



AfricaCDC
Centres for Disease Control
and Prevention



REPORT

Role of Regional Structures in Building Resilient Health Systems and Enhancing Health Security in Africa

**OFFICIAL SIDE EVENT AT
THE CPHIA 2023,
REGIONAL COORDINATING
CENTRES**

29TH NOVEMBER 2023
LUSAKA ZAMBIA



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Background

Article (23) of the Africa CDC Statute states that "In the execution of its strategic work plan, the Africa CDC will network and harness public health assets in each region including through its Regional Coordinating Centers (RCCs). The coordination and support of the RCCs is to ultimately bring into reality an 'Africa CDC without walls' that supports the continent at the point of need, rather than from a centralized, distant location." Therefore, engagement with key regional partners (Member States, Regional Economic Communities, Donors and health partners) will ensure better alignment, standardization, and harmonization of approaches to fully harness each region's different public health efforts and capacities.

In light of this, the Eastern and Southern Africa Regional Coordinating Centers (RCCs) hosted a high-level side event during the International Conference on Public Health in Africa (CPHIA 2023) on 29th November 2023. The event, titled 'The Role of Regional Structures in Strengthening Health Systems and Enhancing Health Security in Africa,' emphasized the necessity of strengthening health systems in African Member States through targeted programs and effective collaborations. It also explored the pivotal role played by the Africa CDC's Regional Coordinating Centers in enhancing health system resilience.

Introduction

The side event commenced with the screening of an insightful video illustrating the progress in implementing the Saving Lives and Livelihood Program. Dr Lul Riek, Regional Director, Southern Africa RCC and Acting Regional Director, Eastern Africa RCC, commenced the proceedings by articulating the objectives of the side event, followed by the formal introduction of esteemed dignitaries.

Opening Remarks and Keynote Address by the Director General, Africa CDC



H.E. Dr Jean Kaseya
Director-General,
Africa CDC

H.E. Dr. Jean Kaseya, the Director General of Africa CDC, in his speech read by Dr. Ahmed Ouma, Acting Deputy Director General of Africa CDC, expressed his gratitude to the Government of Zambia and the Ministry of Health for hosting the event. He also acknowledged the presence and contributions of the Ministers of South Sudan and Somalia.

The Director General outlined his vision for the Africa CDC under the "New Deal," focusing on the five C's, namely Community involvement in health, Connectivity: digital connectivity in primary healthcare, Cash: financial resources and sustainability, Commodities: access to medical commodities, and Climate: tackling the impact of climate change on health. He emphasized Africa's reliance on imported vaccines and medical supplies and Africa CDC's leadership in promoting local manufacturing. He lauded Africa's achievements in regional pathogen genomic sequencing and digital health initiatives, including the detection of

COVID-19 variants and African Union's trusted travel platform.

The significance of the Regional Integrated Surveillance and Laboratory Network in harmonizing health efforts across Africa under the One Health approach was emphasized. He commended the spirit of solidarity and openness among African countries in handling health crises, citing outstanding efforts in Uganda's response to the Ebola outbreak and Tanzania's response to the Marburg outbreak. The Director General advocated for a holistic approach to address health crises, long-term investments in health infrastructure and cross-border collaborations. He concluded with a call for strengthened partnerships and teamwork in enhancing Africa's health security.

Remarks from the Minister of Health, Zambia



Hon. Sylvia Masebo
MP, Minister of Health,
Zambia

Honourable Sylvia Masebo (MP), the Minister of Health of Zambia, expressed gratitude for hosting CPHIA 2023 and highlighted Zambia's leadership in the Southern Africa region's healthcare advancements. She thanked the regional coordination and health partner support. She stressed the importance of pandemic preparedness and commended Africa CDC's role in training health ministers, citing the significance of the Africa CDC Ministerial Executive Leadership Program. She expressed pride in the high ministerial turnout at CPHIA 2023, emphasizing the need for collective commitment to support Africa CDC initiatives. She concluded by urging Member States to collaborate to strengthen the implementation of the New Public Order and establish NPHIs.

“The high turnout during this 3rd CPHIA and the collective commitment to support Africa CDC's initiatives, emphasizes the importance of shared experiences and skills in overcoming health challenges in Africa.

