

# AFRICA CDC TODAY

Quarterly newsletter of the Africa Centres for Disease Control and Prevention

ISSUE 6 | December 2019

## Accurate data on deaths can save lives in Africa



Participants in the regional workshop for West Africa on mortality surveillance

*As Africa's population and development expand, Member States are facing a challenge of how to invest in improving the health of their citizens. A critical priority is having high quality data about who dies and why, but many Member States have no systems to accurately collect this information. Better data about mortality could mean better policies to prevent deaths and increase life expectancy.*

"Coverage of death registration is less than 10 per cent in Africa and there are issues of data completeness and quality. Africa needs consistent and reliable cause-specific mortality data for public health planning and prioritization. We need to know who lives or dies, where and what they die from," said

Dr Benjamin Djoudalbaye, Head, Division of Policy, Health Diplomacy and Communication at Africa CDC.

In late 2018, Africa CDC began its Mortality Surveillance Programme to improve timeliness and accuracy of data about mortality in Africa.

***Through the programme, Africa CDC is documenting best practices and lessons among countries, raising awareness, and conducting advocacy with decision-makers across the continent. The programme is helping to develop national action and capacity building plans for Member States.***

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“This new programme is critical to the future of Africa’s health, as it brings Member States together to raise awareness about the need for vital statistics on cause of death and helps mobilize technical support for building national mortality surveillance and resource mobilization plans,” says Emily Atuheire, Coordinator of Africa CDC Mortality Surveillance Programme.

The mortality surveillance programme was officially launched in Addis Ababa on 26 February 2019 during a meeting attended by representatives of 33 African Union Member States, partners and some African Union Commission departments. Among others, the meeting featured presentations on the mortality surveillance and civil registration initiatives of Mauritius, Mozambique and Zambia. Participants discussed how to develop national action plans and implement capacity building activities on mortality surveillance.

This exciting new programme is advancing quickly. Two regional workshops involving more than 30 Member States have been held already in Southern and Western Africa, with more regional meetings planned for 2020. Each of these workshops has given Member States the chance to highlight challenges, discuss solutions and exchange ideas to shape and build a sustainable programme for the continent.

During the 5th Conference of Ministers Responsible for Civil Registration (COM5) held in Lusaka, Zambia, in August 2019, ministers responsible for civil registration, statistics and health and other participants learned more about mortality surveillance and the impact it can have on their health systems. They discussed how Africa CDC could provide technical support for mobilizing resources to strengthen their mortality data systems.

**“Africa CDC’s mortality surveillance programme offers each Member State a platform and tools to advance efforts to capture and use mortality data for informed health decisions and improve health outcomes for the entire population,” said H.E. Kwesi Quartey, Deputy Chairperson of the African Union Commission, during the conference.**

Leveraging and building on existing frameworks, systems and networks, the programme shows potential to rapidly advance mortality surveillance in Africa, as it finalizes a framework that will be launched in 2020.



# Improving cause of death information system and client experience in Tunisia



Dr Souha Bougatef, Director of Epidemiological Surveillance, National Observatory of New and Emerging Diseases, Tunisia

*Dr Souha Bougatef, Director of Epidemiological Surveillance, National Observatory of New and Emerging Diseases, Tunisia, speaks on the efforts of the institute to improve the cause of death information system and client experience at health facilities in the country.*

## **Please give us a brief background about the Tunisia National Institute of Health.**

The Tunisia National Institute of Health (formerly called National Public Health Institute) (INSP) was established by the Government Organization Act 84 of 1984. However, it was not inaugurated until about a decade after, when Decree No 93D1524 (1993) was created setting out its attributions and administrative and financial status. INSP currently has three technical departments: Research and Training, Administrative and Finance, and Documentation and Archives. It is directly linked operationally to the Ministry of Health and the Tunis Regional Directorate of Health.

## **What are the mandates of the institute?**

The mandates of the institute are:

- coordination of health information systems, mainly the cause of death, cancer and suicide registries;
- establishment of epidemiological studies;
- health planning and policy;
- partnerships for internationally funded projects; and
- building capacity of health professionals.

