

# CDC Global Health *E-Brief*

## Building USG Interagency Collaboration Through Global Health Engagement

First Quarter 2008

**WELCOME** to 2008's first quarter Global Health E-Brief, designed to inform readers about key global health activities at the Centers for Disease Control and Prevention (CDC).

Our first issue of the year focuses on efforts to harmonize national global public health priorities across the U.S. Government and other public-private partnerships through Global Health Engagement—a strategic approach to leverage U.S. public health capabilities in support of equity, security, diplomacy, trade, development and the environment.

Co-authored with our interagency partners, this issue highlights Project Horizon, an ongoing interagency strategic planning process bringing greater cohesion to federal agencies with international mandates. This issue also features activities that exemplify Global Health Engagement, and a plan to chart its success. ✧



### The Spirit of Engagement

Already a recognized global public health leader through its work in smallpox eradication and global malaria and measles control, CDC continues to invest in cross-sector global health strategies and partnerships. Increasingly, CDC is partnering with federal agencies with growing interests, mandates, and unique capabilities in global health.

The President's Emergency Plan for AIDS Relief (PEPFAR), administered through the Office of the Global AIDS Coordinator (OGAC), set the standard for a USG-wide approach when it formalized the response to the global HIV/AIDS pandemic.

The remarkable progress to date would not have been possible without hard won unity between federal agencies, including USAID, HHS (HRSA, NIH, CDC, SAMHSA, FDA), and U.S. Departments of State, Defense, Labor and Commerce, and the Peace Corps. Interagency efforts are

**No matter what the future looks like, the U.S. Government will have to be engaged in a serious and direct way in global health.**

Michael O. Leavitt, Secretary of Health and Human Services

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also underway in water and sanitation, malaria, polio, global disease detection, maternal and child health, refugee and environmental health, and other essential global health domains.

As additional agencies participate in global health activities, there is an increasing call for a more integrated and competency-based approach by all sectors related to health. Harnessing the capability of multiple disciplines with a shared global health mission will necessitate greater unity between U.S. agencies and help to create synergy, rather than duplication of efforts.

Global Health Engagement promotes this possibility. It is a “whole of government” approach to advance the global health agenda through fully recognizing and utilizing USG resources to achieve greater security, increased equity, an improved economy, and more effective public health diplomacy. This initiative, driven by USG agencies with common global health aims, was devised through Project Horizon, an overarching strategic plan to build greater cooperation and harmony between agencies with global activities and related goals.

Project Horizon was initiated in 2006 through the Department of State’s Office of Strategic and Performance Planning, together with the Departments of Homeland Security and Defense, and several other agency partners. The purpose was to develop realistic interagency strategies and identify capabilities in which the nation should invest to best prepare for unforeseen threats and opportunities over the next 20 years.

CDC Director, Dr. Julie Gerberding, represented CDC and was joined by senior leaders and executives from 14 departments and U.S. government agencies. An Interagency Strategic Planning Group (ISPG) was convened at the conclusion of the project’s first phase. Leaders from each agency are part of an ongoing effort to guide the interagency process into the future through realizing Project Horizon’s top 10 interagency capabilities.

Of these top 10, Global Health Engagement was one of the most robust of Project Horizon’s recommended initiatives. “There are two characteristics that distinguish the Global Health Engagement construct,” said Rudolph Lohmeyer, Senior Advisor for Long Term Planning at the Department of State and co-lead for the Project Horizon ISPG.

“First, it is founded upon a broad, multidimensional definition of public health including the health-related aspects of agriculture, commerce, the environment, and transportation, and the broad population-based benefits that biomedical research yields. Second, it enables the U.S. government to mobilize non-traditional as well as traditional global public health resources in a strategic and truly interagency fashion so that we can better address emerging international health threats and advance our public diplomacy as a leader in humanitarian assistance.”

In November 2007, CDC’s Washington D.C. office held the first Project Horizon ISPG meeting devoted to Global Health Engagement with 11 government agencies represented. The group recognized the tremendous potential in existing interagency relationships and agreed upon the strategic importance of engaging over global health. Delegates made a commitment to advance a broad-based interagency strategy and tactical plan for Global Health Engagement.

