



CDC Global Health Security Agenda/Ebola Grantee Meeting

Accountability. Results. Sustainability.

CDC & GLOBAL HEALTH SECURITY AGENDA



Accountability. Results. Sustainability.

WELCOME TO GHSA and Ebola Preparedness

Rebecca Martin, PhD
Acting Director, Center for Global Health

5 Things I Learned From My Father

- ✓ **Respect everyone.**
- ✓ **Try anything once.**
- ✓ **Embrace and understand differences.**
- ✓ **Share scientific and technical expertise, but remember that solutions are at the level of implementation.**
- ✓ **Connect scientists with implementers and communities.**

The Personal Side of Global Health



Amazing Array of Countries and Stakeholders



CDC's EOC: Activated for 3 WHO PHEICs

Polio, Ebola, Zika



CDC GHSA Core Principles



Building by doing

Begins where we are right now



Focusing on impact

What actions make the biggest difference



Telling the stories

Sharing field work is key

Building by Doing

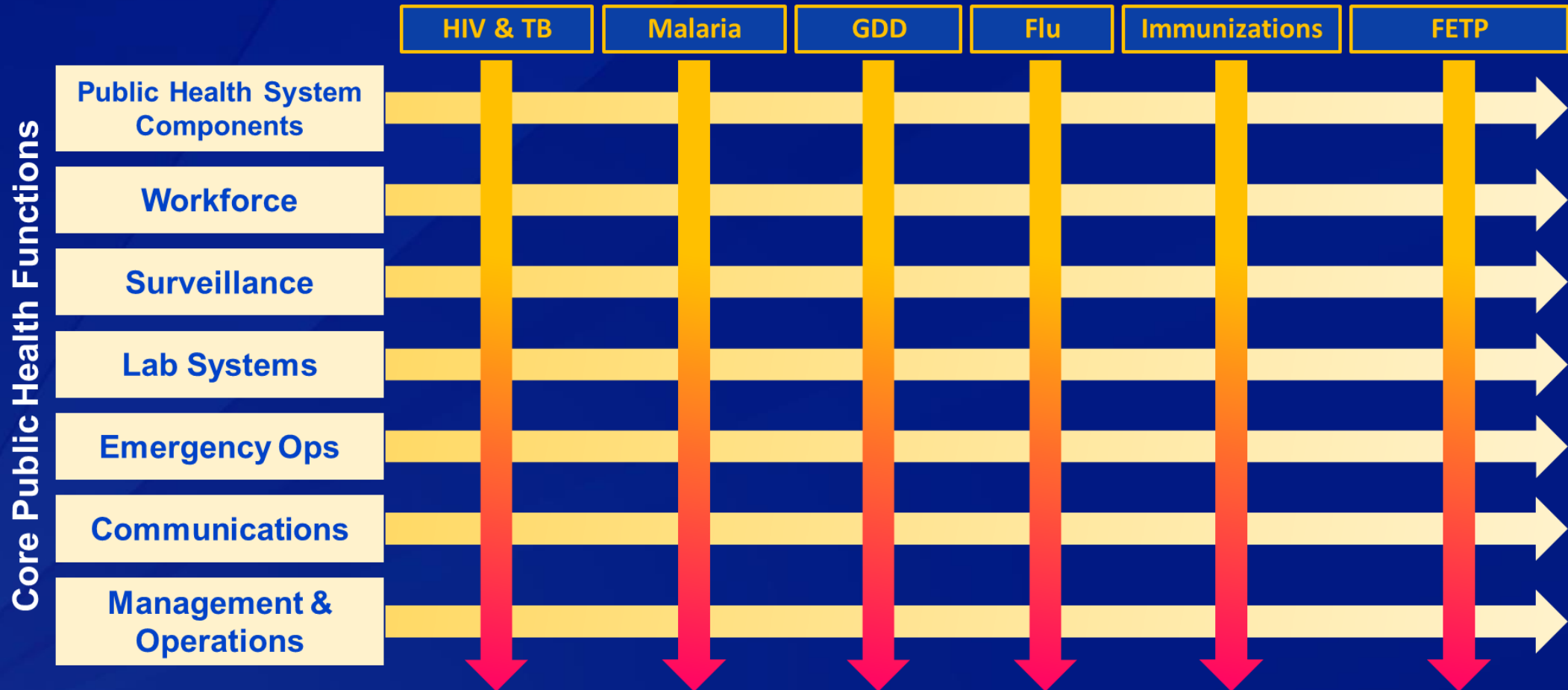


Focusing on Impact



Making an Impact: GHSA Promotes Platform Integration

Primary CDC Global Health Programs



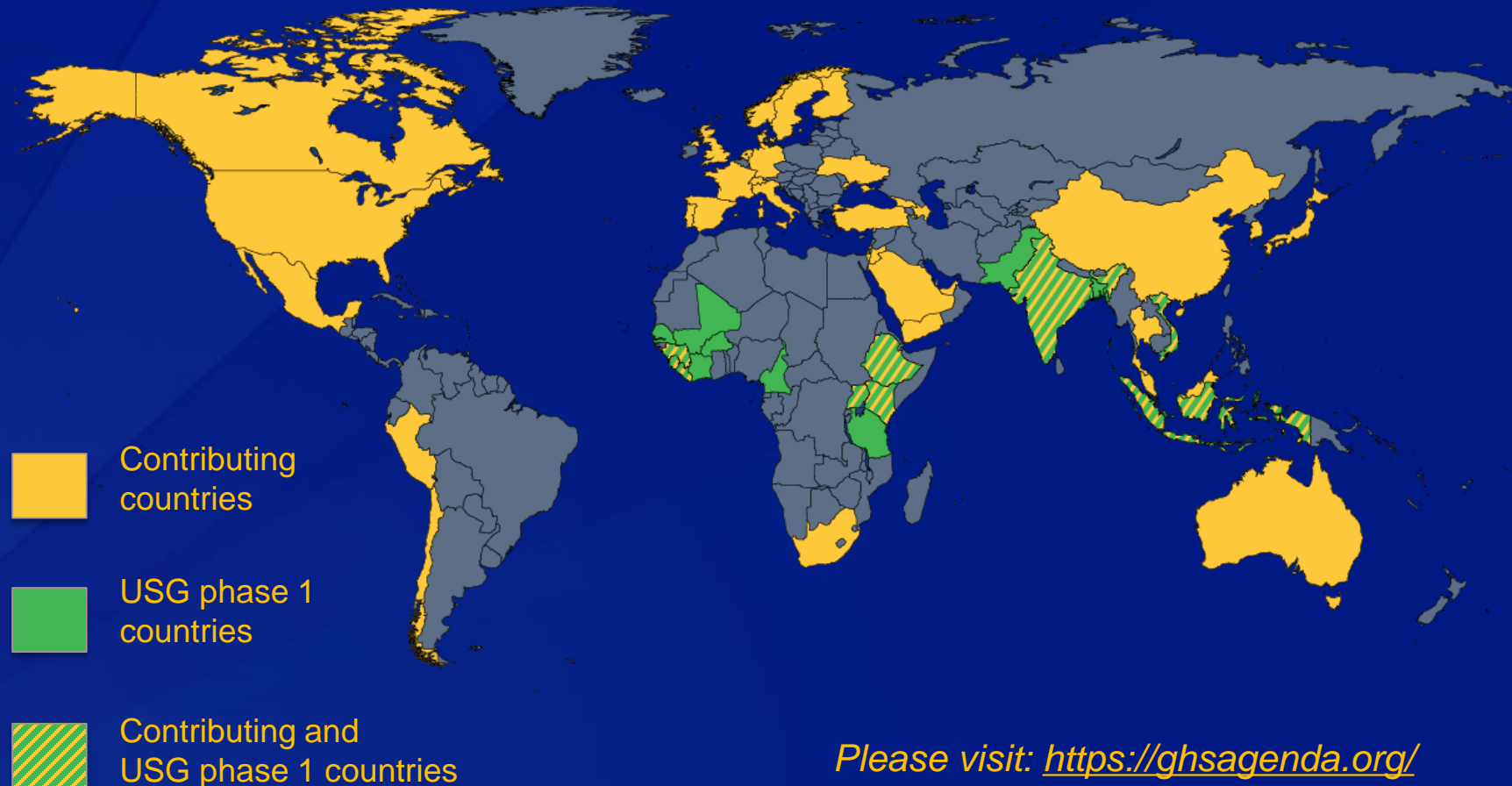
Telling Your Story



Global Participation

USG is partnering with 17 countries (Phase 1) in 2015

50 countries have committed to the Global Health Security Agenda



Please visit: <https://ghsagenda.org/>



Thank You

Ensuring global polio eradication's legacy



Maintaining and mainstreaming polio functions



Sharing lessons learned to improve health



Transition polio functions to improve health infrastructure



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The Global Health Security Agenda and CDC's role