## **Do you think INSP is making impact in Tunisia?**

Certainly. After a dozen years of its creation, INSP has experienced a continuous decline of its human and financial resources and this is causing operational difficulties and devaluation compared to other national institutions. However, we've been having significant developments since 2016, particularly in the area of surveillance. We conducted two national health surveys in 2016/2017 and we are strengthening and modernizing our cause of death information system. Recently we received approval to pilot improvements in the drug use information system, and we hope to do more to strengthen health security in Tunisia. We've organized two international conferences, one on adolescent health and another one on vulnerability and stigma related to mental health disorders, addictions, HIV, and sexual health.

## **Can you tell us a little more about the cause of death information system?**

INSP has an information system on cause of death, which collects, processes and analyses data on deaths and provides mortality indicators for the country. The system has been in operation for almost 20 years, and we are now strengthening and modernizing it.

***We want to improve our national death coverage rate, improve the quality of data on causes of death and modernize the system by including certification in line with the new model recommended by WHO. We are now coding the causes of death using the International Classification of Diseases 11th Revision (ICD 11) and moving to an electronic system for certification.***

This will be very useful for Tunisia because it will provide statistics on the priority or emerging health problems. We are also creating a suicide register and conducting advocacy to upgrade our cancer surveillance system through collaboration with the health insurance funds.

## **What programmes do you have on public health research?**

We have undertaken very important research on diabetes quality of care and HIV quality of care. One of the objectives of the last national survey, the Tunisian Health Examination Survey 2016, was to assess client satisfaction and quality of care at health facilities in the country. Using the results of these research activities we are establishing partnerships for the development of a national strategy to promote quality of care. We are organizing training programmes for health care providers in different areas, including health economics, qualitative research, interpersonal communication, drug advisory, leadership, and management.

## **What kind of partnerships do you think will help strengthen the impact of INSP?**

The role of INSP needs to be enhanced to be able to evaluate progress made locally to meet the global public health goals. Africa CDC and other partners can provide support in acquiring the resources – human, financial, equipment, and tools – needed to meet this objective. The information system on causes of death being piloted by INSP will provide essential indicators for the Sustainable Development Goals. With more support we can upgrade the system and make it more responsive to current health needs. These and other forms of support can contribute significantly to improvements in client experience in health care settings.

INSP would like to contribute more to the assessment of the national health information systems, including outbreak alert systems, which will contribute to upgrades in the emergency preparedness and response capabilities of the country.

