level
- Local authorities
- US CDC, WHO-Cambodia, FAO-Cambodia, WCS-Cambodia, Institute Pasteur du Cambodge
- Resolves to Save Lives for their technical support and guidance







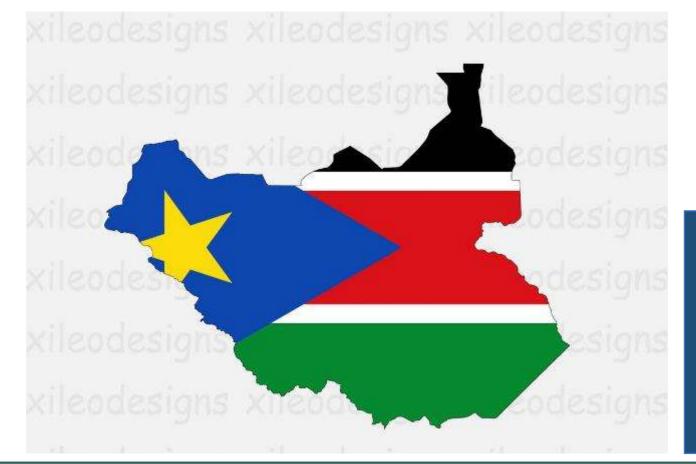








4 Country Example: South Sudan



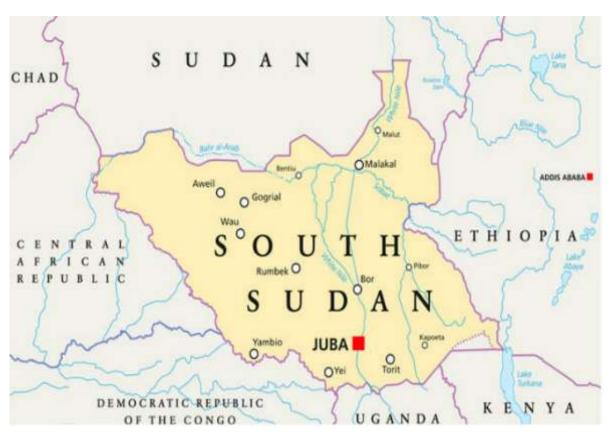


Republic of South Sudan Presentation

Adopting guidance on Early Action Reviews/7-1-7 Target in Republic of South Sudan

Dr. Angelo Goup Thon Kouch Ministry of Health Republic of South Sudan

Country Context and Background Information

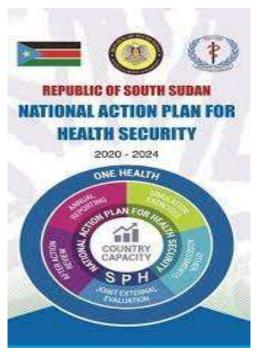


- The Republic of South Sudan shares borders with 6 countries (Kenya, Uganda, DRC, Ethiopia, Sudan and Central Africa Republic). It is a partner state of the East Africa Community.
- Independence July 9, 2011, the youngest in Africa and the second youngest country in the world.
- Administrative units states (10), Administrative areas
 (3), Counties (80), Payams (509) and Bomas (2500)
- Population est. 8 .0 to 12.8 million (2008) census.
- Large land mass and prone to outbreaks (cholera, measles, rift valley fever, COVID-19, Malaria, Ebola, etc)
 - → Early detection and response critical to prevent systems getting overwhelmed
 - → Cross-border challenges and opportunities

South Sudan IHR Capacity Strengthening Cycle?



- South Sudan is at the **NAPHS implementation phase.**
- NAPHS was developed after the JEE in 2017 and annual SPAR completion
- Plan is fully costed (69,067,059 \$), launched in December 2020 and implementation started in 2021.
- Conducted NAPHS resource mapping and implementation monitoring in December 2021.
- Developed annual NAPHS operational plan (one year plan from the strategic NAPHS plan).
- Multi-sectoral coordination platform (MCP) to coordinate NAPHS implementation formed and operation and meet biweekly.



WHO AFRO Regional Strategy for Health Security and Emergencies 2022-2030 adopts the 7-1-7 target

African health ministers adopt new regional strategy to transform health security

25 August 2022

Lomé – Spurred by the devastating impact of the COVID-19 pandemic on fragile health systems, African health ministers this week adopted a new eight-year strategy to transform health security and emergency response in the region.

