

High-Level Summary and Next Steps

Consultative Workshop on Resource Mapping and National Action Plan for Health Security (NAPHS) Linking with Pandemic Influenza Preparedness (PIP), Vaccine Deployment and Ebola Virus Disease (EVD) Planning in Uganda
Date: 31 July – 2 August 2019
Venue: Lake Victoria Hotel, Entebbe, Uganda

Context

Uganda, a country of more than 40 million people with a 3.7 percent annual population growth rate, has one of the youngest and fastest growing populations in the world. Uganda faces shifting dynamics of health threats due to population growth, economic development, climate change, and human migration and displacement, and is committed to building health emergency preparedness capacities.

Uganda's burden of disease is dominated by communicable diseases, which account for over 50% of morbidity and mortality. Malaria, HIV/AIDS, TB, and respiratory, diarrhoeal, epidemic-prone and vaccine preventable diseases are the leading causes of illness and death. Political conflict in the neighbouring countries of South Sudan, the Democratic Republic of the Congo (DRC) and Burundi has led to an influx of refugees into Uganda. Uganda hosts one of the largest refugee populations in the world, taking in 1.3 million of her neighbors, with refugee settlements particularly along the northeastern and southwestern borders. The ongoing outbreak of Ebola Virus Disease (EVD) in the DRC spilled over into Uganda in June, when three cases were confirmed in Kasese District among infected travellers who had crossed the border together from DRC. Uganda remains at high risk from the DRC outbreak, and external funding is available to support the country in building Ebola preparedness.

Uganda and all other WHO Member States have agreed to work to prevent, detect and respond to public health threats under the International Health Regulations (IHR, 2005). Uganda in 2017 volunteered for a Joint External Evaluation (JEE) to assess its health security capacities in 19 technical areas. Uganda used the results of the JEE in developing a National Action Plan for Health Security (NAPHS) to be launched in August 2019 with the goal of building and sustaining all core capacities under IHR (2005).

Seeking to achieve synergies between NAPHS and disease-specific planning, the Uganda Ministry of Health requested WHO support in the *Consultative Workshop on National Action Plan for Health Security (NAPHS) Linking with the Pandemic Influenza Preparedness (PIP), Vaccine Deployment and Ebola Virus Disease (EVD) Planning in Uganda*.

Consultative Workshop on NAPHS Linking with PIPP, NDVP and EVD Planning in Uganda

Workshop Objectives

- To develop/update the Pandemic Influenza Preparedness Plan (PIPP), National Deployment and Vaccination Plan (NDVP) and EVD preparedness and response plans for Uganda based on the latest WHO tools and guidance
- To use the WHO resource mapping tool to link the developed/updated disease-specific plans to NAPHS as a broader health security planning platform
- To align priorities, share knowledge, build consensus and promote good governance in health emergency preparedness and response planning
- To demonstrate a showcase of linked planning for leveraging resources, achieving efficiencies and creating synergies

The Uganda Ministry of Health, with support from WHO headquarters, the WHO Regional Office for Africa, and the WHO Country Office, developed a draft Pandemic Influenza Preparedness Plan (PIPP) and a National Deployment and Vaccination Plan (NDVP) during the workshop, and updated the country's Ebola Virus Disease (EVD) plan.

Workshop participants used the resource mapping tool developed by the WHO Strategic Partnership for IHR and Health Security (SPH) to link the activities in the PIPP, NDVP, and EVD plans with the NAPHS, and also engaged in resource mapping to identify the existing and potential resources available for implementation of the plans.

The linkage of NAPHS with Uganda's pandemic influenza, vaccine deployment and Ebola preparedness plans increases efficiency and facilitates effective mobilization of resources, allowing disease-specific resources to be leveraged for NAPHS implementation and strengthening of Uganda's health system.

One-time funding for EVD response, for example, can be leveraged through NAPHS for establishment of rapid response teams with long-term and sustainable capabilities to respond to Ebola as well as pandemic influenza and other health emergencies.