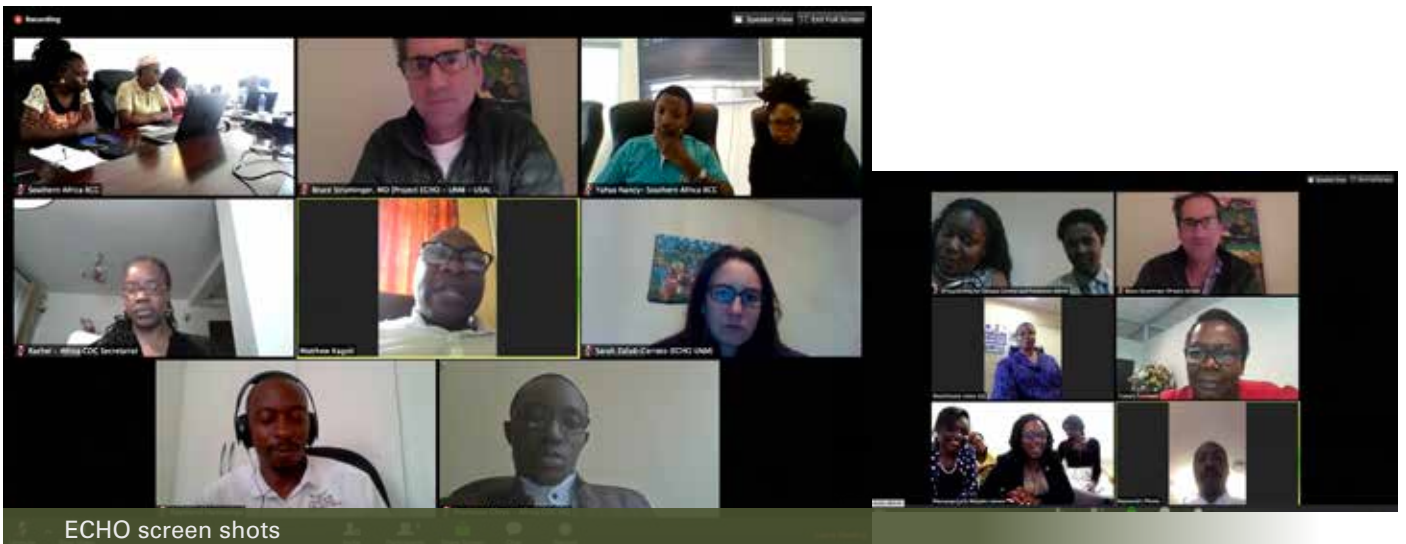


# ECHO programme

## supports Ebola preparedness



*In the wake of the ongoing 10th Ebola virus disease (EVD) outbreak in the Democratic Republic of Congo (DRC), Member States have found valuable use for the Extension for Community Health Outcome (ECHO) system in preparedness and response.*



***With the ECHO platform, Africa CDC Regional Collaborating Centres (RCCs) have been conducting structured discussions through videoconferences with Member States in their regions. Participants have shared their experience with infection prevention in communities, standard operating procedures, case reporting tools, and best practices in event-based surveillance, epidemiology, laboratory diagnosis, case management, social mobilization, logistics, and equipment supplies for emergency response.***

ECHO is a partnership between Africa CDC and the University of New Mexico to enhance communication, learning and experience-sharing on public health by African Union Member States. It uses multipoint videoconferencing and internet technologies for

real-time virtual collaboration, engagement and experience-sharing among geographically dispersed multidisciplinary teams in and outside Africa.

Nine Member States in Central Africa, 14 in Eastern Africa and 10 in Southern Africa have used the platform to exchange public health information and best practices since the outbreak began, and the regular information sharing sessions have helped increase awareness about the risks of cross-border EVD transmission and helped countries to improve on their preparedness activities.

“Sharing knowledge and skills is essential for Member States. It creates a learning environment, stimulates cross-cultural exchanges and facilitates decision-making.

We have been implementing health programmes and developed International Health Regulations capabilities at different levels, sharing information on these provides opportunity for us to move on as a block since diseases know no borders,” said Dr Alex Riolexus, Director at the Uganda National Public Health Institute.

“Sharing experience and challenges provides an opportunity for Member States to learn from each other and be better prepared for public health events. We however need to move further from lessons learning to dissemination of interesting epidemiological studies or outbreak investigations across the region,” said Dr Mathew Tut, Head of Surveillance at the Ministry of Health, South Sudan.

# Is the end in sight for Ebola Virus Disease outbreak in DRC?



Cross-section of participants in the Africa Against Ebola Forum

*The year 2019 began with a continuation of the Ebola Virus Disease outbreak in the Democratic Republic of Congo (DRC). As the year progressed, the number of cases continued to increase. Each week more and more people became infected, some of whom have died.*



In July 2019, the increase in number of cases and deaths prompted the World Health Organization to designate the outbreak a Public Health Emergency of International Concern. With the declaration, more attention was drawn to the outbreak. The international community, including the United Nations, international development and donor agencies, and governments within and outside Africa mobilized resources to increase support for the country.

Africa CDC has supported the DRC Government in its effort to respond to the outbreak since it was declared in August 2018. After the WHO designation, Africa CDC provided more medical supplies, including personal protective equipment and a mobile laboratory, and recruited more experts to support contact tracing, risk communication, infection prevention and control, surveillance, laboratory testing, training of health care workers and community relays, logistics, treatment and care, advocacy and sensitization, and mobilization for vaccination.

***“This has been an extraordinarily complex and complicated outbreak and we continue to learn a lot from it. For over 16 months the African Union through Africa CDC has provided significant support to the DRC in its efforts to bring the outbreak to an end. We have deployed 63 experts and provided equipment, and these efforts are yielding considerable results,” said Dr John Nkengasong, Director, Africa CDC.***

In October 2019, the city of Goma hosted a meeting of health ministers and key stakeholders from the DRC and its nine neighbouring countries to discuss a joint framework for preparedness and response to EVD and other disease emergencies within their territories.

Representatives of the 10 countries noted with concern the shared threat that the outbreak poses to health and economic security in the subregion and other parts of Africa and the need to develop an action plan to mitigate these threats.



“Resources are always limited, and there are always gaps in emergency contingency plans. Setting up a mechanism for cross-border collaboration and the sharing of assets will contribute to the mitigation of suffering and minimize the social and economic impact of disease outbreaks,” said H.E. Amira Elfadil Mohammed, African Union Commissioner for Social Affairs, during the meeting.