Hon. Sylvia Masebo, Minister of Health, Zambia

Presentation on the role of Africa CDC Regional Coordinating Centres (RCCs)



Dr Lul P. Riek
Regional Director, Southern
Africa Regional Coordinating
Centre and Acting Regional
Director, Eastern Africa
Regional Coordinating Centre

Dr. Lul Riek provided additional insights into the structure and functions of Regional Coordinating Centres. He emphasized the significance of Africa CDC's regional structures, which are guided by the Regional Ministerial Steering Committee (ReSCO), Regional Technical Advisory Committee (ReTAC) and the Africa CDC strategic plan.

Furthermore, he highlighted the crucial role of the Regional Technical Advisory Committee in preparing for future pandemics. Successful regional collaborations in responding to outbreaks, citing specific examples of the Ebola outbreak in Uganda and the Marburg outbreak in Tanzania and Equatorial Guinea. He acknowledged the pivotal role of committed leadership and collaboration in public health, commending the vision and dedication of South Sudan's Health Minister, Honorable Yolanda Awel Deng, and the Honorable Minister of Health in Zambia for their significant contributions to regional health initiatives.

SESSION ONE

This session focused on resilient health systems through investments in health systems strengthening and reaching the left-out populations.



(Moderator)

Dr Lul P. Riek

Regional Director, Southern Africa Regional Coordinating Centre and Acting Regional Director, Eastern Africa Regional Coordinating Centre



Dr Ario Alex

Director, Uganda National Public Health Institute / Chair, Eastern Africa Regional Technical Advisory Committee (ReTAC)



Hon. Yolanda Awel Deng Juach

MP, Minister for Health, South Sudan



Dr Nirav Shah

Principal Deputy Director, US CDC, Atlanta

1. **Dr Ario Alex, Chair of the Eastern Africa Regional Technical Advisory Committee**

On 20th September 2022, the Uganda Ministry of Health declared an outbreak of Ebola virus disease in the Mubende district. Could you please share Uganda's experience in managing this outbreak? What response activities did Uganda employ in responding to this EVD outbreak? What was the importance of a regional approach and cross-border collaboration in preventing and managing Ebola outbreaks?

Dr. Ario Alex, representing Hon. Jane Ruth Aceng, Minister of Health Uganda, shared insights into the coordination of the Ebola outbreak response in Uganda. He presented the chronology of the Ebola response stating that on 20th September 2022, the Ministry of Health confirmed an outbreak of Ebola (Sudan virus) in Mubende District in western Uganda. This announcement came after a patient with a suspected viral hemorrhagic fever was identified and isolated at Mubende Regional Referral Hospital. This case was unique as it was the first-ever confirmed Ebola case in that particular district, making it the 7th Ebola outbreak in Uganda's history. Following the declaration, a rapid response team was deployed to the field, utilizing the existing COVID-19 response teams. The outbreak was successfully contained in a record 69 days with Uganda being declared Ebola-free after 113 days, with only five deaths recorded. Notably, the outbreak was contained within Uganda's borders.

Since then, Uganda has developed a robust response system, strengthening surveillance, contact tracing, and laboratory capacity. Turnaround time for test results has improved significantly, from 8 days to 1 day and the country also launched

a mobile lab system to test samples within six hours. National task force meetings and the Incident Management System are effectively managed in all the affected districts.

One of the main challenges was the limited capacity of Intensive Care Units (ICUs) and High Dependency Units (HDUs). To address this challenge, Uganda leveraged regional referral hospitals to enhance ICU and HDU capabilities. Key lessons learned from the Uganda Ebola response include the importance of activating all response pillars, including Infection Prevention and Control (IPC), Case Management, Risk Communication and Community Engagement (RCCE), Laboratory, and Surveillance. Community mortality surveillance is critical, as some probable cases were only detected long after their deaths due to delays in the surveillance system.

2. **Hon. Yolanda Awel Deng Juach, MP, Minister of Health, South Sudan**

The Hon. Yolanda Awel Deng Juach shared her country's experience concerning the role of regional structures in strengthening cross-border surveillance, reflecting on the recent Ebola outbreak in Uganda.