RADM Jordan W. Tappero, MD, MPH
Director

Division of Global Health Protection
Centers for Disease Control and Prevention

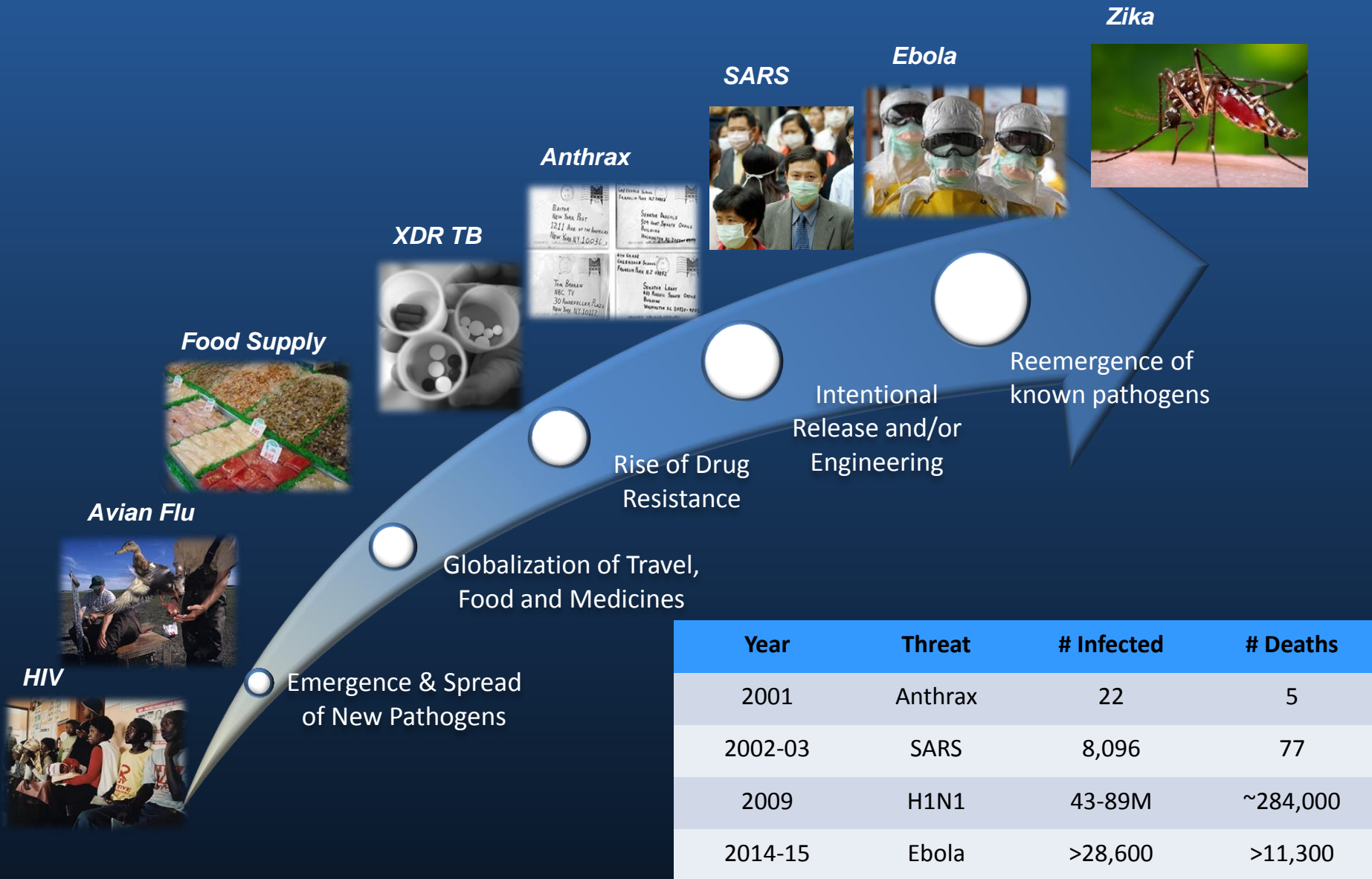
February 10, 2016

A health threat anywhere is a health threat everywhere



Source: The Lancet 380:9857, 1-7 Dec 2012, pp. 1946-55. www.sciencedirect.com/science/article/pii/S0140673612611519

Public Health Threats



Year	Threat	# Infected	# Deaths
2001	Anthrax	22	5
2002-03	SARS	8,096	77
2009	H1N1	43-89M	~284,000
2014-15	Ebola	>28,600	>11,300

Less than 1/3 of the world is prepared to respond

- By 2012, fewer than 20% of countries had met IHR goals
- By 2014, about 30% of countries were fully prepared to detect and respond to an outbreak



Why Care About Global Health Security?