On 2 December, the Chairperson of the African Union Commission, H.E. Moussa Faki Mahamat, hosted the Africa Against Ebola Forum in Addis Ababa, Ethiopia, where both cash and in-kind contributions were pledged by Member States and partners to support the DRC Government in fighting the 10th Ebola outbreak.

During the forum, the Chairperson acknowledged the efforts of the DRC and partners in trying to end the outbreak and noted the need for more support to one of Africa’s largest countries.

***“The DRC continues to pay a high price for the Ebola virus disease outbreak, with more than 3900 cases and more than 2000 deaths as of 27 November 2019. The country has mobilized internal resources to respond to this health emergency, but the magnitude of the disease requires more***

***international support,” said the African Union Commission Chairperson.***

However, with all this support, many people are asking: Will this outbreak end and when?

Prof. Jean-Jacques Muyembe-Tamfum, Director-General, National Institute for Biomedical Research, DRC and Coordinator of the EVD outbreak response commission gave convincing evidence that the outbreak is under control and should end soon.

In his address to participants during the Africa Against Ebola Forum, he said: ***“The good news is that Ebola is now curable with specific treatments and would soon be preventable with the use of specific vaccines.”***

In August 2019, Prof. Muyembe’s team announced a breakthrough with two of the experimental drugs being tested for the treatment of EVD, mAb114 and REGN-EB3, and approved them for use in the treatment of EVD patients in the DRC.

“After analysing the results on 499 patients who received four trial drugs, the Independent Monitoring Committee got an encouraging result: that in our context, mAb114 and REGN-EB3 are the most effective for the medical management of EVD patients,” said Prof. Steve Ahuka,

Senior Researcher at the National Institute for Biomedical Research, Kinshasa and Associate Professor at the Faculty of Medicine, University of Kinshasa.

Current evidence seems to show that the renewed and intensified effort, combined with the new treatment regime for EVD patients, is yielding results, as the number of new cases and new deaths per week seem to have been reducing since the beginning of November 2019.

***“From an average of 90 cases per week and 15 cases per day in July 2019, we now have about 10 cases per week and sometimes zero cases per day. The number of active provinces has reduced,” says Prof. Muyembe.***

This new trend is encouraging and gives the confidence that if the current tempo is sustained, with additional support from different sources, the outbreak will be contained and end within a short time.



Africa CDC experts distribute infection prevention and control equipment to health facilities in DRC

# Pioneering Africa CDC Regional Collaborating Centre in Southern Africa



Dr Victor Mukonka,  
Director ZNPHI & Interim  
Coordinator, Southern  
Africa RCC

*By the decision of the African Union Heads of State and Government, Africa CDC was created to support Member States in establishing strong public health systems that will be resilient to disease threats, and to strengthen health security in the continent. The Africa CDC statute mandates that it establish five RCCs across the continent to serve as hubs for Africa CDC in reaching out to the Member States. One of the first of these RCCs to be established was the Southern Africa RCC, hosted in Lusaka by the Zambia National Public Health Institute (ZNPHI). In this interview, Dr Victor Mukonka, Director, ZNPHI and Acting Coordinator for Africa CDC Southern Africa RCC, provides insight into the operations of ZNPHI and the RCC.*

## Please give us a brief background about ZNPHI.

Zambia took the policy decision to establish ZNPHI in 2017 following the resolution of the African Union Heads of State and Government to create Africa CDC, and I was appointed the first director with the task to set it up. We received catalytic funding from the US CDC and technical support from the International Association of National Public Health Institutes (IANPHI), which helped us to assemble a team and set up the office. Later we negotiated for the NPHI to be included in the government's annual budget. With the core team in place we developed our strategic plan, which gave us a strategic direction. We moved on to establish partnerships with the US CDC, China CDC and Public Health England (PHE) with guidance from Africa CDC.



## What exactly is the mandate of ZNPHI?

Our mandate is very clear. One, to serve as the lead and responsible for Zambia's national health security. Two, to lead surveillance and disease intelligence for Zambia. Three, to lead disease epidemic preparedness and response. Those are the core responsibilities, but in addition we coordinate and strengthen public health laboratory and information systems and build capacity. **Our work is not only at the central level but also in the frontline, including training of field epidemiologists, running short courses for rapid responders, and public health emergency management.** Our capacity was tested during the recent cholera outbreak in the country. Our trainees used the skills acquired and the incident management system to respond to the outbreak, and the outcome was commended by many of our partners and the country. We also have the mandate to host the Africa CDC Southern Africa RCC.