The Regional Strategy for Health Security and Emergencies 2022–2030, endorsed during the Seventy-second session of the World Health Organization (WHO) Regional Committee for Africa in Lomé, Togo, aims to reduce the health and socioeconomic impacts of public health emergencies.

Globally, the African region reports the heaviest burden of public health emergencies, with more than 100 such events occurring annually. Prior to the emergence of COVID-19, the top causes of epidemics in the region were cholera, measles, yellow fever, meningococcal



AFR/RC72/R3 24 August 2022

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Seventy second session
Lomé, Republic of Togo, 22–26 August 2022

Provisional agenda item 11

RESOLUTION

REGIONAL STRATEGY FOR HEALTH SECURITY AND EMERGENCIES, 2022–2030 (Document AFR/RC72/8)

41. Adopt and use the novel global 7-1-7 target: Identify the outbreak within seven days of emergence, report to public health officials within one day, and effectively respond within seven days.¹⁹

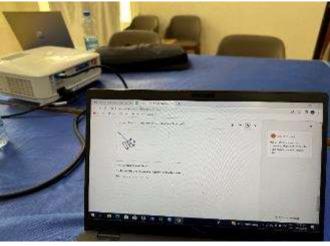
Indicator	Baseline 2022	Milestones			Target
		2024	2026	2028	2030
	(%)	(%)	(%)	(%)	(%)
Number of countries that have identified the outbreak within 7 days of emergence, report to public health officials within 1 day of detection, and effectively respond within 7 days	0	47	47	47	47

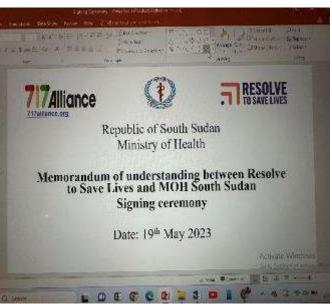
7-1-7 Target/ EAR adoption and implementation progress

- COVID-19 demonstrated the need to review and standardize approaches for measurement of performance
- The 7-1-7 global framework has been proposed to evaluate outbreak detection, notification and response timeliness metrics.
- Awareness raised through online and inperson workshops organized by partners.
- South Sudan officially joined 7-1-7
 Alliance on 19th May 2023.
- 7-1-7 Target orientation workshop for High leadership (stakeholders), One Health focal points, NRRT, PHEOC, IDSR and EPR.















Progress on Implementation

- Country Interest on 7-1-7 Target (Done)
- 2. 7-1-7 Target study tour to Uganda by S. Sudan team (Done).
- 3. Signing of MOU and Official joining the 7-1-7 Alliance (Done).
- 4. Leadership Orientation on 7-1-7 target and NAPHS (Done)
- 5. Technical team training on 7-1-7 Target (November 2023)
- RRTs and PHEOC training on 7-1-7 Target (November 2023)

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Leadership and countryto-country learning on 7-1-7 /EARs

- Champion: Director General South Sudan National MoH
- Country to Country learning: Uganda MoH leadership hosted DG South Sudan National MoH and 3 other delegates for 3 days to demonstrate implementation of 7-1-7/EAR
 - Presentations, discussions, and site visits to National PHEOC, regional EOCs, Uganda Virus Research Institute Laboratory and IDI
 - Bilateral agreement to build capacity and support public health emergencies

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Next steps

- Focus on performance improvement
 - Conduct EARs during outbreak events
 - Immediate actions: for performance improvement during the event
 - Longer-term actions: use bottlenecks to identify priority activities in operational plans derived from the National Action Plan for Health Security. Collaborate with partners to address bottlenecks.
- **Document and share experiences** through a 7-1-7/EAR community of practice.
- Cascading of 7-1-7/EAR training to 10 states and 3 administrative areas (training SSOs, CSOs and SRRTs on 7-1-7 target tools).
- South Sudan applied to joint PMEP connect 2024
- Long term Bottlenecks will be incorporated in the JEE and NAPHS annual operational plan.

Recommendations

 Assess existing capacities related to detection, notification and early response in all 10 states and 3 administrative areas.

