



## CÔTE D'IVOIRE

Tackling Deadly
Diseases in
Africa (TDDA) is
FCDO's flagship
programme working
to strengthen
integrated health
security systems
in five countries
that are highly
vulnerable to
disease outbreaks
– Cameroon, Chad,
Côte d'Ivoire, Mali,
and Uganda.

We provide financial and technical support to improve the systems that detect, monitor and manage health threats before they become public health crises.



As we enter the final months of programme delivery (ending in Nov 2022), TDDA is on track to leave behind strengthened health security systems and improved compliance with International Health Regulations (IHR) obligations.

With our support, focus countries have established procedures to respond to sick passengers at geographic Points of Entry, resulting in improved capacity to respond to public health emergencies at border crossings, as reflected in Côte d'Ivoire's response to an Ebola outbreak in neighbouring Guinea (Feb 2021). By integrating equity into national border protocols, border authorities are better prepared to respond to the specific needs of vulnerable travellers, including women, refugees, and people with disabilities. Countries have also strengthened multi-sectoral national One Health Platforms (NOHP) within which all relevant health security actors, including Civil Society Organisations, can coordinate efforts, hold each other to account and represent a broader range of groups, including the most marginalized. In Côte d'Ivoire, we successfully promoted the inclusion of CSOs in the NOHP, which was formalised by decree.

To ensure the sustainability of our efforts and making a lasting impact, we work with governments, civil society and communities, empowering them to achieve their own ambitions in health security, increasing the prospects of institutionalisation and financing of their activities for the long term.



# Widening participation in health security

No government has the capacity to respond to national health crises alone. TDDA works to ensure health security is integrated into all national and sub-national policies, strategies, and plans. We also work with civil society, creating the foundations for its members to play a greater role in health security delivery, monitoring, and reporting.

21 CSOs benefitted from TDDA capacity-building workshops to increase their readiness to engage in health security interventions, including modules on risk communication and community engagement, misinformation and COVID- 19 vaccine roll out. "This workshop was an awakening of consciousness for us to deal with misinformation", said one of the trainees.

## Better data for better, faster decision-making

We support the roll out of Events-Based Surveillance at community, district and national levels, to quickly identify and manage public health events, shortening the time between alerts and responses, saving lives.

 National surveillance systems to monitor and report disease outbreaks have improved, with reporting showing 100% completeness (compared to initial 78-80% range) in TDDAsupported districts; and a reduction of time from alert to investigation, with response initiated within 24h.

#### Accelerating progress towards International Health Regulations

 With TDDA's financial and technical support, activity implementation of the National Action Plan for Health Security (NAPHS) has increased from 16% to 40% over the past two years.

#### Supporting responses to COVID-19

TDDA's current focus to support governments with the complex and urgent challenge of COVID vaccination rollout. We are providing targeted financial support to selected CSOs to enable them to help ensure that vaccines reach the populations that need them most.

• TDDA supported emergency COVID-19 training for over 600 community-based medical staff in Côte D'Ivoire in collaboration with the Ministry of Health and Public Hygiene. 5 CSOs undertook field missions to support community outreach, building demand for immunisation by working with community leaders, women, and youth associations in vulnerable neighbourhoods. 504 people were vaccinated through our sensitisation campaigns during January and February 2022.

The programme is supporting countries toward sustainability of activities, as TDDA winds down at the end of 2022.

**Key stakeholders:** WHO, USAID, CDC, FAO, EU, World Bank, NOHP-associated Ministries, National Commission of Borders of Cote d'Ivoire, National Institute of Public Hygiene and CSOs involved in health security, MoH Surveillance Department.





## **UGANDA**

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As we enter the final months of programme delivery (ending in Nov 2022), TDDA is on track to leave behind strengthened health security systems and improved compliance with International Health Regulations (IHR) obligations.

With our support, focus countries have established procedures to serve sick passengers at geographic Points of Entry, resulting in improved capacity to respond to public health emergencies at border crossings, as reflected in Côte d'Ivoire's response to an Ebola outbreak in neighbouring Guinea (Feb 2021). By integrating equity into national border protocols, the border authorities are better prepared to consider the needs of vulnerable travellers, including women, refugees, and people with disabilities. In Uganda, modifying border posts' infrastructure by adding ramps and providing support equipment such as wheelchairs, has facilitated access for travellers with limited mobility. Countries have also strengthened multi-sectoral national One Health Platforms (NOHP) within which all relevant health security actors, including Civil Society Organisations, can coordinate efforts, hold each other to account and represent a broad range of groups, including the most marginalised. In Uganda, for example, we successfully promoted the inclusion of CSOs as NOHP members.