In her presentation, Hon. Yolanda Awel Deng Juach highlighted South Sudan's challenges in controlling the Ebola outbreak due to its porous borders and limited screening capacity at border points. She emphasized the importance of leveraging existing coordination mechanisms among African regional ministers. Specifically, she noted Dr. Ruth Aceng, Uganda's Minister of Health, promptly informed the South Sudanese government about the Ebola detection in Uganda. South Sudan had to

urgently reinforce cross-border surveillance at the Uganda border, especially after reports of some cases fleeing from an isolation unit in Uganda to Elegu, a town near the border.

In response to the Ebola outbreak, the Health Ministers from Uganda and neighboring countries convened to discuss and enhance coordination response mechanisms. Facing a shortage of human resources, the South Sudan government quickly mobilized additional personnel and convened an extraordinary meeting to discuss the Ebola crisis. This meeting, led by the President of South Sudan, approved USD 30 million for the crisis response. This was presented as best practice.

The economic interdependence between South Sudan and Uganda was highlighted, emphasizing the importance of keeping borders open for the delivery of essential goods. The swift control of the Ebola outbreak in Uganda was attributed to commitment, trust, transparency, and regional collaboration. Lastly, she urged African Union Member States to focus on domestic financing for greater self-reliance in health crises.

3. Dr Nirav Shah, Principal Deputy Director, US CDC

At the height of the COVID-19 pandemic, pathogen genomic sequencing gained global prominence as it played a crucial role in quickly identifying variants of concern. How does the US CDC envision establishing platforms for the timely exchange of pathogen genomic sequencing data and information among southern African Member States in the post-COVID-19 era?

In his presentation, Dr. Nirav Shah from the US CDC highlighted the significant growth in genomic sequencing, noting an increase from 7 to over 40 National Public Health Institutes capable of sequencing between 2007 and 2023. He emphasized the need for a well-coordinated approach to scaling of regional genomic sequencing labs while ensuring optimization of regional capacity and demand. Genomic sequencing comes at a considerable cost; thus, it is crucial to determine the right volume of capacity for genomic sequencing. He advocated establishing regional Centers of Excellence rather than equipping every Member State with these genomic sequencing facilities.

Dr Shah further emphasized the need to expand the capacity of the health workforce, sample transportation, IT infrastructure, and bioinformatics. Genomic sequencing is not just about equipment but also involves training and deploying skilled personnel. The US CDC has since reinforced its commitment to a regional approach by allocating USD 2.5 million to support the Africa CDC in strengthening genomic sequencing capacity across Africa, highlighting the importance of a regional model in genomic research.



SESSION TWO

This session focused on the role of the Regional Coordinating Centres and regional oversight structures, ReTAC, ReSCO, and NPHI, in building resilient health systems for stronger health security.



(Moderator)

Dr Mazyanga Liwewe Mazaba

Director Public Health Policy Diplomacy & Communication, NPHI, Zambia



Dr Eduardo Samo Gudo

Director General, National Public Health Institute, Mozambique / Chair, Africa CDC Advisory Technical Council (ATC)



Dr Sultani Matendehero

Ag Director General, Ministry of Health, Kenya



Annie Mwale

Chair, Southern Africa RISLNET Committee and Medical Epidemiology, National Institute of Health, Malawi

1. Dr Eduardo Samo Gudo, Director General, National Institute of Health, Mozambique

Can you provide insights into the coordination mechanisms currently in place meant to foster resilient health systems and health security in the region? In your opinion are the mechanisms fit to effectively advance the health security agenda on the continent?

Dr. Eduardo Samo Gudo emphasized the effectiveness of existing coordination structures aligned with the Africa CDC's regional frameworks, namely the Regional Technical Advisory Committee (ReTAC), Regional Steering Committee (ReSCO), and RISLNET. He highlighted the growth of consensual trust in collaborative efforts, which has significantly enhanced regional cooperation.