## How challenging was it to establish an NPHI in Zambia?

We had to navigate very carefully and use diplomacy to win the support of the various partners, most importantly the other line ministries. We had to work hard to clear the misunderstanding about the role of the Department of Public Health of the Ministry of Health and the NPHI. **I think we navigated very well and streamlined in terms of what is clearly the mandate of both institutions.** We agreed that the Department of Public Health would continue to implement HIV, tuberculosis, maternal health, newborn, and child health programmes and the NPHI would be responsible for health security and implementation of the International Health Regulations. The NPHI serves as a platform to bring all public health players together every quarter to share information and knowledge in the spirit of One Health, particularly the NPHI Director, the Director of the Department of Public Health, and Director of Health Promotion. This has helped very much to bolster our relationships, complement each other and work together.

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## Considering the initial challenges, what achievements has ZNPPI made in surveillance and disease intelligence?

We have impacted on the capacity of the teams. Starting from the actual acquisition of information to data warehousing, utilization and sharing. **We're strengthening Zambia's integrated disease surveillance and response. We're transforming it from paper-based to electronic system.** That is one key action. The second is the surveillance bulletin, which we now produce every week and share with the political leaders, the technical teams and the public. We conducted training on the operation of the Public Health Emergency Operations Centres (PHEOCs) at the central level and in the provinces. We have now moved to the facility level. Having those two systems in place is very critical. **We are running both the active and passive surveillance systems so that we can detect public health emergencies quickly and take appropriate action.** We have some satellite locations where we run sentinel surveillance. We have invested quite a lot.

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## Scientific evidence is essential for public health policy and decision-making, how have you incorporated research into your work at ZNPPI?

At ZNPPI we started publishing the *Health Press*, a quarterly publication that provides information about what is happening at health facilities across the country. We produce what we call the policy briefs to provide updated information to political leaders. We produce technical bulletins that are circulated to the technical teams in the health sector and line ministries. Of course, we do our mandatory regular reporting to the WHO, and we started reporting to Africa CDC. We write press releases regularly on key happenings. We prepare press statements for the Honourable Minister of Health and ministerial statements which are issued to Parliament. We produce the disease intelligence report for the Head of State. In addition, we hold regular meetings with partners to update them on what has happened during the quarter and to plan together for the coming quarter. **So, we are informed about what is happening and we present the information to the key stakeholders.**

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## Please tell us a little about your role as Coordinator of the Southern Africa RCC.

I want to state that I remain very committed to the cause of Africa, the wisdom of our Heads of State. My role as coordinator is a service to Member States in the Southern Africa region. It is a responsibility that they have given to Zambia, and what we are doing is to strategically align to the strategic plan of Africa CDC, working through the five pillars but also taking into consideration the peculiar situation in our Member States. Therefore, the first action was to convene a meeting of the Member States where we shared the vision of Africa CDC, and the Director of Africa CDC was there to address the participants. From that meeting we set up some technical working groups to kickstart the work. We're working to strengthen laboratory capacities, mapping public health assets and human resources, and discussing how to better work together. We brought all the information and communication teams in the 10 countries together to strengthen information-sharing for cross-border surveillance. We established the ECHO, a virtual platform through which Member States exchange knowledge and share experience. The platform has been very useful in supporting response to cholera outbreaks and preparedness for Ebola virus disease.

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## What plans do you have for preparedness and response to disease outbreaks in Zambia?

The first action we took was to conduct a Joint External Evaluation (JEE) of the core capacities and it was an eye opener. **We were able to identify areas that we were doing well, areas that we needed to improve, and areas where we were completely off target.** We followed up the JEE with the development of a multisectoral national action plan for health security, involving colleagues from animal health, plant health, environment, regulatory, and planning. We identified all possible hazards and developed a multisectoral epidemic preparedness and response plan, including plans for Ebola virus disease and cholera. **Now I know exactly what types of outbreaks are likely to happen and in which part of the country, and this helps in preparedness and response.**

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## How about capacity building at the country level in the region?