To ensure the sustainability of our efforts and making a lasting impact, we work with governments, civil society and communities, empowering them to achieve their own ambitions in health security, increasing the prospects of institutionalisation and financing of their activities for the long term.



## Widening participation in health security

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 6 CSOs benefitted from TDDA capacitybuilding workshops designed to increase their readiness to engage in health security interventions, including modules on risk communication and community engagement, misinformation and COVID-19 vaccine roll-out.

# Better data for better, faster decision-making

We support the roll-out of Events-Based Surveillance at community, district and national levels, to quickly identify and manage public health events, shortening the time between alerts and responses, saving lives.

 TDDA trained 119 members of village health teams in surveillance and home-based care (Nov 2021). Thanks to their close ties with the communities they serve, these teams are now able to report local outbreaks as soon as they occur so action can be taken to prevent a wider health emergency.

"TDDA training helped us remove fear and stigma about COVID-19. We were able to foster sick people in the community to go get tested for COVID-19 in case of doubt of what they were suffering from. This helped many people to come out and get treated".

Ms. Florence Abego, Village Helth Team Coordinator.

#### Accelerating progress towards International Health Regulations

 TDDA supported the decentralisation of the One Health approach to district level in Tororo district, with the establishment of a multisectoral joint border point and One Health committee, which enhances coordination and decision-making. This 11-member committee was formed following a Ministry of Health-led training workshop conducted with TDDA support (Dec 2021).

#### **Supporting responses to COVID-19**

Our current focus is supporting governments with the complex and urgent challenge of COVID vaccination roll-out. We are providing targeted financial support to selected CSOs to enable them to help ensure that vaccines reach the populations that need them most.

 6 CSOs undertook field missions to support the national COVID vaccination programme, helping to raise awareness in equity, dispel rumours and tackle vaccine hesitancy in selected communities in the districts of Kamuli, Kanungu, Lira, Lwengo, Masindi, and Soroti (Jan 2022).

The programme is supporting countries toward sustainability of activities, as TDDA winds down at the end of 2022.

Key stakeholders: National MoH, Ministry of Agriculture, Animal Industry and Fisheries, NOHP, OH-associated ministries, Public Health Emergency Operations Center, the NAPHS-Acceleration Team/ Resolve for Better Health Project, WHO, IOM, FAO, CDC, USAID, Uganda Red Cross Society, African Field Epidemiology Network, Infectious Diseases Institute. and District Teams: Commissioner, Integrated Epidemiology, Surveillance and Public Health Emergencies.

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## **MALI**

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As we enter the final months of programme delivery (ending in Nov 2022), TDDA is on track to leave behind strengthened health security systems and improved compliance with International Health Regulations (IHR) obligations.

With our support, focus countries have established procedures to respond to sick passengers at geographic Points of Entry, resulting in improved capacity to respond to public health emergencies at border crossings, as reflected in Côte d'Ivoire's response to an Ebola outbreak in neighbouring Guinea (Feb 2021). By integrating equity into border protocols, border authorities are better prepared to respond to the specific needs of vulnerable travellers, including women, refugees, and people with disabilities. In Uganda, modifying border posts' infrastructure by adding ramps and providing support equipment such as wheelchairs, has facilitated access for travellers with limited mobility. Countries have also strengthened multi-sectoral national One Health Platforms (NOHP) within which all relevant health security actors, including Civil Society Organisations, can coordinate efforts, hold each other to account and represent a broader range of groups, including the most marginalised. In Mali, we successfully promoted the inclusion of women in the NOHP leadership.

To ensure the sustainability of our efforts and making a lasting impact, we work with governments, civil society and communities, empowering them to achieve their own ambitions in health security, increasing the prospects of institutionalisation and financing of their activities for the long term.

# TDDA key achievements in Mali

#### Accelerating progress towards International Health Regulations

 TDDA supported the government to identify and designate 23 geographic border points (Points of Entry - PoE) and to assess core capacity requirements in 4 of these PoE. This resulted in an increase of staff at these borders, improved the country's scores in IHR core capacities and demonstrated the value in building staff capacity and improving multisectoral collaboration.

#### Widening participation in health security

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 26 CSOs benefitted from TDDA capacitybuilding workshops designed to increase their readiness to engage in health security interventions, including modules on risk communication and community engagement, misinformation and COVID- 19 vaccine roll-out.