These oversight mechanisms have strengthened partnerships and facilitated vital discussions on health-related issues within the region and beyond. Through these platforms, regional consensus on technical health decisions is achieved, proving highly effective in emergency response planning. The case of the Cholera outbreak is a good example of how the mechanisms function. Following the Cholera outbreak in Zambia and Mozambique, a regional task force for Cholera response was swiftly established, and a meeting will soon be convened to coordinate the response. The speed with which this was achieved is due to the existing regional structures of the Africa CDC.

2. Dr Sultani Matendehero, Deputy Director General, MoH, Kenya

Africa CDC has strongly emphasized strengthening the Regional Coordinating Centres to establish seamless collaboration with Member States, Regional Economic Communities (RECs), Regional Health Organizations, and other stakeholders in the region. Dr Sultani, could you outline the short-term, medium-term, and long-term strategies necessary to achieve this goal?

Dr. Sultani Matendehero underscored Africa CDC's focus on strengthening Regional Coordinating Centres (RCC) for better collaboration with Member States, Regional Economic Communities (RECs), Regional Health Organizations, and other regional stakeholders. He stressed the importance of a regional approach in public health, particularly in managing disease outbreaks, as borders are less significant in these scenarios. The Regional Coordinating Centre brings countries together and provides a regional platform for collective efforts in emergency preparedness, response, and recovery.

He stressed the need for mechanisms that allow Member States to support the RCC. This support could involve joining the institution through subscriptions, active participation in regional forums, providing essential data and reports for informed decision-making, meeting financial commitments, and supplying resources for health personnel, equipment, and technology. Such collective

efforts prioritize regional interests over national concerns, especially in matters of international or regional public health significance.

Additionally, leveraging regional structures to benefit from economies of scale is vital, such as establishing Regional Centres of Excellence backed by countries within these regions. This strategy fosters regional solidarity and ensures that institutions effectively serve their purpose, allowing Member States to leverage each other's' strengths to address their public health challenges.

3. Dr Annie Mwale, Chair of RISLNET Committee Southern Region

One of the key functions of the Africa CDC Regional Coordinating Centres is the mapping, strengthening, and networking of public health assets to harness existing capacities and capabilities for advancing public health impact in the regions. As the Chair of the Southern Africa RISLNET Committee, could you please share progress to date and plans related to the operationalization of this function?

Dr. Annie Mwale highlighted the progress and role of the Regional Integrated Surveillance and Laboratory Network (RISLNET) in enhancing public health management. Since its launch in July 2023, the Southern RISLNET team has successfully conducted its first committee meeting, established its Terms of Reference (TOR), and developed a two-year roadmap to operationalize RISLNET functions.

RISLNET is a crucial platform for coordinating and networking disease surveillance and epidemic intelligence through data and information sharing among Member States. The network is vital in implementing the One Health approach and Antimicrobial Resistance frameworks in the region. It is instrumental in strengthening preparedness and public health response capabilities.

In alignment with the Lusaka Call to Action, RISLNET supports Member States in establishing Emergency Operations Centres (EOCs), strengthening National Public Health Institutes (NPHIs) to aid in the realization of a new public health order for Africa, and



enhancing laboratory capacity and Data Quality Assurance (DQA) through regional training. The Southern Region RISLNET is ready to start working and will be part of the Cholera Taskforce involved in managing the Cholera outbreak in the region.



SESSION THREE

The session focused on the role of partners, Regional Economic Communities, and the Private sector in strengthening regional structures to build resilient health systems.



(Moderator)

Dr Judith Kose

Regional Program Lead,
Eastern Africa RCC
Africa CDC



Dr Daniella Munene

Head, External Affairs
Africa Health Business



Dr Shikanga O-Tipo

Technical Officer, WHO Country
Office, Zambia

1. **Dr Daniella Munene, Head of External Affairs, Africa Health Business**

Could you please highlight some of the private sector initiatives aimed at enhancing health systems resilience in the East African region, and what strategies can be employed to ensure that these initiatives are scaled up across the continent?

Dr. Daniella Munene highlighted the critical contributions of the private sector in advancing health strategies. She emphasized the role of the private sector in enabling timely disease detection, response, and prevention, where their innovation can significantly enhance these areas. The development of Information Management Systems is another domain where the private sector's expertise is vital. Their involvement in creating sophisticated IT systems and software is critical to managing health data effectively.