With the support of Africa CDC, IANPHI, US CDC, PHE and WHO, we're conducting short courses. We have trained experts in public health emergency management in each of the Member States. We now have a governing structure, including a technical advisory committee. We held a meeting of Member States to discuss what NPHIs are and their mandate. Then we examined the situation in each country to see how best to support each other. Zambia and Mozambique shared experiences of how they overcame the initial bottlenecks and roadblocks. We created a team to support Member States in establishing their NPHIs, including advocacy for country buy-in and appreciation of the importance of having an NPHI.

In Zambia, we embarked on a countrywide training. We started by training a core team of responders and then rapid response teams in the districts and provinces. We set up our PHEOC with links to the districts and developed Standard Operating Procedures. We started conducting simulation and desktop exercises and we're taking the training further downwards.

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## What are your plans for the near future?

In the coming year our key priority at ZNPPI is to continue strengthening our surveillance system. We want to transfer the skills to the lower levels and establish rapid response teams and train them on incident management systems. We will be working with several partners such as the US CDC, IANPHI, PHE, China CDC, and Japan.

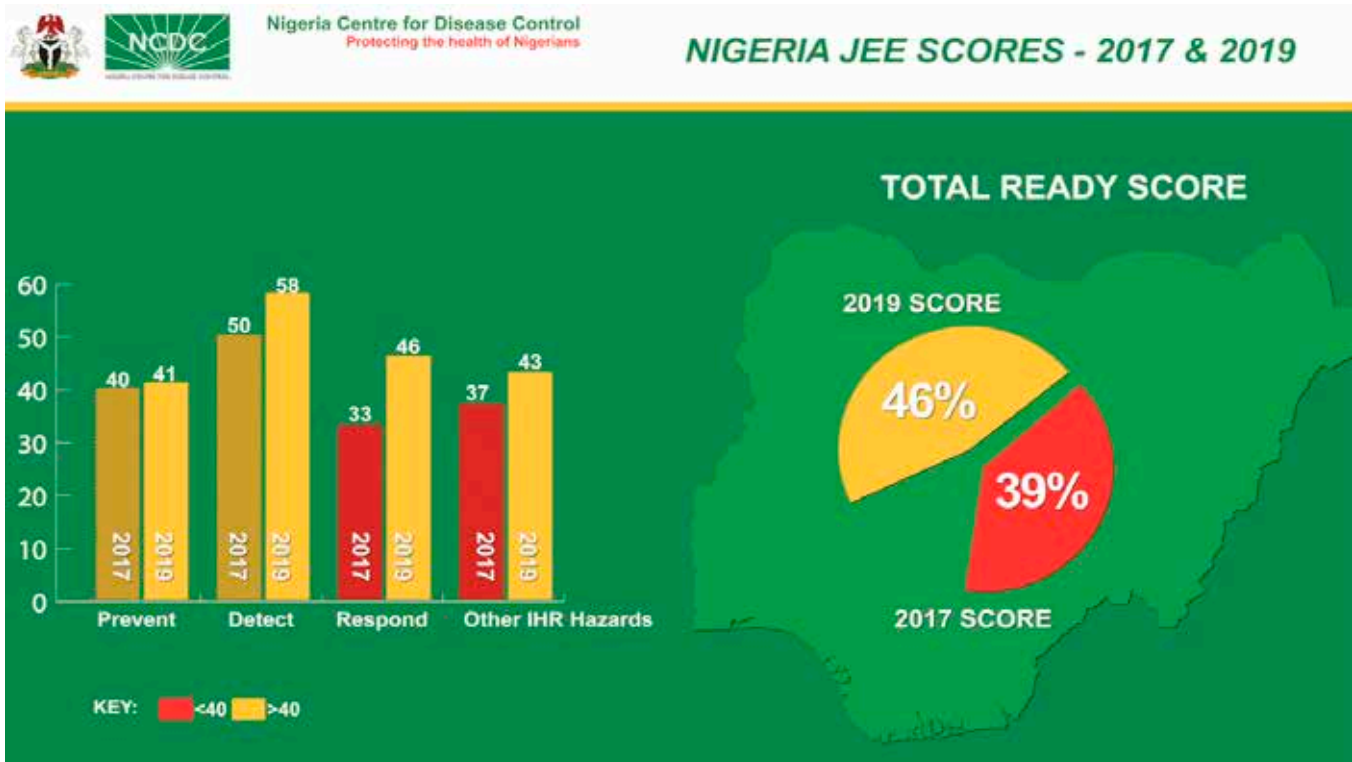
At the RCC level, we want to strengthen NPHIs in the region. By the end of the year, each country should have a dedicated NPHI taking the lead in health security issues. We want to strengthen the surveillance and laboratory components through the Regional Integrated Surveillance and Laboratory Network (RISLNET). We want to make our technical working groups functional so that our governance structure can take shape.