PROBLEM

NOT PREPARED



Most countries
not prepared

DISEASES SPREAD



Faster and farther

ECONOMIC IMPACT

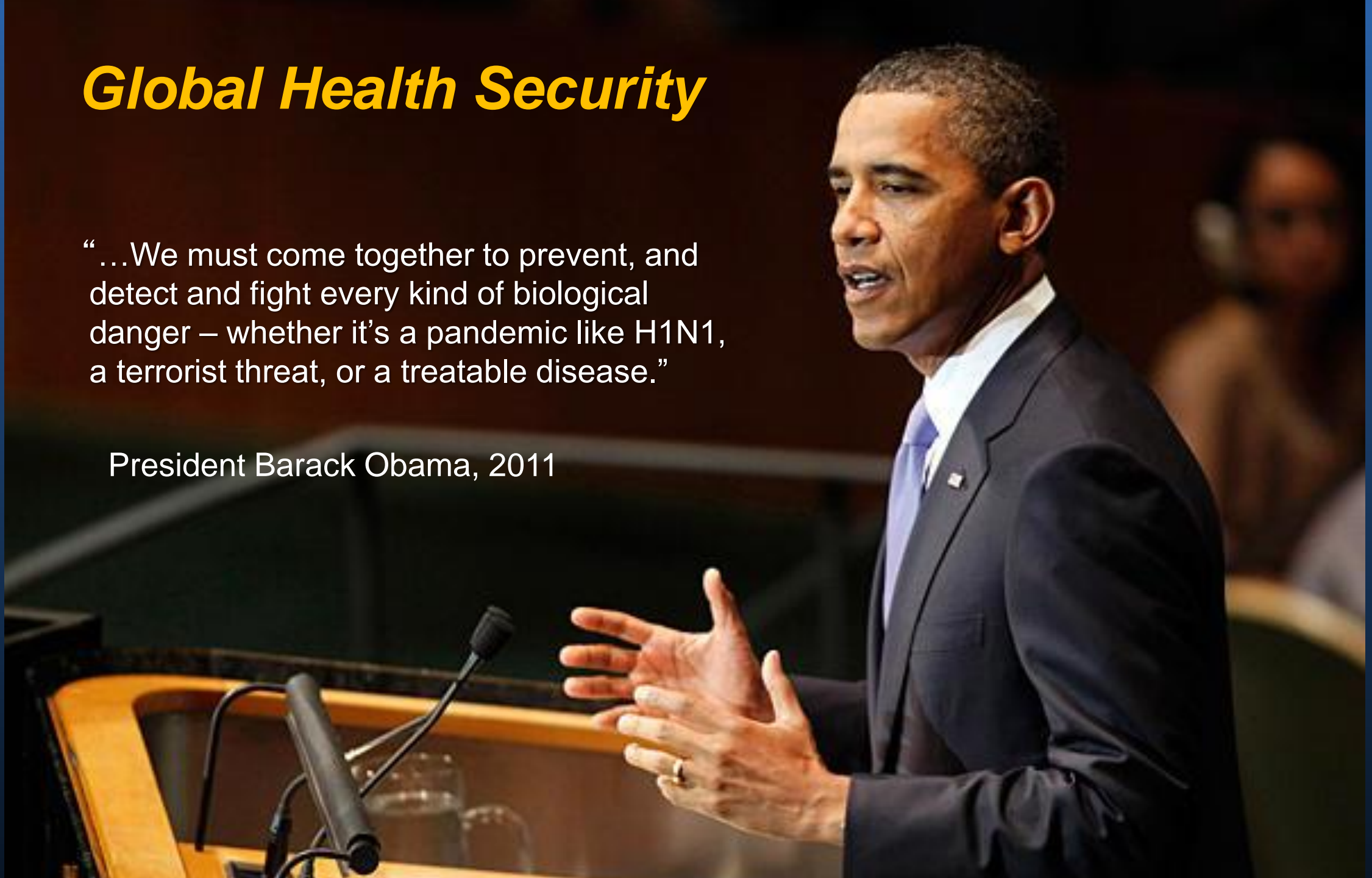


HIV: Many billions
SARS: \$40B
Ebola: Billions


Global Health Security

“...We must come together to prevent, and detect and fight every kind of biological danger – whether it’s a pandemic like H1N1, a terrorist threat, or a treatable disease.”

President Barack Obama, 2011



The Global Health Security Agenda



**GLOBAL HEALTH SECURITY—
VISION AND OVERARCHING TARGET**

VISION: *Our vision is a world safe and secure from global health threats posed by infectious diseases—where we can prevent or mitigate the impact of naturally occurring outbreaks and intentional or accidental releases of dangerous pathogens, rapidly detect and transparently report outbreaks when they occur, and employ an interconnected global network that can respond effectively to limit the spread of infectious disease outbreaks in humans and animals, mitigate human suffering and the loss of human life, and reduce economic impact.*

U.S. OVERARCHING TARGET: Over the next five years the United States commits to working with at least 30 partner countries (containing at least 4 billion people) to prevent, detect and effectively respond to infectious disease threats, whether naturally-occurring or caused by accidental or intentional releases of dangerous pathogens. We call on other countries to join in this effort to realize the vision of a world where all 7 billion people are effectively protected against infectious disease threats.

We will work with partner countries on specific objectives to prevent, detect and effectively respond to infectious disease threats, and will measure our own progress through the following metrics and milestones. We invite partner countries to use metrics appropriate to their own situations, including these and others:

Prevent: Countries will have systems, policies and procedures in place to prevent or mitigate avoidable outbreaks. Considering their own vulnerabilities, countries should prioritize and implement the following:

- ▶ Surveillance to monitor and slow antimicrobial resistance, with at least one reference laboratory capable of identifying at least three of the seven WHO priority AMR pathogens¹ using standardized, reliable detection assays, and reporting these results when appropriate to international or IHR focal points.
- ▶ A whole-of-government national biosecurity system is in place that ensures collections of especially dangerous pathogens are identified, held, secured and monitored in a minimal number of facilities with biosafety and biosecurity best practices in place; biorisk management training and educational outreach is conducted to promote a shared culture of responsibility, reduce dual use biological risks, and ensure safe transfer of biological agents; and country-specific biosecurity legislation, laboratory certification, and pathogen control measures are in place as appropriate.
- ▶ Adopted behaviors, policies and/or practices that minimize the spillover of zoonotic diseases into human populations²
- ▶ Immunization of at least 90% of the country's one-year-old population with at least one dose of measles-containing vaccine as measured by coverage surveys or administrative data.

Detect: Countries will have real-time biosurveillance and effective modern diagnostics in place that are able to reliably conduct³ at least five of the 10 core tests⁴ (including point-of-care and laboratory-based diagnostics) on appropriately identified and collected outbreak specimens transported safely and securely to accredited laboratories⁵ from at least 80% of districts in the country). The United States will also support countries in substantially accomplishing:

- ▶ Surveillance for 3 core syndromes indicative of potential public health emergencies conducted according to international standards.