Capacity building

- Cascade the 7-1-7 target training to all the 10 states and 3 administrative areas for States surveillance officers, Counties surveillance officers and States Rapid Response Team.
- Support staff positions at the Department of Health Security, SCD and One Health for coordination and implementation of EAR and 7-1-7 Target.
- Procure 3 vehicles for One Health department to easy deployment of One Health rapid response team which will enhance early response.
- Train public and private hospitals workforce on IDSR and 7-1-7 target tools.

Thank you for your attention.





Partner's support for Early Action Reviews roll-out





Early Action Reviews Roll-out

Mohammed Lamorde, Project Director, 7-1-7 Alliance, **Resolve to Save Lives** 7 December 2023

The 7-1-7 Alliance

The 7-1-7 Alliance is a country-led initiative providing technical assistance, financial support and a growing, global community of practice to help all countries achieve the 7-1-7 target for outbreak detection and control

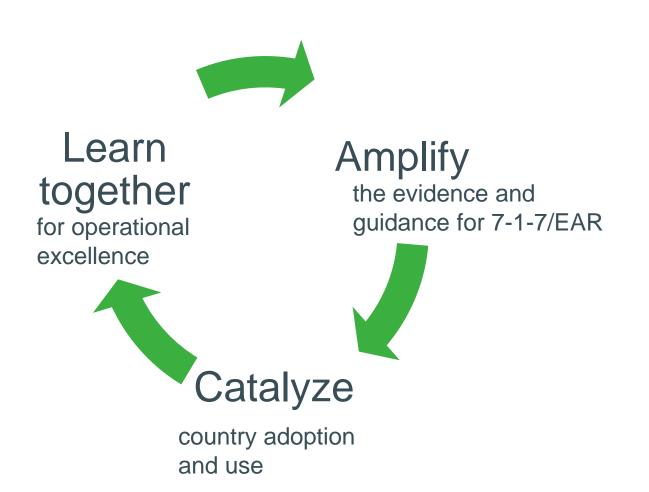






The 7-1-7 Alliance

Accelerating progress for all countries to achieve the 7-1-7 target





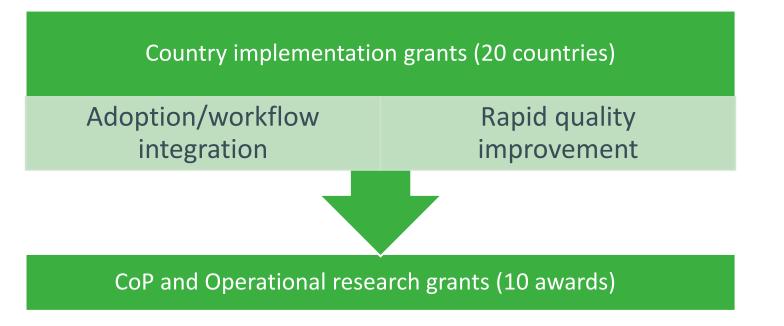
Funding to establish a 7-1-7 learning network and joint research agenda supported by operational research grants

PI: McClelland A





Improving understanding of the approach



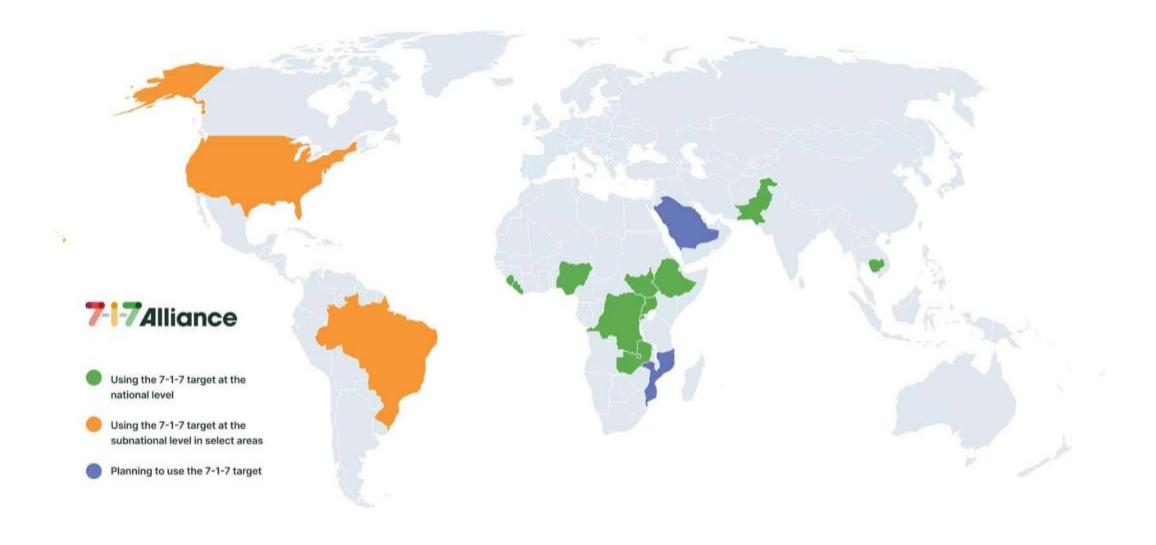
Pillar 1 (Technical Assistance) and Pillar 2 (Catalytic grants)