The role of the private sector extends far beyond financial contributions, making it essential to collaborate closely during the co-creation process. Understanding and addressing specific needs during this phase is crucial for fostering robust Private-Public Partnerships. This collaborative approach is key to building effective and sustainable partnerships.

She also pointed out that trust is the foundation for successful partnerships, emphasizing its importance in maintaining effective collaborations between the public and private sectors.

Dr Shikanga O-Tipo, Technical Officer, WHO Country Office, Zambia

We have seen repeatedly how recent outbreaks across the continent have exposed serious vulnerabilities in our health systems, underscoring the need for resilient health systems in times of public health emergencies. In 2007, WHO formulated a health systems framework underpinned by the six building blocks, in your view, 16 years later, has this approach been effective in building health systems that are responsive to the evolving needs of the continent? What lessons have we learned from the recent outbreaks and how can these be used to build resilient health systems?

Representing Dr. Nathan Bakyaite, WHO Country Representative in Zambia, Dr. Shikanga O-TIPO from the WHO Office emphasized the critical need for Health Systems Strengthening, informed by the experiences of the Ebola outbreak in West Africa from 2013-2015 and the COVID-19 pandemic. Key lessons learned include the necessity to renew commitments to a holistic health system approach, which includes strengthening the seven fundamental blocks: Service Delivery, Health Workforce, Health Information System, Medical Products, Financing, Leadership, and Governance, while also ensuring active involvement of people, communities, families, and individuals.

Furthermore, it is imperative to revise and renew global instruments for intergovernmental negotiation bodies to improve pandemic navigation. Updating the International Health Regulations (IHR) of 2005 to better align with current global challenges is also crucial.

In response to these insights, WHO has established a pandemic fund, based on lessons learned from the COVID-19 experience, to support countries in strengthening their health systems, mainly focused on pandemic preparedness."

KEY TAKEAWAYS

a. Takeaways from Director General, Africa CDC

- We need to harness the energy of the RCCs as these play a pivotal role in bringing Africa CDC closer to Member States.
- Solidarity; promoting collaboration across regions is necessary for efficiency and effectiveness.
- Planning should incorporate lessons from past experiences to guide future program strategies.
- Strong regional structures (ReTAC and ReSCo) are crucial for effectively operationalizing the RCC.

b. Takeaways from Hon. Minister of Health Republic of Zambia

- Support operationalization of the Lusaka Call to Action with the Africa CDC, leading the way for Member States to move this agenda forward.
- Encouraged other regions to draw lessons from the Southern Africa RCC on effective RCC operationalization.
- Called for collective efforts from all stakeholders in preparing for future pandemics.
- Commended Africa CDC for organizing the Ministerial Executive Leadership Program (MELP)
- Underscored the importance of Africa CDC in safeguarding the health of Africa.
- Stressed the necessity for collaborative efforts across the continent for effective outcomes.

RECOMMENDATIONS

Session 1: Resilient health systems through regional investments in health systems strengthening and reaching the left-out populations.

The recommendations from this session to the Africa CDC and Member States include:

- Develop response mechanisms that are adaptive and flexible to respond to diverse emergencies in real time.
- Set up robust laboratory systems and networks for public health emergency response and reduce turnaround time for results.
- Build regional healthcare networks that are efficient and effective
- Strengthen community health systems as these are critical in emergency response.
- Support cross-border surveillance and coordination mechanisms to respond effectively to current and emerging pandemics.
- Facilitate information sharing among Member States to promote transparency and trust.
- Advocate for domestic financing to enable the sustainability of health programs.
- Establish effective management systems and strategies for resource mobilization.
- Promote multi-country preparedness initiatives to respond to the next pandemic.

- Genomic sequencing is costly and its crucial to determine the right capacity for genomic sequencing.
- Consider setting up genomic sequencing regional Centres of Excellence rather than aiming to have these in every Member State.
- Expand the capacity of the health workforce, sample transportation, IT infrastructure, and bioinformatics.
- Work towards a more comprehensive human security approach to health - one that does not prioritize pandemics over other health threats while continuing to strengthen public health systems
- Promote regional health agenda-setting and policy harmonization.