- A unifying framework to improve our global response to disease outbreaks

A Global Initiative

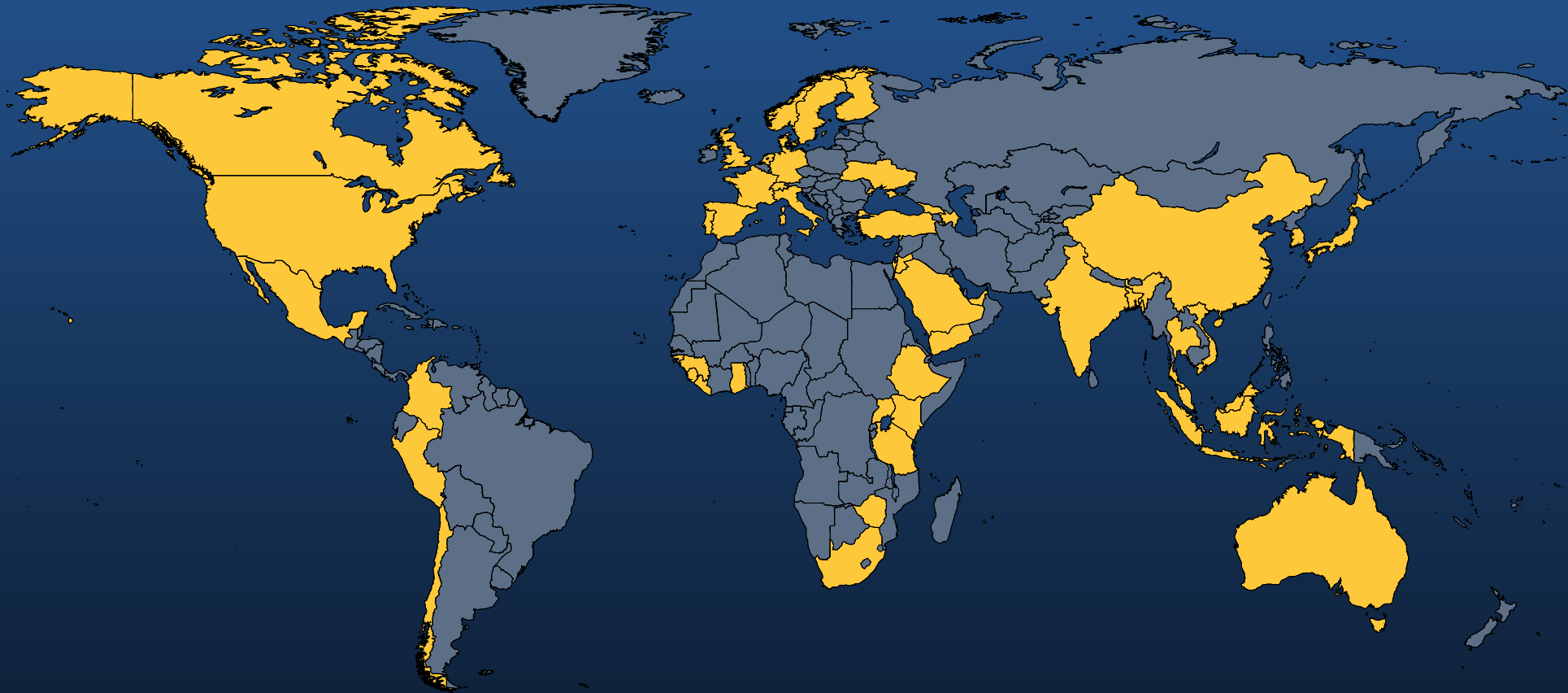
Vision: *A world safe and secure from global health threats posed by infectious diseases...*

- GHSA launched in February 2014 with leaders from 28 countries, WHO, OIE and FAO
- By September 26, 2014: 44 countries joined the GHSA
- June 2015, G7 committed to assist at least 60+ countries
- September 2015, second GHSA Ministerial meeting held in Seoul, South Korea



Where

50 countries have committed to the global health security agenda



GHSA: Prevent, Detect, Respond

**Prevent avoidable
catastrophes**



Detect threats early



**Respond rapidly
and effectively**



GHSA Targets



Antimicrobial Resistance



National Laboratory Systems



Emergency Operations Centers



Zoonotic Diseases



Surveillance



Public Health and Law Enforcement



Biosafety/Biosecurity



Reporting



Medical Countermeasures



Immunization



Workforce Development

Public Health Expertise



Laboratory

- Specimen referral network reaching > 80% of districts
- National reference laboratory performing 6 testing methods under IHR



Surveillance

- Surveillance for 3 core syndromes
- Capacity to analyze and link data for functional real-time biosurveillance system



