SUMMARY OF THE INAUGURAL MEETING OF THE

Global Work Group (GWG)

Advisory Committee to the Director (ACD)

Centers for Disease Control and Prevention (CDC)

Roybal Campus, Building 21

9 AM – 3 PM

October 27, 2010

Alan E Greenberg, GWG Chair

Kevin M DeCock, CGH Director and GWG DFO

Respectfully Submitted: November 23, 2010

I. Development of the Global Work Group

In spring 2010, Dr Thomas Frieden, CDC Director, established the Global Work Group (GWG) of the Advisory Committee to the Director (ACD) of CDC. The goal of the GWG is to provide guidance to the newly formed CDC Center for Global Health (CGH), and to make pertinent recommendations to the ACD. Dr Alan Greenberg, an ACD member, was asked to Chair the GWG, and Dr Kevin DeCock, CGH Director, was asked to serve as the Designated Federal Official (DFO) for the GWG.

During initial discussions, three initial focus areas were identified for consideration by the GWG: 1) Strategy and Structure; 2) Science and Program; and 3) External Relations. At the spring 2010 ACD meeting, six ACD members volunteered to serve on the GWG. In addition, six external experts, three international representatives, and three designated federal officials from the CGH were invited to serve on the GWG.

The inaugural GWG meeting was convened on the CDC Roybal campus in Atlanta on October 27, 2010, the day prior to the fall 2010 ACD meeting. This date was selected to facilitate both the travel of the ACD members, and the report back to the ACD on the following day.

II. Inaugural GWG Meeting Participants

GWG Members Attending

David Fleming	Seattle-King County	ACD Member
Alan Greenberg	George Washington U	ACD Member
Kelly Henning	Bloomberg Foundation	ACD Member
Mary Kelly	Shoppers Drug Mart	ACD Member
Mickey Chopra	UNICEF	External Expert
Walter Dowdle	Task Force for Global Health	External Expert
Helene Gayle	CARE	External Expert
Joseph McCormick	U of Texas SPH	External Expert
Andrew Weber	DOD	External Expert
Willis Akhwale	MOH, Kenya	International Representative
Kevin DeCock	CGH Director	Designated Federal Official
Patricia Simone	CGH Principal Dep Director	Designated Federal Official
Donald Shriber	CGH Dep Director Policy & Communications	Designated Federal Official

GWG Members Unable to Attend

John Seffrin	Am Cancer Society	ACD Member
Louis Sullivan	Morehouse U	ACD Member
Ruth Levine	USAID	External Expert
Richard Kamwi	MOH, Namibia	Int'l Representative
Yu Wang	CDC China	Int'l Representative

Other Participating CGH and CDC Staff

Debbi Birx	Division Director, DGHA/CGH
Sandra Bonzo	Principal Advisor, ONDIEH/CDC
David Bull	Health Scientist, DGDDER/CGH
Joanne Cono	Special Advisor for Science Integration, OID/CDC
Mark Eberhard	Division Director, DPDM/CGH
Nick Farrell	Acting Dep. Director for Mgt. & Overseas Operations, OD/CGH
Jan Hiland	Workforce Management Officer, OD/CGH
Gena Hill	Special Advisor to the Director, OD/CGH
Libby Howze	Branch Chief, DPHSWD/CGH
Bereneice Madison	Acting Associate Director for Lab Science, OD/CGH
Eric Mast	Associate Director for Science, GID/NCIRD
John Ridderhof	Associate Director for Lab Science, OD/NCEZID
Robert Spengler	Acting Associate Director for Science, OD/CGH
Marsha Vanderford	Associate Director for Communications, OD/CGH

III. Meeting Format

The meeting was called to order at 9 AM. Following introductions, power point presentations were given for each of the three GWG focus areas by the three CGH DFOs: Dr DeCock on Strategy and Structure; Dr Simone on Science and Program; and Dr Shriber on External Relations.

Each of these presentations was followed by vigorous GWG discussion. CGH senior staff members were present and participated in the discussion. Detailed minutes were recorded during the meeting.

In the final hour, the GWG summarized their reflections and recommendations, and the meeting was adjourned at 3 PM. On the following day, the GWG Chair presented a summary of the GWG discussions to the ACD.