"When I speak to communities, it is clear that many people do not know COVID-19 is a serious and deadly threat. Some even think it is an invention of the white man. I am clear that we need to reach out, dispel the dangerous rumours being spread and encourage people to protect themselves through vaccination. I am delighted that, working with TDDA, we have been given the training and tools to begin this dialogue."

Mr. Seni Sanogo, JIGI

# Better data for better, faster decision-making

We support the roll out of Events-Based Surveillance at community, district and national levels, to quickly identify and manage public health events, shortening the time between alerts and responses, and thus saving lives.

 Surveillance systems to monitor and report disease outbreaks have improved in 14 TDDAtrained districts in Taoudénit region, with reporting showing 100% completeness in comparison to a rate of 83% of non-supported districts. In 9 districts, average time of response from alert to investigation reduced from 10 days to 48 hours, helping to reduce morbidity, mortality and economic impact.

#### **Supporting responses to COVID-19**

Our current focus is supporting the government with the complex and urgent challenge of COVID vaccination roll-out. We are building capacity to selected CSOs to enable them to help ensure that vaccines reach the populations that need them most.

 If a TDDA extension is granted, we will provide modest grant support to eligible CSOs to demonstrate their potential in risk communications related to vaccine intake and hesitancy towards vulnerable population in Internally Displaced Persons (IDP) camps in collaboration with United Nation Children's Fund (UNICEF) and WHO.

The programme is supporting countries toward sustainability of activities, as TDDA winds down at the end of 2022.

**Key stakeholders:** National Ministry of Health, NOHP, OH-associated ministries, WHO, USAID, CDC, REDISSE, FAO, Infectious Disease Detection Project (IDDS), Ministries of Transport and Infrastructure, and Economy and Finance, DGSHP, Planning and statistics Department, Regional Health Directorates, Governors.





### **CAMEROON**

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As we enter the final months of programme delivery (ending in Nov 2022), TDDA is on track to leave behind strengthened health security systems and improved compliance with International Health Regulations (IHR) obligations.

With our support, focus countries have established procedures to serve sick passengers at geographic Points of Entry, resulting in improved capacity to respond to public health emergencies at border posts, as reflected in Côte d'Ivoire's response to an Ebola outbreak in neighbouring Guinea (Feb 2021). By integrating equity into national border protocols, border authorities are better prepared to respond to the specific needs of vulnerable travellers, including women, refugees, and people with disabilities. In Uganda, modifying border posts' infrastructure by adding ramps and providing support equipment such as wheelchairs, has facilitated access for travellers with limited mobility. Countries have also strengthened multi-sectoral national One Health Platforms (NOHP) within which all relevant health security actors, including Civil Society Organisations, can coordinate efforts, hold each other to account and represent a broader range of groups, including the most marginalised. In Cameroon, we successfully promoted the inclusion of CSOs as NOHP members.

To ensure the sustainability of our efforts and making a lasting impact, we work with governments, civil society and communities, empowering them to achieve their own ambitions in health security, increasing the prospects of institutionalisation and financing of their activities for the long term.

#### **TDDA** key achievements in Cameroon

#### Widening participation in health security

No government has the capacity to respond to national health crises alone. TDDA works to ensure health security is integrated into all national and sub-national policies, strategies, and plans. We also work with civil society, creating the foundations for its members to play a greater role in health security delivery, monitoring, and reporting.

 18 CSOs benefitted from TDDA capacity-building workshops designed to increase their readiness to engage in health security interventions, including modules on risk communication and community engagement, misinformation and COVID-19 vaccine roll-out. As a result, we helped formalise a network of CSOs working in health, strengthening collaboration with the government.

# Better data for better, faster decision-making

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equity in preparedness and response by conducting a complete sample survey of surveillance procedures in all 190 districts of the country, evaluating gains in knowledge and capacity, and correcting remaining gaps, especially in the less secure northern and southwestern provinces whose districts' staff have not previously been trained.

#### Accelerating progress towards International Health Regulations

 Systems and procedures at a key border point, Douala International Airport, were assessed through a simulation exercise, supported by TDDA in coordination with WHO, that identified gaps and recommendations which were later implemented by the Ministries of Public Health and Transport. This exercise helped the government to successfully manage the health challenges associated with hosting the Africa Cup of Nations, and for the longer term.

#### Supporting responses to COVID-19

Our current focus is supporting governments with the complex and urgent challenge of COVID vaccination roll-out. We are providing targeted financial support to selected CSOs to enable them to help ensure that vaccines reach the populations that need them most.