Session 2 : The role of regional oversight structures: ReTAC, ReSCo, and NPHI in building resilient health systems for stronger health security.

The recommendations from this session for the Africa CDC, its oversight structures and Member states are:

- Promote regional collaboration and platforms between the technical and policy levels.
- Set up a regional epidemic task force to coordinate public health emergency response.
- Develop regional strategies to encourage a unified approach to epidemic preparedness and response.
- Member States urged to support regional structures, ensuring their effectiveness and achieving economies of scale.
- Establish data and information-sharing mechanisms to inform evidence-based decisions.
- Set up a database for technical expertise within the regions.
- Strengthen networks of NPHIs, PHEOCs
- Mapping laboratory capacity in Member States

Session 3 : The role of partners, Regional Economic Communities, and the Private sector in strengthening regional structures to build resilient health systems.

The recommendations from this session for the RCC, Member states and partners are:

- Bring on board private sector institutions on surveillance, data, and information sharing.
- Co-create programs with the private sector and not just see them as donors.
- Employ a people-centered systems approach to health service delivery
- Review systems and global frameworks to develop a global instrument to respond to future pandemics.

ANNEX 1: PANELIST BIOS



Hon. Yolanda Awel Deng Juach, MP, Minister of Health, Republic of South Sudan

Hon. Yolanda Awel Deng Juach is the Minister of Health of South Sudan. She has been at the forefront of championing multi-country collaboration and cross-border surveillance, a critical aspect of epidemic preparedness and response. She has actively advocated for the importance of human capital as a key ingredient in health system strengthening and building resilient health systems. She is a psychologist and mental health expert who has worked as a consultant for various organizations, such as the World Health Organization, the United Nations Development Programme, and the International Organization for Migration.



Nirav D. Shah, MD, JD, Principal Deputy Director, US Centres for Disease Control and Prevention (CDC)

Nirav D. Shah, MD, JD, is the Principal Deputy Director of the U.S. Centres for Disease Control and Prevention (CDC). He is involved with the US CDC's work around data modernization, public health preparedness and response, laboratories, and communications. During the COVID-19 pandemic, Dr Shah led the State of Maine's public health response, managing a cross-disciplinary team of state employees and serving as the primary public communicator during the crisis. He has extensive experience in public health, both in the US and abroad, and has led several key initiatives to address COVID-19, climate change, lead poisoning, maternal mortality, and the opioid crisis. He is also a trained economist, epidemiologist, and attorney. He has received four honorary doctorates for his work in Maine.



Dr Alex Riolexus Ario, Director, Uganda National Institute of Public Health, Chair, Africa CDC Eastern Africa Regional Technical Advisory Committee

Dr Alex Riolexus Ario is the director of the Uganda National Institute of Public Health and is the current Eastern Africa ReTAC chair. He is, a Medical Doctor and Public Health Specialist and holds a PhD in Management. He is a PhD (Epidemiology) candidate at Makerere University. He has extensive knowledge in epidemiology, health policy, health systems and quality improvement models. He has worked in various capacities in the Uganda government and agencies, including as a Hospital Superintendent and District Health Officer, Health Advisor, Health Sector Support Program, and Ministry of Health. He also worked as a Care and Treatment Manager and Ag. Program Manager in the Uganda Ministry of Health, STD/AIDS Control Programme. A reviewer and editor in numerous peer-reviewed journals. Editor in Chief of the Uganda Public Health Bulletin. He has published over 170 papers in peer-reviewed journals. A member of numerous Technical Working Groups, Steering Committees and Boards. Member, Tripartite One Health Field Epidemiology Technical Advisory Group, FAO/WOAH/WHO; Member, Scientific Advisory Committee on Malaria Epidemics, Uganda; Board Member, Africa CDC's Journal of Public Health in Africa; Member, Africa Continental Mortality Surveillance Task Force; Chair, East Africa Mortality Surveillance Task Force; Member, Africa Continental Mortality Surveillance Task Force; Member, Africa COVID-19 Surveillance Task Force; Deputy Chair, Uganda National COVID-19 Inter-Agency Technical Task Force; Member, Advisory Committee, Koffi Annan Global Health Leadership Program; Member, Pandemics: Emergence, Spread and Response Advisory Committee, London School of Tropical Hygiene and Medicine; Member, Technical Advisory Group, African Epidemic Service; Member, IANPHI Integrated Disease Surveillance Technical Committee; Chair, International Association of National Public Health Institutes, Africa Network.

