Regional Disease Surveillance System Enhancement Program

REDISSE

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Dakar, Senegal: 25 July 2017
The last six months: 547 outbreaks of 17 diseases between 20/10/16 and 20/04/17
<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Countries Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chikungunya</strong></td>
<td>Kenya</td>
</tr>
<tr>
<td><strong>Cholera</strong></td>
<td>Tanzania</td>
</tr>
<tr>
<td><strong>Dengue</strong></td>
<td>Burkina Faso</td>
</tr>
<tr>
<td><strong>Hepatitis E</strong></td>
<td>Chad</td>
</tr>
<tr>
<td><strong>Hemorrhagic Fever Syndrome</strong></td>
<td>South Sudan</td>
</tr>
<tr>
<td><strong>Lassa Fever</strong></td>
<td>Benin (2)</td>
</tr>
<tr>
<td></td>
<td>Burkina Faso</td>
</tr>
<tr>
<td></td>
<td>Togo (2)</td>
</tr>
<tr>
<td></td>
<td>Nigeria</td>
</tr>
<tr>
<td></td>
<td>Liberia</td>
</tr>
<tr>
<td><strong>Meningitis</strong></td>
<td>Nigeria</td>
</tr>
<tr>
<td></td>
<td>Togo</td>
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<tr>
<td><strong>Monkey Pox</strong></td>
<td>C.A.R.</td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td>Nigeria</td>
</tr>
<tr>
<td><strong>Rift Valley Fever</strong></td>
<td>Niger</td>
</tr>
<tr>
<td><strong>Yellow Fever</strong></td>
<td>Angola (3)</td>
</tr>
<tr>
<td></td>
<td>D.R.C. (2)</td>
</tr>
<tr>
<td></td>
<td>Kenya</td>
</tr>
<tr>
<td></td>
<td>Niger</td>
</tr>
</tbody>
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Status of Disease Surveillance Systems in the Africa Region

**Situation**

- One to three newly emerging infectious diseases annually
- Of infectious diseases in humans, the majority has its origin in animals.
- Increased frequency of emerging and re-emerging diseases at the human-animal-ecosystems interface.
- Disease outbreaks disproportionately occur in West Africa
- The countries of West Africa are poorly equipped to address disease outbreaks

**Consequences**

- Threats to Global Health Security
- Morbidity and Mortality
- Social and political instability
- Economic loss
<table>
<thead>
<tr>
<th><strong>Disease Category</strong></th>
<th>Novel, Emerging, Re-emerging and Epidemic Prone Diseases</th>
<th>Endemic Diseases</th>
<th>Diseases in the Elimination Pipeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples</strong></td>
<td>Ebola Virus Disease, MERS co-V, Avian Influenza;</td>
<td>Examples: Malaria, HIV, TB, Shistosomiasis, Intestinal Worms</td>
<td>Polio, Guinea Worm, Onchocerciasis</td>
</tr>
<tr>
<td><strong>Actions</strong></td>
<td>Detect outbreaks in animals and humans at an early stage. Contain outbreaks and prevent contagion.</td>
<td>Monitor the incidence, prevalence and distribution of the disease. Routinely assess the coverage of interventions such as bednets for malaria and ART for HIV. Routinely assess effectiveness of interventions to detect: drug resistance insecticide resistance Maintain/Increase intervention coverage and</td>
<td>Active case detection Document and validate the interruption of disease transmission Detect and contain imported cases or reintroduction of the disease. i.e. large scale vaccination campaigns to eliminate polio.</td>
</tr>
</tbody>
</table>
Three (3) rationales for a publicly-provided regional approach to disease surveillance and response network in West Africa.

1. overwhelming **economic burden**: communicable diseases decrease productivity, undermine the human resource base and deter foreign investment;

2. a disease surveillance system is a **global public good**, which is both non-rival and non-exclusive;

3. resource sharing to enhance **efficiency**;
Delays between the onset of the epidemic and the implementation of control measures are costly.
The total annual benefit of controlling an outbreak in West Africa is, on average, equal to US$7.2 bn.

The return on investment is $108.73
**PRIORITY ACTIONS**

- Strengthen national capacity to detect and respond to disease threats
- Establish regional platforms for collaboration and collective action
- Increase engagement across the health, agriculture and environmental sector to implement the One Health approach
- Establish the African Network of Centers for Disease Control

**HOW CAN THE BANK HELP?**

- East Africa Regional Laboratory Strengthening Project (Extended)
- West Africa Regional Disease Surveillance Project (Closed 30 June 2017)
- Regional Disease Surveillance Systems Enhancement Program (Board Approved)
- Pandemic Emergency facility (Board Approved)
REDISSE Program
Series of Interdependent Projects (SOP)

• The program will address systemic weaknesses within the animal and human health sectors that hinder effective disease surveillance and response.
  
  – capacity to fulfill obligations under the WHO IHR (2005) and the OIE Terrestrial Animal Health Code;
  – reinforcing sustainable and effective regional collaboration and collective action
  – establishing an efficient linkage of country human and animal health systems to a regional disease surveillance and response network.
REDISSE Program

• Objectives
  (i) to strengthen national and regional cross-sectoral capacity for disease surveillance and epidemic preparedness in West Africa; and (ii) in the event of an Eligible Emergency, to provide immediate and effective response.

Components
• Surveillance and information systems
• Laboratory strengthening
• Preparedness and emergency response
  • Includes a “Zero$” contingent emergency response component
• Human resource management (workforce)
• Institutional Capacity Building, Project Management, Coordination and Advocacy
Total proposed financing for the REDISSE Program US$ 384 million
US$269 million has been committed under the first two projects

- **REDISSE 1** US$122 million was approved by the Board on 28 June, 2016 and is now fully effective.
  - WAHO: US$32 million (includes 12m MDTF)
  - Guinea: US$30 million
  - Sierra Leone: US$30 million
  - Senegal: US$30 million

- **REDISSE 2** US$147 million was approved by the Board on 1 March 2017.
  - Guinea Bissau: US$21 million
  - Liberia: US$15 million
  - Nigeria: US$90 million
  - Togo: US$21 million

- **REDISSE 3** US$115 million. Board approval in April 2018.
  - Benin: US$30 million
  - Mali: US$30 million
  - Mauritania: US$25 million
  - Niger: US$30 million
Indicators

Joint External Evaluation Tool

- Progress towards establishing an active, functional One Health Network
- Laboratory testing capacity for detection of priority diseases
- Progress in establishing indicator and event-based surveillance systems
  - Interoperable, interconnected real time reporting system
  - Includes priority zoonotic diseases and pathogens
- Availability of human resources to implement IHR core capacity requirements
- Multi-hazard national public health emergency preparedness and response plans are developed and implemented
- Progress on cross-border collaboration and exchange of information across countries