A core leadership group from HHS (including CDC), Defense, EPA, State, USDA, and USAID has constructed a strategic framework that links global health objectives to the National Security Strategy. Guided by this framework, the group has proposed ideas for joint projects around water and sanitation, malnutrition, and high-priority diseases that leverage the entire spectrum of interagency abilities to achieve success. “It would be impossible to move this initiative forward without the commitment, expertise, and energy of these interagency leaders”, said Alison Kelly from CDC, who has been with Project Horizon from the beginning and leads the Global Health Engagement component.

This team spirit is essential as the core group begins the difficult work of blending the complexities and sometimes competing priorities of each agency’s investments in global health. A “whole of government” effort, and not any one agency, will be the key to Global Health Engagement’s long-term success. ✧



### A Scenario-Based Approach to Interagency Strategic Planning

The CDC Global Health E-Brief is produced quarterly by the Centers for Disease Control and Prevention’s (CDC) Coordinating Office for Global Health (COGH). To find out more about CDC and COGH, go to [www.cdc.gov](http://www.cdc.gov) and [www.cdc.gov/cogh](http://www.cdc.gov/cogh).



## Engagement Through Biosurveillance

Situated on the tree-lined campus of Georgetown University's Medical Center in Washington, D.C., is Project Argus, one of the nation's premier biosurveillance systems for detecting and tracking early indicators of, and warnings about, international biological events. Argus exemplifies real-time global health engagement taking place between academia and federal government agencies tasked with the critical mission of protecting domestic and global public health, and national security.

Argus' primary function is to alert CDC, and other users, to biological events that may require a public health response. The system monitors media and other electronic sources at the local level around the globe for three types of indicators: reports of disease outbreaks, potential environmental triggers, and social disruption. Since it began operations in July 2007, Argus has logged more than 30,000 biological events involving pathogens such as avian influenza, Ebola virus, cholera, and other unusual pathogens that have caused varying states of social disruption throughout the world. Argus currently accesses more than 1 million pieces of information daily, and produces, on average, 200 reports per day. Argus covers all the countries officially recognized by the United States. Analysts are collectively fluent in 36 languages.

Critical to Argus' strategic biosurveillance capability is the federal partnership of CDC's Global Disease Detection