The goal in Uganda is to harness Ebola preparedness and response investments for IHR capacity building by linking Ebola activities to the NAPHS, ultimately leading to long term development of health systems.

Linking Ebola and pandemic influenza preparedness activities with the 5-year NAPHS is a functional example of capturing specific emergency investment for development of a health system. Reversing the usual scenario of emergencies weakening health systems, the linkage can harness emergencies to strengthen health systems through targeted and integrated interventions that serve to build capacities for multiple risks at the same time and are woven into and sustained in the health system through NAPHS.

The linkages between NAPHS, EVD planning and PIPP in Uganda can be a model for building broader preparedness for all haemorrhagic fevers and Severe Acute Respiratory Infections (SARI). Preparedness for pandemic influenza and Ebola requires capacities that have broad applicability, such as having in place effective vaccine deployment plans, procedures and policies.

The connections made in the Uganda workshop between NAPHS and specific health emergency plans are aimed at strengthening the country's health system through developing sustainable health security capacities. Building resilient and responsive health systems is critical to achieving health security, progressing towards universal health coverage (UHC), and achieving the Sustainable Development Goals (SDGs). Dr Issa Makumbi, Public Health Emergency Operations Centre Director for the Uganda Ministry of Health, called the results of the workshop a great opportunity for Uganda, and a model for leveraging health emergencies for health system strengthening that has the potential to benefit all of Africa.

The resource mapping conducted as part of the workshop identified the partners engaged in Uganda who can become part of a strategic partnership for health security and health system strengthening in the country.

WHO will support a partner coordination meeting to help align the partner efforts, particularly in supporting the implementation of "Super Actions" that can simultaneously improve preparedness for Ebola, pandemic influenza and broader health emergencies through implementation of the NAPHS. The Super Actions were identified through close collaboration between the Uganda Ministry of Health, WHO, and the U.S. Centers for Disease Control and Prevention, working in partnership to advance preparedness.

Workshop Outcomes

- Updating of draft pandemic influenza preparedness plan (PIPP) for Uganda
- Development of draft national deployment and vaccine plan (NDVP) for Uganda
- Review and updating of Ebola Virus Disease (EVD) Preparedness plan for Uganda
- Linking of PIPP, NDVP, EVD plan to the National Action Plan for Health Security
- Mapping of existing and potential resources for implementation of the plans
- Identification of Super Actions that simultaneously improve preparedness for multiple risks

Proposed Next Steps

- Partner coordination meeting to help align partner support for leveraging disease-specific funding for the building of long term and sustainable capacities through NAPHS implementation
- Prioritized implementation of Super Actions to simultaneously build capacities for Ebola preparedness, pandemic influenza preparedness and broader health emergency preparedness through NAPHS

- Validation of the NDVP and PIPP through simulation exercise
- Finalization and approval by national authorities of the NDVP and PIPP for implementation

The workshop identified the following Super Actions as well as the potential resources to implement each of them.

Implementation Area	Super Actions for Health Security	EVD Plan	NAPHS	PIPP
Points of Entry	Conduct IHR Designation of 3 POEs and implement IHR core capacities for detection and response to potential public health hazards at those POEs	Training of immigration, Customs and internal security officers at PoEs on EVD responses and procedures for entry and exit screening.	Designate Points of Entry and implement IHR core capacities at each of them. - JEE Score Activity	Assign a governmental central office for the coordination of POE health services with adequate resources to ensure that capacity is in place to identify and, where required, transport travellers with suspected pandemic influenza infection to appropriate medical facilities especially in designated PoE e.g. Entebbe international Airport
Points of Entry	Establish a border health unit within the Ministry of Health to coordinate with other relevant sectors and ministries, particularly MAAIF, such as the surveillance zones program (for East Africa member states)	Support cross-border coordination with DRC and other neighbouring countries. Training of immigration, Customs and internal security officers at PoEs on EVD responses and procedures for entry and exit screening.	Establish a multi sectoral coordination centre for monitoring POE according to IHR standards	Assign a governmental central office for the coordination of POE health services with adequate resources to ensure that capacity is in place to identify and, where required, transport travellers with suspected pandemic influenza infection to appropriate medical facilities especially in designated PoE e.g. Entebbe international Airport. Develop a multi-sectoral national contingency plan including pandemic influenza contingency plan including Panflu contingency plan at designated PoE. Ensure activities are also

