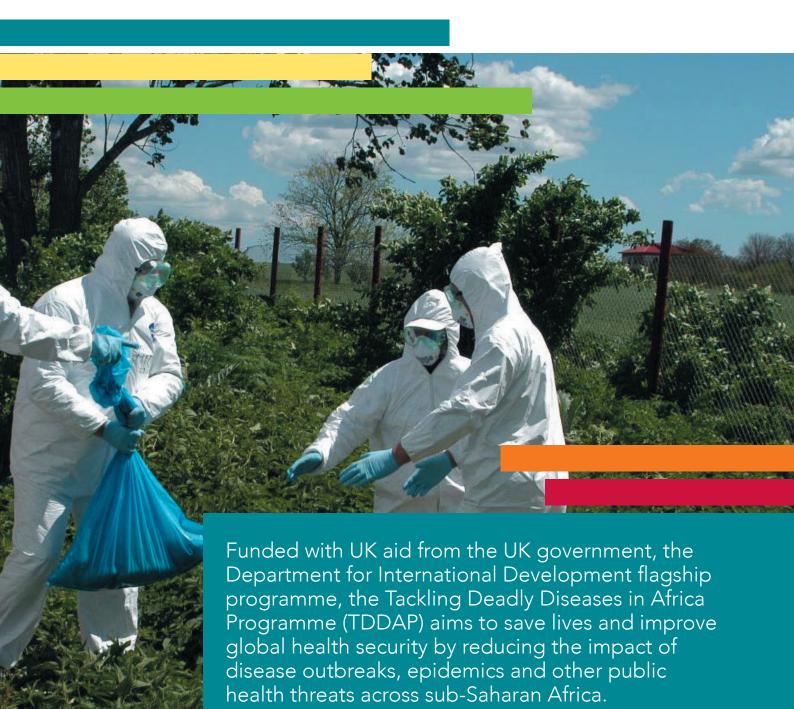
TAGKLING DEADLY DISEASES IN AFRIGA

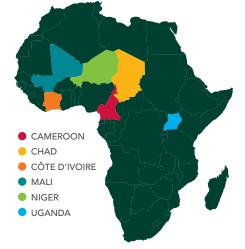


TDDAP INCLUDES THREE COMPONENTS:

- WHO/AFRO Component: Leadership from WHO/AFRO in strengthening capacity for International Health Regulation adherence across the 47 states of the WHO African region.
- Third-Party Monitoring Component: Ensuring the integrity and uptake of TDDAP-generated evidence and insight and is led by Oxford Policy Management with London School of Hygiene and Tropical Medicine, Oxford University and the British Medical Journal.
- DAI-led Component: Provision of technical assistance and capacity building support in six priority countries (Cameroon, Chad, Côte D'Ivoire, Mali, Niger, and Uganda) as well as a mechanism to strengthen decentralised emergency preparedness and response across the WHO/AFRO region. Led by the DAI team with Fondation Mérieux, ICI-Santé, Liverpool School of Tropical Medicine, the Operations Partnership and UK-Med, along with Institute of Development Studies, eHealth Africa and IntraHealth.

The DAI-led component of TDDAP will strengthen health systems and institutions in the six countries to deliver better health security, improve disease preparedness and response and strengthen country leadership and accountability for population health by:

- Strengthening country leadership and accountability for integrated health planning, using infectious diseases as an entry point for strengthening International Health Regulation (IHR) compliance;
- Improving coordination between global health security and Universal Health Coverage (UHC) aims;
- Enhancing surveillance, evidence-based decision making and cross-border coordination;
- Improving communications and coordination so
- local outbreaks avoid becoming international epidemics; and
- Emergency Response Mechanism for strengthening capacity to manage preparedness and response in pre-crisis situations at the subnational level across sub-Saharan Africa.



SELECT ACTIVITIES

- Engage in strengthening in-country networks of government and civil society with respect to IHR compliance, infectious disease surveillance and outbreak response.
- Employ tools such as Joint External Evaluations and One Health simulations in setting priorities for National Action Plans for Health Security linked to UHC.
- Strengthen information management and evidence-uptake mechanisms at national and sub-national levels to enable decision makers to prioritise prevention actions and activate emergency and other responses.
- Co-create a framework that captures relationships among inputs, outputs, outcomes and impact in using health security investment to improve UHC.
- Capture Gender Equality and Social Inclusion (GESI)/disability sensitive information, such as the number of facilities where GESI data has been collected.
- Develop an Emergency Response Mechanism that fills a critical gap at the sub-national level related to community engagement for preparedness and response.
- Build on digital platforms such as IntraHealth's mHero technology to establish interoperability between the Integrated Disease Surveillance and Response (IDSR) system used for detecting potential health emergencies before they become a crisis and routine health management information systems and allow for real-time communication and timely response.
- Provide global stakeholders, including U.K. Department for International Development, with prompt, evidencebased information on resource allocation decisions, with flexible standby teams of emergency response specialists mobilising in-country in the event of a pre-crisis outbreak.
- Access pre-approved suppliers to mobilise quickly in emergencies where needed.

For more information please contact:

Jeff_Mecaskey@dai.com