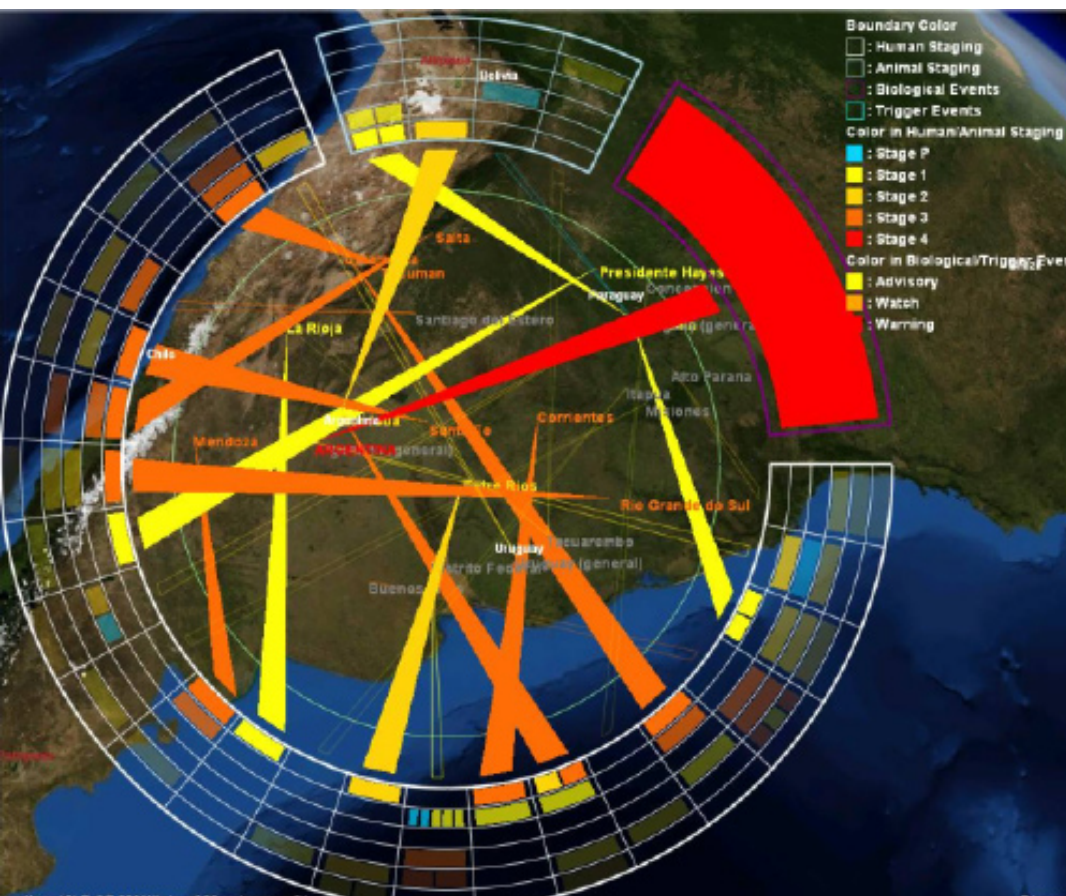
Operations Center; USDA's Centers for Epidemiology and Animal Health; DHS' National Biosurveillance Integration Center; the Armed Forces Medical Intelligence Center; other Intelligence Community organizations; the Defense Threat Reduction Agency; and the U.S. Strategic Command Center for Combating Weapons of Mass Destruction.

These agencies comprise the Biological Indication and Warning Analytic Community (BIWAC), a biosurveillance community that proactively sets into motion deployment of countermeasures to threats, initiated through Argus' warning capability. The BIWAC is further engaged through an additional information-sharing infrastructure that allows tactical, real-time unclassified dialogue between Argus and BIWAC agencies. This "relational" capability is increasingly utilized by federal agencies who must rapidly respond to biologic threats anywhere in the world.

The strong USG agency ties developed through Argus and the BIWAC helped to identify laboratory collection difficulties in response to a recent outbreak in Tbilisi, Georgia, of African swine fever (ASF), a highly contagious disease affecting pigs that, unchecked, can spread rapidly and cause crippling economic consequences. The USDA –Foreign Animal Disease Diagnostic Laboratory (FADDL), which conducts international animal disease diagnostic testing, including test development and validation, and strain verification and banking, sent two staff members to assist in the outbreak. The Georgian laboratory, sponsored

by a participating agency in the BIWAC, successfully identified the strain as ASF, but denied the request by USDA-FADDL to transport viral samples to the United States for additional analysis due to confusion over international transportation logistics and protocols. The BIWAC is actively engaged in addressing these obstacles.

Lessons learned will facilitate more timely transportation of samples to USDA laboratories in the future by expediting navigation of protocol restrictions on removal of such pathogens from foreign laboratories. The combination of Argus' timely and effective warning capability and its closely linked network of federal agencies committed to establishing interagency best practices marked a critical turning point in USDA's decision to use the Argus system. Argus' capabilities are now being studied for potential application to other national security issues. ✧



## Engagement and Diplomacy

Global health continues to assume a greater role in our nation's foreign policy agenda—demanding greater policy insight, knowledge, and a more skilled diplomatic presence overseas. Patricia Murphy, a senior Foreign Service Officer at the Department of State and current Director of the Office of International Health and Biodefense (IHB) in the Bureau of Oceans, Environment and Science, isn't surprised. She has been committed to and recognized the potential for the interface between health and diplomacy since her career began in 1981.