Emergency Operations

- EOC activation when needed
- Functional IMS use for preparedness and response



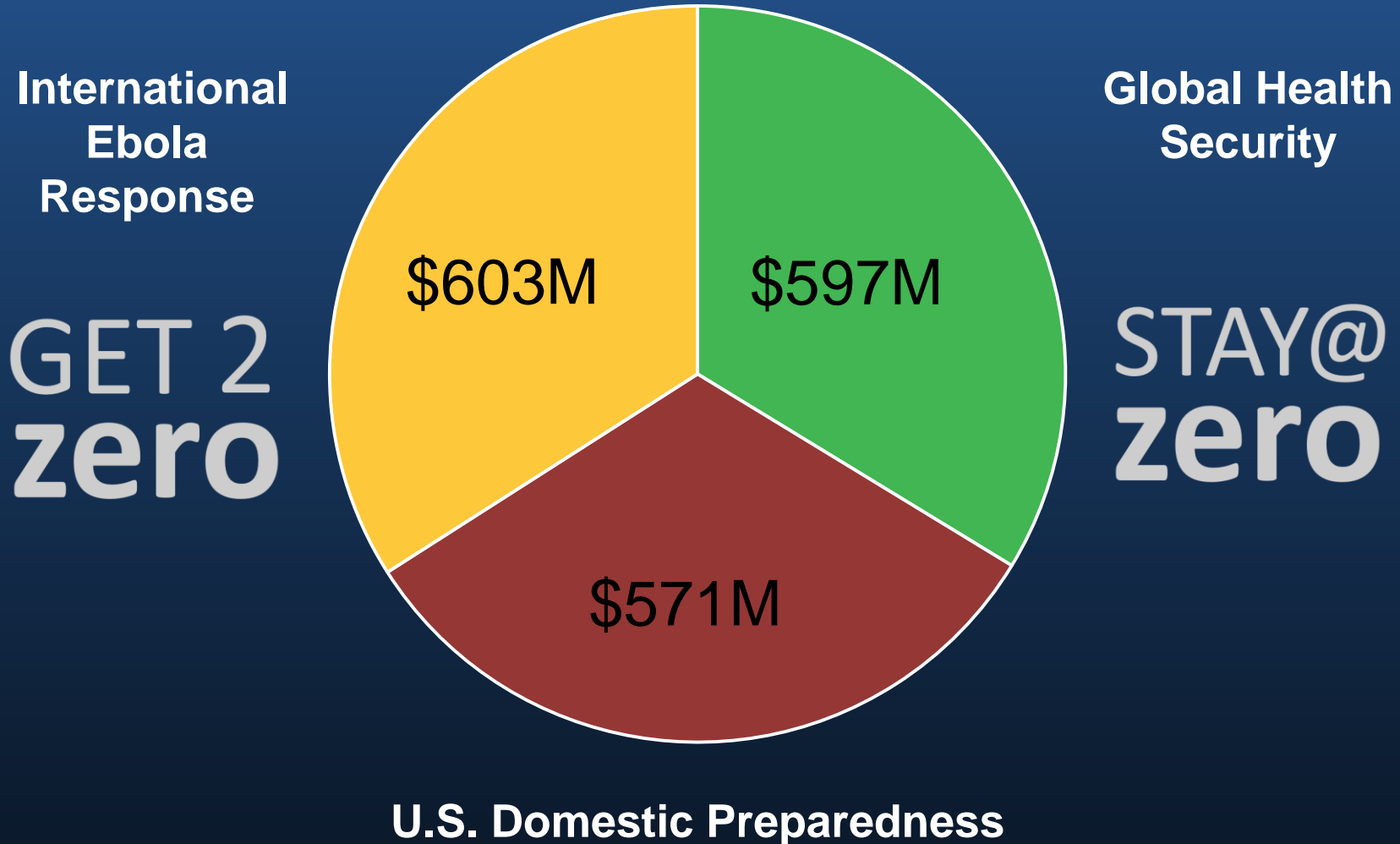
Workforce Development

- National workforce planning
- Minimum of 1 trained field epidemiologist per 200,000

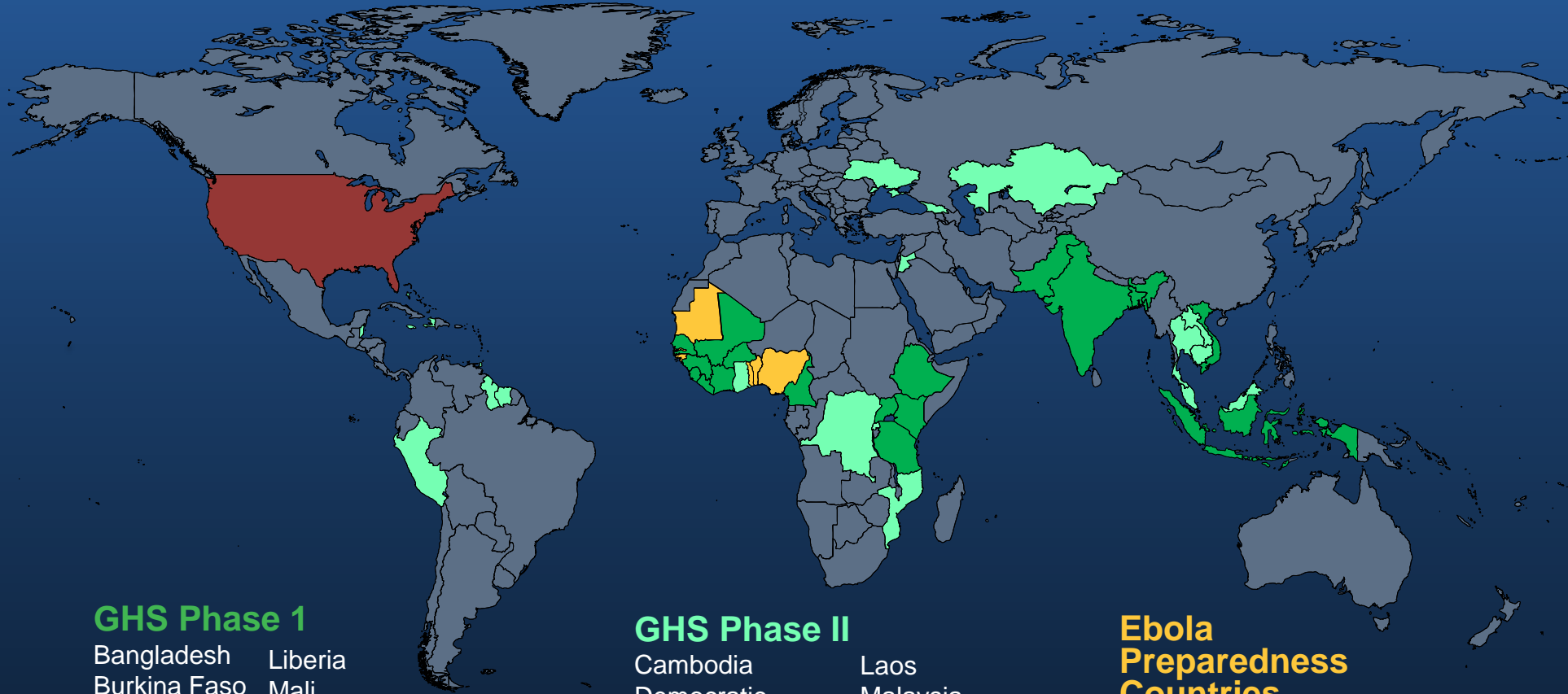
CDC's Role in the Global Health Security Agenda