For all these we need human and financial support from the African Union through the Africa CDC headquarters.





# Nigeria increases its capacity to **prevent, detect and rapidly respond** to public health risks



Nigeria has increased its capacity to prevent, detect and rapidly respond to public health risks. A mid-term JEE conducted in November 2019 showed that the country's JEE score increased from 39 per cent in 2017 to 46 per cent in 2019. This makes Nigeria the country with the highest ready score among countries that have conducted a JEE in West Africa.

In 2017, a JEE showed that Nigeria had a low capacity to prevent, detect and respond to infectious disease outbreaks. The low rating prompted the Nigeria Centres for Disease Control (NCDC), as the International Health Regulations focal organization, to initiate a series of actions to address the deficiencies. These include, among others, the establishment of national and sub-national emergency operations centres across the country,

designation of points of entry focal points at major ports, improvement of public health laboratory services, development of guidelines for implementing public health activities, strengthening of public health workforce through field epidemiology training, and antimicrobial resistance control activities.

Partnering with relevant ministries, departments and agencies, and international partners like the World Health Organization (WHO), the US Centers for Disease Control and Prevention, Public Health England, and Resolve to Save Lives, NCDC strengthened Nigeria's capacity with respect to the 19 technical areas that define a country's health security capacity.

***“The biggest output for us from our first JEE and this mid-term JEE is the opportunity to strengthen multi-sectoral collaboration for health security. As the country’s national public health institute, NCDC has a critical role to play in convening stakeholders from various sectors, who contribute to health security,” said Dr Chikwe Ihekweazu, Director-General, NCDC.***

Using the new WHO benchmarks tool, the evaluation showed significant improvements in some of the technical areas and highlighted areas that require improvements.

“WHO congratulates Nigeria for the success of the mid-term JEE and recognizes the significant progress made, which is linked to the strong partnerships and

increasing multi-sectoral approach to strengthening public health. However, more needs to be done to attain full capacities to prevent, detect and respond to public health threats in the country. I encourage more contributions from the federal and state governments and partners to enable Nigeria to achieve the Sustainable Development Goal-related targets,” said Dr Clement Peter-Lasuba, Officer-in-Charge, WHO Nigeria.

Based on the recommendations of the evaluation, Nigeria has developed a one-year action plan which highlights priorities and clearly defines deliverables and milestones to further improve the country’s capacity in disease control and prevention.

A JEE is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events. The JEE helps countries to identify the most critical gaps within their human and animal health systems in order to prioritize opportunities for enhanced preparedness and response. JEEs are often conducted once in five years, however, Nigeria considered the five-year interval recommended by the WHO between JEEs to be too long to drive improvements. Hence, the country decided to conduct a mid-term JEE after two years and became the first country globally to conduct a mid-term JEE.



# Networking for health security of Africa



Integration is very critical in achieving health security for Africa and networking is an important booster for integration. In this interview, Prof. Philip Papa Adobgo, President, Association of Schools of Public Health in Africa (ASPHA), provides insight into how ASPHA has been supporting networking by African Union Member States to develop a harmonized curriculum for training public health experts in Africa.

## Please tell us briefly what led to the establishment of ASPHA.

The whole idea was initiated about 10 years ago, that Africa needs an association of schools of public health like the associations we have in Asia, America and Europe. We felt that such an association would allow the exchange of academic knowledge and experience across the continent. **The whole idea was to ensure that we have a common platform for the development of schemes and programmes to train the future public health workforce.**