"When I arrived in Bamako, Mali, to begin my first Foreign Service assignment, I had just come from a graduate program in animal genetics with an undergraduate degree in biology. I was surprised to find Bamako filled with people who were sick with diseases which I recognized, but had assumed were eradicated. The many street beggars in Bamako at that time were usually lepers, or blind (in many cases due to onchocerciasis) or physically disabled (often as a result of polio infections). Malaria and dysentery were endemic and common, even in urban areas. As I tried to make sense of what I saw, the Embassy Medical Officer and USAID health program officers pointed me toward the CDC publication *Morbidity and Mortality Weekly Report (MMWR)* as a useful resource. I subscribed right away, and have continued to read *MMWR* for over 25 years. Despite merciless teasing from colleagues for my interest in morbidity and mortality, I have a much fuller understanding of the context and science surrounding the health problems plaguing the developing countries where I served. This knowledge has enabled me to jump right into the complicated health policy issues on which I work in my current position. When our office handles a portion of global health policy work, my colleagues and I find it extremely gratifying."

The role of IHB's Bureau of Oceans, Environment and Science is one of interagency and international coordination and consultation to further the nation's strength in global health diplomacy. The Bureau works with a range of government agencies to change health status in developing countries. IHB coordinates international health policy for the interagency community and serves as a conduit for health information to and from U.S. embassies and consulates.

One example of this work is through engagement with USAID and HHS over polio. IHB worked closely with these agencies to advocate for USG diplomatic support of polio eradication. As a result, the Department of State helped to raise millions of dollars from allied governments in direct support of polio vaccination campaigns in Africa and South Asia.

In addition, the Department of State provided diplomatic support to negotiated cease-fires to enable vaccination campaigns in conflict-ridden areas. Public health professionals have in some instances been escorted by armed guards to accomplish polio vaccination campaigns. Success has been born out with an

announcement from the Global Polio Eradication Initiative on March 25 that polio has been eradicated from Somalia, leaving only four more countries in which polio is endemic.

Murphy said that her office was fortunate to have the assistance of CDC/United States Public Health Service Officer, Dr. Daniel Miller, who was on detail to IHB to coordinate much of the interagency polio work. "I believe he developed a degree of respect for diplomatic engagement while he was with us, as I know the Department of State benefited tremendously from having a professional public health officer in our midst. In 2007, just over 1,000 polio cases were reported worldwide—a massive reduction from the more than 350,000 polio cases per year that the world had to deal with in the 1950s. Clearly, this was a multi-country, multi-agency effort and included non-governmental organizations. We are proud to have played a part in this very important work."

To expand the nation's interagency capability in Global Health Diplomacy, the University of California's Institute on Global Conflict and Cooperation and CDC will host a course on Global Health Diplomacy in Washington D.C. this summer. During an intensive five-day program, a small group of participants from around the world will engage with faculty of global health diplomats.

Under the leadership of renowned global health experts, the class will share views and professional experiences from their own context of work. CDC is making several openings available to Project Horizon's interagency group to advance Global Health Engagement's reliance on global health diplomacy. ✧

## Laboratory Networks and Engagement

How can Rwanda, an African country recovering from a long history of intermittent war, including devastating genocide, construct a well-designed public health laboratory system—capable of handling dangerous pathogens—in two years?

"We are building a house one brick at a time," said Helen Perry, a CDC training specialist who coordinates the agency's Integrated Disease Surveillance and Response (IDSR) activities with USAID, the World Health Organization Regional Office for Africa (WHO-AFRO), and African Ministries of Health. "In IDSR, we systematically focus on each level of the health system by finding best practices in a country and sharing them with the rest of the African region. The laboratory network in Rwanda is one example of how resources can be integrated to create a



functional laboratory system linking district and provincial laboratories with the national reference lab in Kigali that performs the highest level of testing and biosecurity.”

The Rwandan lab group, in collaboration with USAID and CDC’s Global AID’s Program (GAP), began in 2003. In a matter of two years, and by strategically leveraging their donor funds, the group created a national laboratory system able to collect, transport, safely handle, sort, and process specimens for communicable diseases, including bacterial pathogens.