IV. Highlights of CGH Presentations

Complete summaries of the presentations of the three CGH representatives (Drs DeCock, Simone and Shriber) are in the minutes. This section will briefly summarize some of the pertinent highlights of these presentations

Strategy and Structure

Dr DeCock presented an overview of the CGH. He described the growth of CDC's activities in global health over the past 50 years, and especially during the past 5-7 years in response to major Presidential initiatives (PEPFAR and PMI). CDC has developed an extensive staff presence in numerous countries around the world. With the recent formation of the CGH through the merging of four large CDC Divisions, most global field staff and funding are now concentrated in the CGH; however, there is also extensive involvement of CDC staff in global health activities throughout the organization and in other Centers. The CGH has established partnerships with USG agencies, with bilateral and multilateral organizations, and with non-governmental organizations and Foundations.

Dr DeCock noted the increasing global impact of non-communicable diseases (NCDs) and injuries, adding to the existing burden of infectious diseases. The steady decrease in overall mortality among children has been accompanied by a steady increase in premature adult mortality due to both infectious and non-communicable diseases. The CDC Director has defined five "winnable battles" in global health, including immunization initiatives including polio eradication, mother-to-child HIV transmission and congenital syphilis, lymphatic filariasis, tobacco control and motor vehicle injury prevention.

The CGH has defined three important themes of its strategic focus, namely "one CDC", "global health is global", and "taking a seat at the high table". "One CDC" refers to having a single CDC voice for global health both at headquarters and in partner countries. "Global health is global" refers to the importance of focusing CGH resources and staff in partner countries where public health programs are needed and where impact can be demonstrated. "Taking a seat at the high table" means that CDC should be included in key strategic discussions about major global health issues along with other prominent USG agencies, multilateral organizations and Foundations.

Science and Program

Dr Simone presented an overview of the major current CGH activities, which include the Global AIDS Program, Malaria, Neglected Tropical Diseases, Global Disease Detection, International Emergency and Refugee Health, Field Epidemiology and Laboratory Training Programs, Sustainable Management Development Program, and the Global Immunization Program (scheduled to join the CGH in the coming year).

Dr Simone also noted that there were a host of other CDC activities in global health occurring throughout the organization. These include programs in tuberculosis, malnutrition, safe water, maternal and child health, occupational health, tobacco prevention, toxic substances, and injuries and non-communicable diseases.

Issues in CGH Environment

Dr Shriber briefed the GWG on major issues that affect the CGH and the environment in which it operates. These include that the CGH receives funding largely from defined programs and has limited discretionary resources; the Presidential Global Health Initiative, with active collaboration between the leadership of CDC, USAID and the Office of the Global AIDS Coordinator; unprecedented yet leveling investments in global health; a strong priority of the USG to move towards "country ownership" of bilateral programs, which is compelling CDC to re-think how it works in partner countries; and the extensive and growing engagement of other USG agencies, research institutions and foundations in global health – whose participation, though welcome, is contributing to the complexity of the global health environment.

V. Major Themes of GWG Discussion

There were numerous comments, questions and suggestions that arose during the discussion sessions of the GWG meeting; these are captured in detail in the minutes. In this section, four major "themes" that emerged during these discussions are summarized.

The CGH is Impressive and is off to a Strong Start

The GWG was extremely impressed by the progress the CGH has already made in integrating four large Divisions into a single organizational entity. This process, according to the respective Division Directors, appears to have unfolded rapidly and relatively smoothly. The CGH has the important public health responsibility of overseeing the highly visible programs enumerated above. The large CGH staff has great depth and breadth in technical and programmatic expertise. The leadership of Center and its Divisions are highly capable and committed to global health and CDC – energized by the great opportunity of establishing a new and important Center, yet cognizant of the magnitude of the challenges that lie ahead. Lastly, the GWG recognized the extraordinary CGH asset of having so many "boots on the ground", i.e. CDC staff stationed around the world, both in partner countries and in multilateral agencies

Envisioning the Potential of the CGH

The CGH has an historic opportunity to play a transformative role in global public health, to envision and do something that has not been done previously. To realize its potential, though, the CGH needs to become "more than the sum of its parts" by defining and then demonstrating the value the Center can add above and beyond the capacity of the Divisions it inherited from other CDC Centers and the former Coordinating Office for Global Health. It is important for the CGH to identify several "quick wins" in the next several years to demonstrate how the benefit of establishing the Center was worth the cost of considerable organizational change.

Several potential strategic directions were suggested for consideration by the CGH. First, the domestic legacy of CDC was to contribute to the successful building of the epidemiologic and laboratory capacity and infrastructure of State and Local Health Departments to the point of public health self-sufficiency. The CGH could define its mission as translating this legacy to the global setting, working to develop and support the public health capacity and infrastructure of Ministries of Health around the world. The CGH could build on its existing vertical programs in partner countries and broaden them into horizontal public health platforms.