## How has ASPHA progressed since its establishment?

Initially, the idea of ASPHA was adopted by few countries – Burkina Faso, Democratic Republic of Congo, Ghana, Kenya, Nigeria and South Africa. We now have 20 countries from different sub-regions of Africa in the association. Growing from a few countries to 20 is a significant achievement for us. Membership has grown from 17 schools to 56 in the 20 countries. This is also significant, and we expect membership to continue to increase. With support from Africa CDC in the past two years, we were able to bring the different institutions and countries together in two well-attended annual conferences. We are developing core competencies that would be very good for each public health school in Africa to teach. **When completed and we are able to get each country to adopt them as core competencies we would be able to have a well-trained workforce with the same competencies**

## across countries and it would become easier for public health experts to move from one country to another to work.

Doing this would give us a better chance to prevent the preventable diseases affecting populations in Africa. Secondly, we're looking at how to train the next generation of public health experts so they can all have the same orientation. It is estimated that Africa will need about 1.4 million workers in the health sector before we can achieve the Sustainable Development Goals, and this will cost about US\$ 26 billion to achieve. As an association of schools of public health in Africa we have the potential to map this human resource gap in the various countries and develop a strategy to train public health experts of the future. As we continue to work with Africa CDC and other partners, we hope to achieve this and grow to cover the whole of Africa.

## How easy is it for other public health institutions to join ASPHA?

Every school that offers training in public health can join. We are doing active search for more institutions to join us and we have information on our website (<https://asphaafrica.net/>) explaining how they can join.

## How do you fund your activities?

We received initial seed money from the International Development Research Centre, which we used for establishing and operating the secretariat for the first two years. Since then we have been using contributions

received from individual members to run the secretariat while expecting funding from other sources. Recently we received support from Africa CDC to convene our annual conferences.

## What are your current priorities?

As I said, we're developing core competencies for public health experts in the continent, if we can get the whole continent to buy into this, it would go a long way in advancing public health practice in Africa. We want to bring all key stakeholders together to review, endorse and adopt the document and to support its implementation at the country level. We need the support of Member States to make this happen, and funding too. This is where partnership with Africa CDC and other organizations will make a significant difference.

## How do you see ASPHA in the future?

I see ASPHA contributing enormously to training of the future public health workforce for Africa. **We want to raise a comparable workforce in Africa by standardizing public health training across the continent.** This is where ASPHA will play a significant role in the future of Africa. We're currently looking at how to harmonize the public health training curriculum of the different countries.



# GOVERNANCE AND ADMINISTRATIVE UPDATE



## Sixth meeting of Africa CDC Governing Board

The 6th meeting of the Africa CDC Governing Board was held in Addis Ababa, on 2 and 3 December 2019. During the meeting, Prof. Moustafa Mijiyawa, Minister of Health and Public Hygiene, Togo, was elected Chair of the Board for a term of three years, and Dr Max Limoukou, Minister of Health, Gabon, was elected Vice Chair. The Gabon Minister of Health was represented in the meeting by Dr Anne-Marie Ambourhouet, Director-General, Ministry of Health, Gabon. Other members of the board are:

Hon. Malachie Manaouda, Minister of Health Cameroon; Hon. Sicily Kariuki, Minister of Health Kenya; Hon. Akram Ali Eltom, Minister of Health Sudan; Hon. Abdoulaye Diouf Sarr, Minister of Health Senegal; Hon. Khalid Ait Taled, Minister of Health Morocco; Hon. Hala Zaid, Minister of Health Egypt; Dr Githinji Gitahi, Group CEO, AMREF Health Africa; Dr Stanley Okolo, Director General WAHO and Janine Benedicte Diagou, CEO, NSIA Insurance



AU Commissioner for Social Affairs (middle) with the Governing Board members and some Africa CDC staff during the 6th board meeting



Some participants in the technical advisory council meeting

## Third meeting of the Africa CDC Advisory and Technical Council

The third meeting of the Africa CDC Advisory and Technical Council was held on 25 and 26 November 2019 in Addis Ababa, Ethiopia. Members recommended a mid-term review of the implementation of the five-year strategic plan and a review of the statute and governance documents of Africa CDC. Morocco will host the next meeting of the Council which will hold in April 2020.

## First meeting of editorial board of the Journal of Public Health in Africa

Africa CDC convened the first meeting of the editorial board of the *Journal of Public Health in Africa* in Addis Ababa, on 21 and 22 November 2019. Dr Nicaise Ndembi was elected Editor-in-Chief for the journal during the meeting, for a term of four years.



Participants in the first editorial board meeting of the Journal of Public Health in Africa



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