Since 1998, CDC has worked closely with USAID and WHO-AFRO to improve national surveillance and laboratory capacity in African countries. This collaboration for integrated disease surveillance was motivated by a series of outbreaks of meningococcal meningitis, yellow fever, cholera, and viral hemorrhagic fevers that devastated African communities during the 1990s.

These outbreaks highlighted the critical need for time-sensitive functional surveillance systems capable of detecting, confirming, and responding to disease threats in Africa. Earlier detection of these deadly diseases through a functioning public health laboratory network could have reduced the number of cases and deaths associated with the outbreaks. Without CDC’s partnership with USAID, the dissemination of IDSR’s ability to accelerate and amplify life-saving interventions to African countries would not have been possible.

“What makes IDSR a satisfying initiative,” said CDC’s Perry, “is working in tandem with USAID, African countries, regional WHO partners and other CDC programs, including the Field Epidemiology and Laboratory Training Program (FELTP). Together, we have developed and implemented prototypical laboratory systems in low-resource

settings capable of reducing the number of cases and deaths associated with deadly disease outbreaks.”

Rwanda’s model laboratory network was successful for three reasons:

- High-level political commitment and national-level health ministry leadership
- Well-defined reporting requirements communicated to laboratories in the system
- Quality control through the National Reference Laboratory

Because of Rwanda’s impressive laboratory growth, the USAID-funded partners (CDC and WHO-AFRO) chose it as the location to field test implementation of similar networks in other African countries. A remaining

challenge is to ensure a reliable workforce of well-trained laboratorians to perform duties at all levels of the network. To accomplish this, the partners are preparing a comprehensive workforce training strategy for integrating IDSR into applied training programs throughout Africa, and increasing in-service computer-based instruction.

“This is one of the few initiatives that was rapidly adopted and owned by National African Governments,” concluded Mary Harvey, who works at USAID/Bureau for Africa as the grant manager for WHO-AFRO and CDC. “Results 10 years later have shown important declines in case fatality rates for meningitis, cholera, and other epidemic-prone diseases. The focus on laboratory strengthening was critical; government ownership and the close collaboration between CDC and WHO have been the keys to progress.” ✧

### “Healthy Water” Engagement Saves Lives

Access to safe drinking water and sanitation is a fundamental need of civil society. Yet in the developing world, the lack of clean water is a prime contributor to global health inequity—trapping whole communities in a vicious cycle of ill health, death, lost economic opportunity, and instability.

According to the World Health Organization (WHO), 20 percent of the world’s population lacks access to adequate supplies of safe drinking water. With rapid population growth, especially in developing countries, access will be further strained. An additional 1.6 billion people must gain entry to safe water and sanitation by 2015 in order to meet the Millennium Development Goal Ensuring Environmental Sustainability. Perhaps nowhere is the need for governmental and non-governmental engagement more critical.

Taking action to meet this challenge, CDC, the U.S. Environmental Protection Agency (EPA), and the Pan American Health Organization (PAHO-WHO) constructed a joint strategy on environmental health-related issues in the Caribbean and Latin America. Central to this strategy for water-related programs is their vision of a world where everyone can turn on a water tap and access clear, clean, safe water.

Together, these partners have leveraged their expertise to provide technical advice and training for Water PLUS/ Agua y MÁS, a community-based approach to improve health and quality of life through Water Safety Plans (WSP). These plans, developed by WHO, are comprehensive assessments of every point in the drinking water system where contamination might occur, whether the system involves small wells, surface water, or large municipal water treatment facilities.

Water PLUS/Agua y MÁS was established to streamline many different efforts to provide drinking water in the Caribbean and Latin America. Despite a great need for safe water systems, these programs lacked the skills and technical knowledge to effectively manage or adapt a safe water system to a community’s changing needs.