2015-2019 Emergency Funding

CDC received \$1.77B of \$6B



Where is the US committed in 2016?



GHS Phase 1

Bangladesh	Liberia
Burkina Faso	Mali
Cameroon	Pakistan
Cote d'Ivoire	Senegal
Guinea	Sierra Leone
Ethiopia	Tanzania
India	Uganda
Indonesia	Vietnam
Kenya	

GHS Phase II

Cambodia	Laos
Democratic Republic of Congo	Malaysia
Georgia	Mozambique
Ghana	Peru
Haiti	Rwanda
Jordan	Thailand
Kazakhstan	Ukraine

Ebola Preparedness Countries

Benin
Gambia
Guinea Bissau
Mauritania
Nigeria
Togo

GHSA Is Country Led

We provide support based on the needs of the country



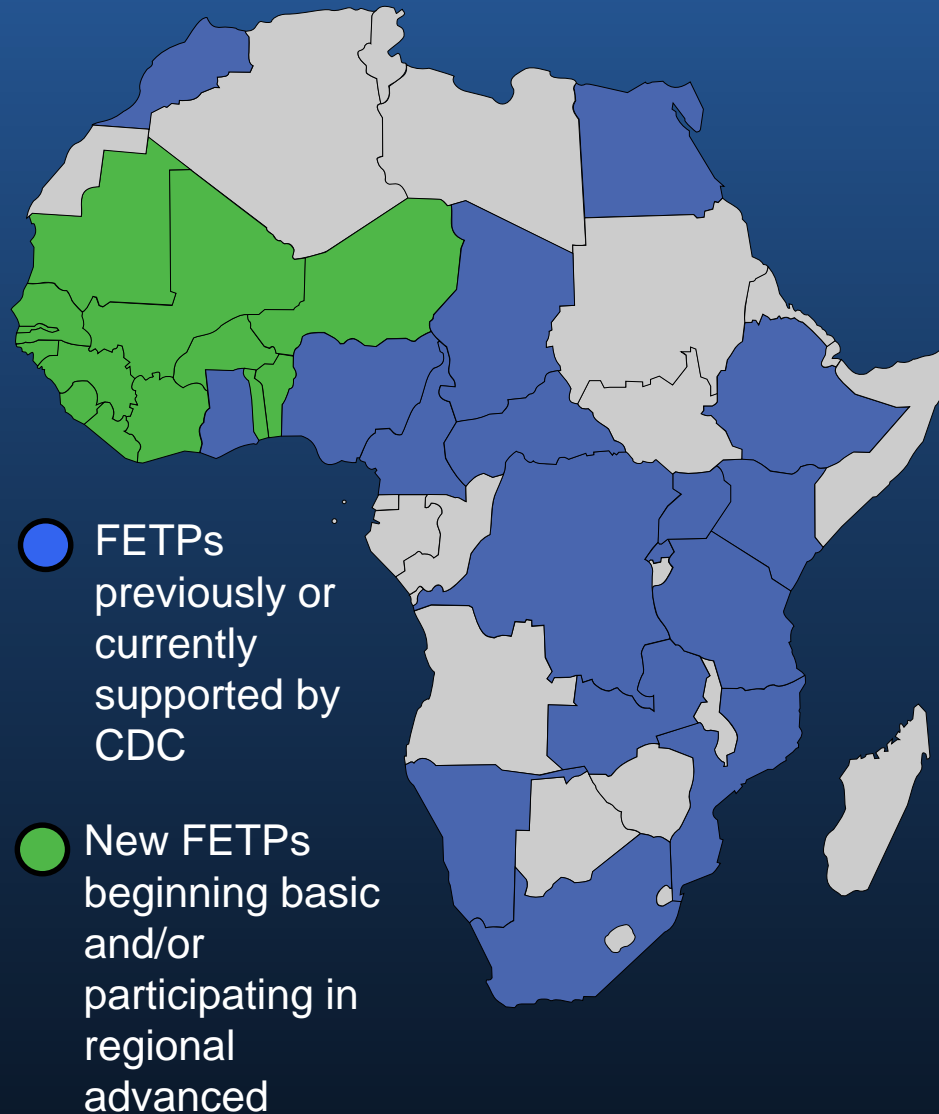
Early Successes

In 17 Phase 1 countries



- Completed 5-year roadmaps and 1-year work plans in 15 countries
- Awarded cooperative agreements to 14 Ministries of Health
- Funded 33 partners in all 17 countries
- Completed independent external assessment in Uganda
- Preparing for more independent external assessments in Ethiopia, Tanzania and Guinea

Developing the Workforce in West Africa



- CDC is expanding the Field Epidemiology Training Program (FETP) across West Africa
- 3-month basic programs at the country level
- 2-year advanced regional French and English programs

Stopping a Polio Outbreak in Mali



A photograph of President Barack Obama shaking hands with a man in a dark suit and a colorful patterned tie. The man is wearing a pink identification badge that reads "APPOINTMENT A ESCORT". They are surrounded by other people in formal attire, some of whom are clapping. The background is a plain, light-colored wall.

Global Health Security Agenda

“Together, our countries have made over 100 commitments... And now, we’ve got to turn those commitments into concrete action – starting in West Africa. We’ve got to make sure we never see a tragedy on this scale again...”