				integrated into the national PIPP
Points of Entry	Upgrade/Build infrastructure and procure necessary equipment and supplies at Designated POEs under a One Health approach	Intensify appropriate screening and management of alerts/suspects at POE at POE and congregation points, and if necessary, establish screening at informal crossing points.	Designate Points of Entry and implement IHR core capacities at each of them. - JEE Score Activity	Assign a governmental central office for the coordination of POE health services with adequate resources to ensure that capacity is in place to identify and, where required, transport travellers with suspected pandemic influenza infection to appropriate medical facilities especially in designated PoE e.g. Entebbe international Airport
Preparedness	Publish the draft National Multi-hazard Public Health Emergency Preparedness and Response Plan (ERP) by August 31, 2019. Integrate the Pandemic Influenza Preparedness Plan into National ERP as an annex alongside the draft disease-specific contingency plans.	Include EVD contingency plan in annex	Draft National Multi-hazard Public Health Emergency Response and Preparedness Plan including preparedness and response activities, based on existing strategic plan with relevant national and subnational stakeholders - JEE Score Activity	Develop a multi-sectoral national contingency plan including pandemic influenza contingency plan including Panflu contingency plans at designated PoE
Preparedness	Conduct review meetings (every six months) attended by representatives from all the line ministries (including FPs), implementing partners, and other key stakeholders. The purpose for this meeting is to share progress, challenges and status updates on NAPHS implementation and discuss the planned activities.		Conduct mid-year and annual review meetings to share progress, challenges and status updates on NAPHS implementation and discuss the planned activities	Update should be performed yearly/biannually with the aid of allocated domestic budget for emergency response OR partners' support (e.g. in NAPHS). The update covers and ensure a variety of actions (detailed activities)



Laboratory	Conduct 15 trainings for human and animal health facility staff in sample collection, packaging and transportation through the national specimen transportation system (NSTRS) at regional hospitals.	Support timely collection and referral of specimens from the field to the national reference laboratory.	Train vet workers on sample collection guidelines at regional level	Estimate additional facilities, trained staff and equipment for influenza testing during a pandemic and address that through tiered testing for public health labs. Include provisions for surge capacity of influenza testing in legislation to enable UNHLS
Laboratory	Conduct regular sample collection drills at trained veterinary and health facilities to test system and implement corrective actions	Ensure the availability of reagents, consumables and equipment for EVD diagnosis and differential diagnosis of other pathogens	Strengthen cold chain management capacities across animal and human sectors	Taking into consideration, the possible disruption of the routine transport system during a pandemic influenza, strengthen the current well-developed national specimen referral system for human/novel and pandemic flu cases through updating current legislation to enable UNHLS and integration of NSRTN for sustainability during PI
Laboratory	Improve sample collection and transportation, including maintenance of reverse cold-chain, in the national hub system for EVD and other pathogens, by providing training to lab personnel and clinicians (human) and vet inspectors and animal husbandry officers (animal), procuring 45 cold boxes and 15 freezers. Conduct annual sample transportation drills at each of the	Ensure the availability of reagents, consumables and equipment for EVD diagnosis and differential diagnosis of other pathogens	Strengthen cold chain management capacities across animal and human sectors	Taking into consideration, the possible disruption of the routine transport system during a pandemic influenza, strengthen the current well-developed national specimen referral system for human/novel and pandemic flu cases through updating current legislation to enable UNHLS and integration of NSRTN for sustainability during PI