Through Water PLUS/Agua y MÁS, communities are provided with local solutions that are sustainable and affordable. The program focuses on three elements:

- A Water Safety Plan to identify opportunities to improve sanitation and hygiene as drinking water is transported from source to consumer (a critical period in which contamination with bacteria or parasites often occurs),
- Appropriate interventions to protect source waters, improve water delivery systems, introduce Safe Water Systems, educate people about hygiene, and improve sanitation, and
- Evaluation of the health impact of those interventions on consumers' health and quality of life.

In November 2007, Water PLUS/Agua y MÁS realized early success when the Jamaican Minister of Health and Environment, Rudyard Spencer, announced that the country would swiftly finalize National Drinking Water Regulations under the Public Health Act to ensure that all Jamaicans have access to a safe and adequate water supply. "The gap needs to be closed," said Spencer. "In rural Jamaica, only 45% of households have access to piped water; 23% obtain their supply from sandpipes, another 23% from rain water, and 9% from various sources. Spencer believes that the WSPs will help Jamaica meet the Millennium Development Goal of halving the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015.

Efforts are underway to use the Water Safety Plan developed by Jamaica as a template for the development of other plans in the Caribbean and Latin American Region. WSPs vary in complexity, as appropriate to the situation. Additional Water Safety Plan initiatives are in place in Brazil, Bolivia, and Guyana with a variety of CDC partners, including the Coca Cola Company, the Department of State, the World Bank, the Inter-American Development Bank, and Emory University. ✧

## Measuring and Evaluating Engagement

In today's complex global environment, promoting human security, health, and development is the order of the day. Thus, the U.S. military, in coordination with all other U.S. government agencies, seeks to execute and evaluate its humanitarian assistance programs with the same diligence it gives to military campaigns.

This new Department of Defense policy initiative was presented at the first Interagency Conference on Monitoring and Evaluation of DoD Humanitarian Assistance Programs held January 14–16, 2008, at the Pentagon.

The Secretary of Defense's Partnership Strategy Office hosted staff from USAID, the Department of State's Bureau

of Population, Refugees and Migration, RAND Corporation, and representatives from Harvard University and the Uniformed Services University of the Health Sciences. Humanitarian Assistance Program Managers from every Combatant Command participated.

Attendees agreed improved mechanisms for USG interagency communication and coordination are required. "We are starving for information in the field—there is no consistent place to go to find who is doing what," commented one participant. "For example, we might show up to build a flood control project in one country and find out later another U.S. government agency has just completed one on the same river."

Equally important was consensus that monitoring and evaluation (M&E) needs to be implemented for all humanitarian and development assistance programs, using similar terms and techniques across U.S. government agencies, based on international standards and best practices. "When we build a clinic, how will we know if it was useful, how the host nation felt about it, or whether it was still functioning a year later?" asked another participant. "It would be nice to know that what we are doing is improving the overall well-being of the host nation and is in line with the U.S. government's overall objectives."

Colonel Gene Bonventre, USAF, conference organizer and a leader in Project Horizon's proposed Global Health Engagement initiative summarized, "As DoD strives to

measure the impact of its humanitarian assistance programs, it makes sense to tap into existing approaches and capabilities in the other agencies. That will help enhance efficiency and continuity, and we'll be one step closer to a whole-of-government approach on this important issue."

Bonventre has been a key point of contact for Global Health Engagement, providing relevant global health linkages with ongoing interagency work being accomplished under many parts of Defense, the



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**This country must strengthen other important elements of national power both institutionally and financially, and create the capability to integrate and apply all of the elements of national power to problems and challenges abroad.**

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*Secretary of Defense Robert M. Gates, November 2007*

Department of State's Office of the Coordinator for Reconstruction and Stabilization, USAID, CDC, and other parts of HHS and EPA. He sees Project Horizon as a catalyst to synergize the interagency M&E efforts for global health.

Communication between Project Horizon's Interagency group (ISPG) has been enhanced through the ability to link more centrally with the appropriate coordinating bodies within each agency. In the case of CDC and Defense, the exchange over Global Health Engagement at the strategic level has begun to better inform ongoing global health work between the agencies at the technical level for pandemic influenza, global disease detection, and joint humanitarian efforts.