**President Barack Obama
September 26, 2014**

Outbreaks on the Rise

Data as of February 1, 2016



Between March 2014 and February 2016, the Global Disease Detection Operations Center (GDDOC) tracked >235 outbreaks in >137 countries, in addition to Ebola. From MERS in the Middle East to yellow fever in West Africa and Zika virus in the Americas, these outbreaks justify global concern and have affected many lives.

-  Ebola - Heavily affected
-  Countries with other outbreaks reported by the GDDOC, Centers for Disease Control and Prevention

Zika: A Reemerging Threat



Global Health Security Agenda



- Emerging organisms
- Drug resistance
- Intentional creation



- Public health framework
- New lab and surveillance tools
- Successful outbreak control



- Prevent wherever possible
- Detect rapidly
- Respond effectively

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Questions?



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CDC Global Health Security Agenda Grantee Meeting

Christa Capozzola

Chief Financial Officer

Director of Office of Financial Resources (OFR)

February 10, 2016



Ebola Response and Preparedness Funds



Ebola Response and Preparedness Funds

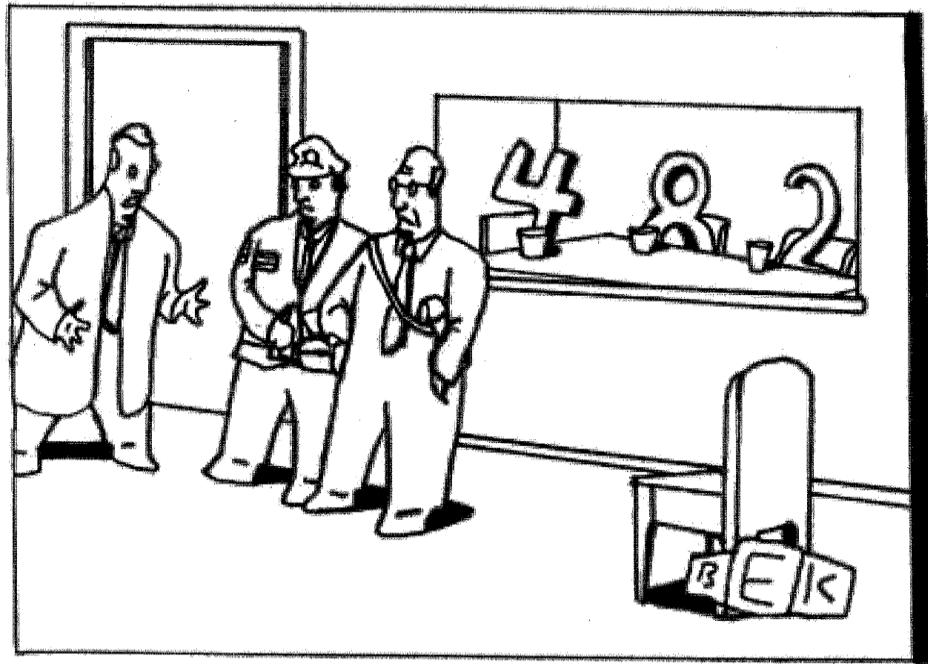
(Dollars in Millions)

In FY 2015, CDC received an appropriation of \$1.771 billion for Ebola Response and Preparedness funds that will remain available to CDC for use through September 30, 2019.



- International Ebola Response 34% (\$603)
- Global Health Security 33% (\$582)
- Other Domestic Ebola Response 23% (\$406)
- Public Health Emergency Preparedness Program 9% (\$165)
- National Public Health Institutes 1% (\$15)

Accountability



“Look the numbers don’t lie.”



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