Pillar 3





Community of Practice launched October 14







Learning opportunities

Global Learning Network Webinar

Attendance: 236 unique views

Diverse participants (organization and country)

Early Action Reviews Virtual Training Series

- January 16, 23 and 31, 2024
- To build skills to use the 7-1-7 target and conduct EARs



Simulation exercise addressing public health and zoonotic emergencies

Country adoption and use

Performance improvement and NAPHS integration





Operational Research Grants

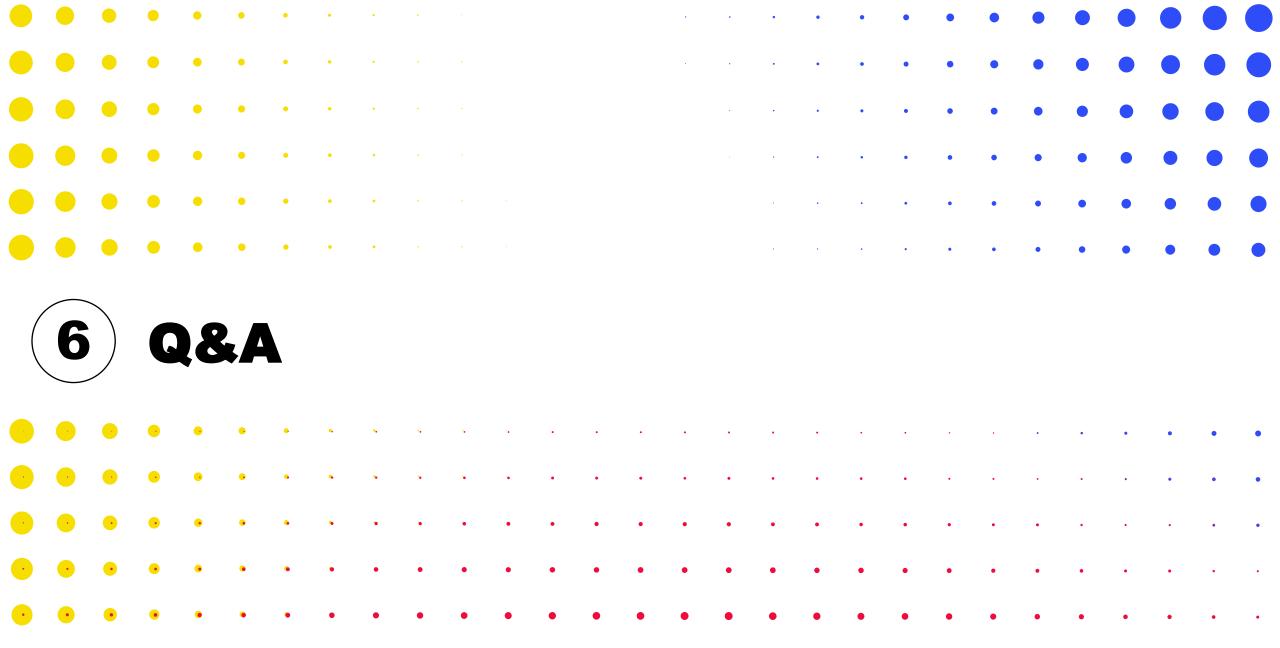
Research agenda

 Aim: to build the evidence base for the 7-1-7 target as an effective organizing principle in prioritizing health security system improvements

Timeline

Q1 2024





PBAL FUND Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.

Thank you!

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