Commander Elton Parker, Executive Assistant to the Deputy Director for Strategy and Policy on the Joint Staff, is Project Horizon's ISPG co-lead with Rudolph Lohmeyer from State. He sees Global Health Engagement as an important strategic opportunity for the U.S. government. "Global health is a definitive indicator and factor in national and international security," says Commander Parker. "Being able to mobilize nontraditional, or 'Soft Power', elements and integrate them with more traditional resources and approaches in a strategic manner would be an invaluable asset to better addressing emerging/potential international health threats, while also advancing our public diplomacy as a leader in humanitarian assistance." ✧

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CDC is committed to promoting sustainable public health programs in resource-poor countries by building local capacity through training and infrastructure development. CDC fills a unique role in global workforce development—particularly through support of Ministry of Health staff and through training of clinical providers, epidemiologists, laboratory personnel, and public health managers. Several top locally-employed staff (LE Staff) from CDC's Global AIDS Program (GAP) country offices are visiting Atlanta and Washington D.C. from March 17–25, 2008, to participate in one such public health management trainings, the prestigious CDC Leadership and Management Institute (LMI). These staff from GAP offices in Uganda, Zambia, South Africa, and Nigeria, are the first locally-employed CDC staff to ever participate in the LMI, sponsored by CDC's Corporate University. The aim of their participation is to build leadership and management capacity of foreign service nationals working for CDC in the field, and improve the overall effectiveness of CDC's global operations. These leaders will also meet with Congressional staffers and leadership from CDC, HHS, and the Office of the Global AIDS Coordinator in the Department of State to discuss how CDC can improve support for its own LE Staff and the global health workforce in general. The six staff

will also present at a briefing at the Center for Strategic and International Studies on U.S. options for global workforce development. This briefing will be webcast by the Kaiser Family Foundation, at the following address: [www.kaisernetwork.org/healthcast/csis/24mar08](http://www.kaisernetwork.org/healthcast/csis/24mar08). Over the next year, the LE Staff will apply their newly-developed leadership and management expertise to a practical group project. The team will survey CDC LE Staff around the world and develop a set of recommendations on how CDC can better support its LE Staff with an eye toward building long-term sustainability of CDC's global operations.

Update to the Ebola Hemorrhagic Fever outbreak in Uganda, reported in the December 2007 E-Brief: The outbreak was officially declared over by the Uganda Ministry of Health on February 20, 2008. In total, the outbreak caused 149 cases and 37 deaths. Laboratory analysis conducted by CDC confirmed that the virus associated with the outbreak was different from the three known African Ebola species (Ebola Zaire, Ebola Sudan, and Ebola Ivory Coast) and should be considered a new species of Ebola virus.

CDC is currently tracking reports of a yellow fever outbreak in South America involving three countries—Brazil, Argentina, and Paraguay. As

of March 17, 2008, there have been approximately 60 confirmed cases and 28 deaths. Yellow fever virus is transmitted to humans through the bite of infected mosquitoes and typically occurs in tropical regions of Africa and in parts of South America. More information about yellow fever can be found at CDC's website: [www.cdc.gov](http://www.cdc.gov).

On Wednesday April 16, 2008, the American Red Cross will host a panel discussion and reception in celebration of the Global Measles Initiative. Invitees include current and potential measles initiative partners including embassy representatives, Measles Initiative members, corporate development professionals, and members of Congress and their staff. The event will be held 4:00–6:00 p.m. at the Board of Governors Hall, 1730 E Street, N.W., Washington D.C. The Measles Initiative, launched in 2001, is a partnership committed to reducing measles deaths worldwide. The Initiative supports the United Nations' goal to reduce global measles deaths by 90% by 2010 (compared to 2000). The Initiative is led by the American Red Cross, CDC, UNICEF, the United Nations Foundation, and the World Health Organization. In 2001, measles was the leading cause of vaccine-preventable deaths worldwide. By 2006, measles deaths were reduced by 68% globally and 91% in Africa. During this time, the

Measles Initiative helped vaccinate more than 500 million children in over 50 countries, preventing 2.3 million measles deaths.