Additionally, there is an opportunity for the CGH to define and develop a prevention agenda for non-communicable diseases and injuries in the global setting. Given the evolving importance of NCDs and injuries, and the current focus and funding of most global health organizations (including CDC) on combating infectious diseases, the CGH could take the lead of defining an agenda in this arena and advocating for resources to support related programs. This approach would enable the CGH to get "ahead of the curve" and establish itself as a global leader in this arena.

Pressing Need for a CGH Strategic Plan

Given the above considerations, the GWG felt that there is a pressing need for a comprehensive strategic planning process so that the CGH can begin to define in writing its future strategic directions. The current CGH mission statement is lengthy and includes a series of phrases describing the responsibilities of the Center; there is a need to develop a new guiding CGH mission statement that is consistent with the overall CDC mission and that is focused on the global populations that the CGH serves.

A central element of the strategic planning process needs to be an emphasis on protecting the core CGH programs (PEPFAR, Malaria, NTD and GHI), while defining and building a longer-term vision for global health. The GWG believes that it is important for the CGH Strategic Plan to develop Goals for non-communicable disease and injury prevention that could serve as the basis for seeking new resources. Numerous voices should be included in the strategic planning process, in addition to key CGH staff; these include globally-active staff from other CDC Centers, and representatives of other USG agencies, Foundations, and other multilateral and Ministry of Health partners.

It is envisioned that the development of a CGH strategic plan would be accompanied by the re-drawing of the organizational structure. The current organizational chart includes the CGH leadership and the four CGH Divisions; a future organizational chart should include the country programs to emphasize visually the CGH theme of "global health is global".

Importance of Partnerships and Developing CDC's Strategic Voice

The importance to the new CGH of public health partnerships and developing its strategic voice in the global public health arena were recurring themes that emerged during the GWG meeting. It will be critical for the CGH to develop partnerships internally at CDC with other Centers to demonstrate how the CGH will

support and enhance their global work; the CGH has already developed a discrete office to focus on this issue.

Externally, while the CDC is recognized globally as having a strong and trusted technical voice, the creation of the CGH provides an opportunity for CDC to develop its strategic advocacy voice as well - at country-level, with other USG agencies, and with the global partners that are already "at the high table". The GWG suggested that the CGH consider developing a specific agenda and a discrete CGH organizational unit to focus specifically on partnerships; since CDC cannot "do it all", it must engage partners to increase their awareness of CDC's considerable strengths and agenda in global health. These issues may be critical to the long-term survival of the CGH, as ensuring that CDC has a "seat at the high table" that will enable it to help define the directions of future global health funding in a post-PEPFAR era.

Lastly, there was felt to be a clear need for the leaders of the CGH to actively and strategically engage with their USAID counterparts to define the complementary strengths of the two organizations, and to further integrate the global health agenda of CDC with the development agenda of USAID. The Global Health Initiative has already built a strong base for these discussions at the highest level of the organizations, and several GWG members offered to help facilitate these discussions if requested.

VI. Summary and Next Steps

In summary, the inaugural meeting of the GWG was conducted successfully, and the key themes outlined above were presented to the ACD the following day.

The GWG will now invite GWG members and CGH leadership to make suggestions about what other organizations or persons might be represented at the next GWG meeting. As was the case for the initial members, these suggestions will be reviewed by the CGH and subsequently by the CDC OD. In addition, for several critical organizations represented on the GWG, the GWG will work to ensure that if specific invitees are unable to attend, that an alternative representative be invited from these organizations.

It will be critical to ensure increased global representation at future GWG meetings. The voice of Dr Akhwale was essential to represent the perspectives of country partners, but would be greatly strengthened by the presence of several additional GWG international representatives. The GWG recognizes the travel costs associated with these meetings, as well as the challenges of ensuring that the senior international representatives have sufficient lead time to secure approval for their travel from their governments. Accordingly, the GWG will work closely with the CGH leadership to send invitations out for the next meeting in the near future, and to identify alternative international representatives should the invitees be unable to attend.

The next GWG meeting will be held on April 27, 2011, on the day prior to the spring 2011 ACD meeting. Although it was initially envisioned that the GWG would meet in-person only once annually, the consensus of the GWG was that it would initially meet twice annually given the myriad of developmental issues that the CGH is facing. The

GWG leadership is grateful for the additional time commitment that the GWG members have proposed.

Lastly, the GWG members look forward to continuing a dialogue with the CGH leadership to determine if there are ways in which its members can be helpful in between the biannual meetings. For example, GWG members could facilitate interactions with partner organizations, or help in the review of the strategic plan.