Dr Daniella Munene, Head of External Affairs, Africa Health Business

Daniella Munene is a passionate health system-strengthening expert with extensive experience in enhancing the private sector's role in Africa's health systems. She has a Bachelor of Pharmacy from the University of Nairobi. She has worked as the CEO of the Pharmaceutical Society of Kenya (PSK) and as an advisor for the WHO. She serves on several boards, including as vice president of governance at the PSK, director of the Kenya Healthcare Federation (KHF), and director of the East African Healthcare Federation (EAHF). She advocates for a conducive environment for the private health sector to improve access to healthcare. As the Head of External Affairs at Africa Health Business, she builds effective public-private partnerships for health and facilitates high-level dialogue to strengthen the private sector's participation in Africa's health systems.





Dr Eduardo Sumo Gudo, Director General, Mozambique National Institute of Health, Chair of the Africa CDC Advisory Technical Council

Dr Eduardo Gudo is the Director General of the National Institute of Health in Mozambique and Chair of the Africa CDC Advisory Technical Council. He has over 20 years of experience in Public Health. He holds a PhD in Immunology and Virology and Senior Post-Doctoral training in Emerging Infectious Diseases. He has a long track record in coordinating public health responses to health crises. During the COVID-19 pandemic, he served as the Deputy Chair of the National Task Force on COVID-19 response in Mozambique. His research interest is focused on Emerging Infectious Diseases, as well as on Climate Change and Health. From December 2022 to August 2023, Dr Gudo served as the Chair of the Advisory and Technical Committee of the Southern Africa RCC. He is a member of the Executive Committee of the Lancet Commission for Sustainable Health.



Dr Sultani Matendebero, Deputy Director General Ministry of Health, Kenya

Dr Sultani Matendebero is the Deputy Director General for Health in Kenya and the Vice-Chair of the WHO Working Group on amendments to the International Health Regulations - 2005. He has held various leadership positions in public health, including the Head of the Kenya National Public Health Institute and the Head of the Division of Vector-Borne and Neglected Tropical Diseases. He sits on several boards, including the African Neglected Tropical Diseases Program Managers' Community of Practice and the Leishmaniasis East Africa Platform Advisory Committee. In addition, he is a member of the Advisory Committee of the Soil-Transmitted Helminthiasis Coalition and the External Advisory Committee of the Scientific Research Partnership for Neglected Tropical Snakebites. He has a Master in Clinical Pharmacy, a Master in International Studies, and a National Security and Strategy Program certificate from the Kenya National Defence College. He has published more than 50 papers on public health topics and has led the development of several policies, guidelines and strategic plans for neglected tropical diseases and other health issues.



Dr Annie Chauma Mwale, Head, the Epidemiology and Surveillance Division Ministry of Health Malawi

Chair, Africa CDC Southern Regional Integrated Surveillance and Laboratory Network (RISLNET)

Dr Annie Chauma Mwale is a medical doctor with over ten years of work experience in public health across national and district levels in Malawi. She heads the Epidemiology and Surveillance division at the Public Health Institute of Malawi (PHIM) within the Ministry of Health. Her work focuses on surveillance, emergency preparedness, operational readiness, and response to public health emergencies in Malawi. Dr Mwale's expertise includes Integrated Disease Surveillance and Response, Strategic Risk Assessment, Multihazard Emergency Response and Contingency plan development. She has significantly coordinated response activities to various public health emergencies within Malawi as the COVID-19 pandemic surveillance lead, the deputy incident manager for the 2022 Polio outbreak, and the incident manager for the 2022/2023 Cholera outbreak. She is a regional facilitator for Strategic Tool for Assessing Risks (STAR) and Multihazard plan development. She is currently the chairperson of the Africa CDC Southern Regional Integrated Surveillance and Laboratory Network (RISLNET).



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