	regional hospitals and implement corrective actions.			
Surveillance	Roll out integrated IDSR version 3, Emergency Mgmt, and field epidemiology training of health workers (private and public) and animal, wildlife, and environment, including modules to rapidly detect and contain EVD and Pandemic Influenza.	Train and mentor of health workers (including private practitioners) to rapidly detect and contain EVD.	<p>Conduct training on IDSR for public and PNFP facilities in the new districts and include untrained health workers and armed forces</p> <p>Conduct training of trainers for animal sector, wildlife and environment in IDSR and field epidemiology</p> <p>Conduct training on EBS and IBS for the DVOs and DHT before the roll out to new districts</p> <p>Conduct training on IDSR for private for profit human and animal health sector practitioners</p>	Develop/Strengthen surveillance systems to monitor and characterize unusual influenza activity linking Epi and virological info including ILI, SARI and EBS data
Workforce Development	Update and roll out national standardized training, with integrated modules on EVD and PanFlu, to national and regional/ district RRTs and conduct routine drills to test capacitation and implement corrective actions.	Conduct and supervise active case finding, contact tracing and follow-up in the affected and surrounding areas	Conduct bi-annual assessments, including simulation and tabletop exercises, surveys, and questionnaires for National and regional District RRTs to test preparedness and response capabilities for different hazards	Capacitate national multi disciplinary RRTs for AI/PI investigation and response
IPC	Establish national IPC policy and roll out national standardized training, with integrated modules on EVD and PanFlu, to national and district multidisciplinary	IPC training, drills and information provision for health care workers and support support in ETU	Build animal and human health workforce expertise/competencies on health care associated infection prevention and control	Conduct regular in-service IPC training during the pandemic at designated facilities e.g. tertiary hospitals with isolation facilities using the updated IPC guides/SOPs

	team and conduct routine drills to test capacitation and implement corrective actions.			
Risk Communication	Establish trusted risk communication structure e.g SMS between the MOH and risk communicators such as District Health Educators to deliver targeted risk communication and health communication messages to dispersed or hard-to-reach populations, reduce mortality and morbidity in an emergency, and enable a crucial feedback loop between the MOH and DHTs/VHTs.	Development of key messages and production of IEC materials: Coordinate the development, adaptation, pretesting, translation and production of EVD IEC materials. This covers:-Printing of EVD IEC materials in various formats and languages-Distribution of EVD IEC materials to specific districtsOther media: Information dissemination by SMS, MTRAC and U-ReportConduct supportive supervision and mentorship in districts.	Train risk communication personnel to respond effectively during emergencies - JEE Score Activity	Ensure effectiveness of RC strategies for PI especially preferred language, trusted communication channels, and factors increasing the risk (cultural, religious and economic factors)
Coordination	Develop a routine multi-sectoral exercise program in the PHEOC to maintain sustainable routine and emergency capacities, with appropriate staffing for preparedness and monitoring and evaluation	Partner coordination and resource mobilization for the response. Ensure continuous and in-depth analysis of the evolution of the outbreak Monitor and evaluate the response using performance key indicators and after-action review once the	Strengthen the operational capability of the PHEOC Expand the scope of the PHEOC handbook to incorporate Concepts of Operation (CONOPs) that will ensure proper management of the Emergency Operations Center including clearly defined structures to facilitate quick	Ensure inclusion/Strengthen the incident management structure for PI by defining and inclusion of the following elements in PHEOC handbook: <ul style="list-style-type: none"> • Defining CONOPs of IMS for PI • Defining roles and responsibilities of every player



		outbreak is officially declared over. Provide timely and up to date information on the evolution of the crisis and needs through the publication and dissemination of daily reports.	access to emergency funds from the Ministry of Finance Develop an exercise program to maintain sustainable capacity and routine exercise/testing - JEE Score Activity	
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