TDDA supported the scale-up of COVID-19 diagnostics, widening access to free testing services beyond the capital Yaoundé to six high-risk regions. TDDA assistance enabled 20 laboratory personnel to be recruited and trained. Since December 2021, 2 CSOs undertook field missions to support the national COVID vaccination programme, helping to raise awareness, dispel rumours and tackle vaccine hesitancy in selected districts.

The programme is supporting countries toward sustainability of activities, as TDDA winds down at the end of 2022.

**Key stakeholders:** National Public Health Observatory. NOHP; OH-associated ministries, departments and administrations. Ministry of Environment, Nature Protection and Sustainable Development; Directorate for Control of Diseases, Epidemics and Pandemics. Directorate of Veterinary Services; Ministry of Agriculture and Rural Development. WHO, IOM, FAO, CSOs, Family Health and Development Foundation.

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### **CHAD**

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As we enter the final months of programme delivery (ending in Nov 2022), TDDA is on track to leave behind strengthened health security systems and improved compliance with International Health Regulations (IHR) obligations.

With our support, focus countries have established procedures to serve sick passengers at geographic Points of Entry, resulting in improved capacity to respond to public health emergencies at border crossings, as reflected in Côte d'Ivoire's response to an Ebola outbreak in neighbouring Guinea (Feb 2021). By integrating equity into border protocols, border authorities are better prepared to respond to the needs of vulnerable travellers, including women, refugees, and people with disabilities. Chad's border authorities now prioritise these groups during routine controls. Countries have also strengthened multi-sectoral national One Health Platforms (NOHP) within which all relevant health security actors, including Civil Society Organisations, can coordinate efforts, hold each other to account and represent a broader range of groups, including the most marginalised. In Chad we are actively advocating for the ministries responsible for human, animal and environmental health, other important actors such as the ministry of women, families and infant care, and community representatives, all to become part of the NOHP.

To ensure the sustainability of our efforts and making a lasting impact, we work with governments, civil society and communities, empowering them to achieve their own ambitions in health security, increasing the prospects of institutionalisation and financing of their activities for the long term.

#### **TDDA** key achievements in Chad

# Widening participation in health security

No government has the capacity to respond to national health crises alone. TDDA works to ensure health security is integrated into all national and sub-national policies, strategies, and plans. We also work with civil society, creating the foundations for its representatives to play a greater role in health security delivery, monitoring, and reporting.

We enabled substantial change in the dynamic between the Chadian government and national CSOs, turning a challenging relationship based on mistrust and scepticism into a mutual collaboration. 22 CSOs benefitted from TDDA capacity-building workshops to increase their readiness to engage in health security interventions, including modules on risk communication and community engagement, misinformation and COVID- 19 vaccine roll-out.

## Better data for better, faster decision-making

We support the roll-out of Events-Based Surveillance at community, district and national levels, to quickly identify and manage public health events, shortening the time between alerts and responses, saving lives.

Chadian surveillance systems to monitor and report disease outbreaks have improved, with reporting showing 96% completeness in TDDA-supported districts (compared to initial 80%); and average time response from alert to investigation reduced from 17 days to 3.5 days, reducing morbidity, mortality and economic impact.

#### Accelerating progress towards International Health Regulations

 TDDA is playing a key role in institutionalising a multisectoral One Health approach. Alongside a campaign sensitising the One Health-associated ministries, TDDA carried out a successful high-level political engagement meeting at the Prime Minister's office with key stakeholders (Oct 2021). This resulted in a draft decree for creation of a NOHP, which crucially will formalise the Platform.

#### **Supporting responses to COVID-19**

Our current focus is supporting the government with the complex and urgent challenge of COVID vaccination roll-out. We are providing targeted financial support to selected CSOs to enable them to help ensure that vaccines reach the populations that need them most.

 2 CSOs undertook field missions to support the national COVID vaccination programme, helping to raise awareness, dispel rumours and tackle vaccine hesitancy in selected districts of the Logone Occidental and Lac regions. 429 people were vaccinated as a result.

The programme is supporting countries toward sustainability of activities, as TDDA winds down at the end of 2022.

**Key stakeholders:** National MoH, OH-associated ministries, PoE-related ministries, Permanent Secretariat for NGOs and Humanitarian Affairs; Network of CSOs involved in Health Security, WHO, FAO, REDISSE, UNHCR, Swiss Cooperation; health teams and communities in TDDA-supported Districts (14).