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On May 7, 2008, the U.S. Coalition for the Eradication of Polio (Rotary International, The March of Dimes Birth Defects Foundation, The Task Force for Child Survival and Development, The U.S. Fund for UNICEF, The American Academy of Pediatrics, and The United Nations Foundation) will host their annual Capitol Hill Reception to honor Congressional Champions of Polio Eradication. 2008 Champions include The Honorable Barbara Boxer, The Honorable Sam Brownback, The Honorable Bob Corker, The Honorable Richard Lugar, The Honorable Stephen Cohen, The Honorable Betty McCollum, The Honorable Steven R. Rothman, The Honorable Lucille Roybal-Allard, The Honorable Ed Royce, The Honorable James Walsh, and The Honorable Frank Wolf. The reception will be held from 5:30–7:30 p.m. at the United States Capitol Building, Lyndon Baines Johnson Room, Washington, D.C. CDC continues to work with

its global partners in the ongoing efforts to eradicate polio. On March 25, WHO's Global Polio Eradication Initiative made the announcement that Somalia is again polio-free. Somalia has not reported a case of wild-type polio since March 2007, a major landmark in the intensified eradication effort launched last year to wipe out the disease in the remaining few strongholds.

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April 25, 2008, marks the first "World Malaria Day," which was established and approved at the 60<sup>th</sup> World Health Assembly in March 2007. This year's theme, "A Disease Without Borders," reflects the geographic expansion of the observance and serves as a reminder that malaria affects not only Africa, but also other parts of the globe, including Asia, Central and South America, and Oceania. The April 25<sup>th</sup> remembrance replaces "Africa Malaria Day," which has been commemorated since 2001 to provide education and understanding of malaria, which remains a global scourge despite being both preventable and curable. Malaria continues to cause at least 1 million deaths worldwide each year, with approximately 90% of these deaths occurring among young children in Africa. Although malaria has been eliminated from the United States, approximately 1,300 U.S. travelers return with malaria each year. CDC works to address malaria globally through the domestic malaria program, through the President's Malaria Initiative as an implementation partner with USAID, and through focused research activities. For more information go to [www.mobilising4malaria.org/pages/en/world\\_malaria\\_day\\_2008.html](http://www.mobilising4malaria.org/pages/en/world_malaria_day_2008.html)

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A recent *Lancet* commentary highlights the Field Epidemiology Training Programs (FETPs) as a successful strategy to help build public health systems and workforce capacity in support of the International Health Regulations,

and ultimately, to improve global health. Over the past 27 years, 29 countries have created FETPs in partnership with the CDC, WHO, and other partners such as USAID to directly build and strengthen public-health systems, while simultaneously training future public-health leaders. In 2008 three new programs will be implemented in Ethiopia, Nigeria, and Tanzania. The three new programs will combine field epidemiology training with public health laboratory training. Additionally, the Nigeria program will be the first ever FETP to add veterinary epidemiology training. A two-week outbreak investigation course through FETP is being planned for late April/early May for epidemiologists in the Iraq Ministry of Health to be held in Northern Iraq.

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The March issue of the *American Journal of Preventive Medicine* includes a summary of community interventions to increase physical activity in Latin America. The summary, co-authored by CDC staff together with the Brazilian Ministry of Health, the St. Louis University School of Public Health, and a network of Brazilian Universities, is part of a broader collaborative effort to apply evidence-based public health strategies to combat the rapidly growing problem of chronic diseases in Brazil and Latin America. To find out more, go to <http://download.journals.elsevierhealth.com/pdfs/journals/0749-3797/PIIS074937970700709X.pdf>.

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In a recent podcast, *Expanding CDC's Global Impact: Collaborative Partnerships in Health Communications and Marketing*, the lead for CDC's international communications and marketing program elaborates on the functions of the global health marketing team and discusses some global health communication strategies used by the team. For more, go to <http://www2a.cdc.gov/podcasts/player.asp?f=7620>

