

# International Influenza: Developing Sustainable Programs

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## CDC's Influenza International Program, 2004-2008

- Goal - Enhance global efforts to detect and respond to cases/outbreaks of avian, novel and pandemic influenza
- Activities
  - Supported host countries/agencies efforts in AI/PI preparation
    - Development enhanced surveillance capacity
    - Development of improved laboratory capabilities
    - Assist creation of rapid response capacity
    - Support, advise, and catalyze critical research agenda
    - Support countries in grant management



## CDC International Program Objectives 2010-2015

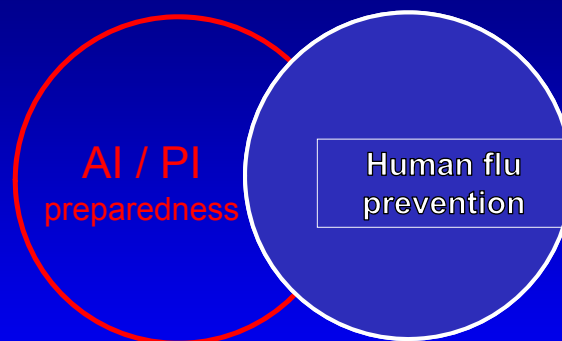
**Objective 1:** *Decrease the threat of future pandemics through rapid detection, accurate confirmation and effective response to novel influenza viruses*

**Objective 2.** *Establish estimates of preventable disease burden and make evidenced-based decisions on vaccine introduction.*

**Objective 3.** *Increase vaccine production and introduction to advance seasonal and pandemic prevention of influenza*



## International program goals



Inter-dependent – preparedness , respiratory disease, bio-safety and human flu prevention -- all connected to each other

Co-primary importance

Opportunity to make great, lasting reduction of seasonal flu – requires focused, explicit effort



## Global Strategy for Capacity Development for Avian Influenza: Principles

- Build sustainable capacity
- Contribute to capacity of existing WHO Global Influenza Network
  - 130 NICs in 99 countries
- Capitalize on and collaborate with current CDC and USG assets in the field and at CDC
- Provide appropriate mixture of country specific, regional and global activities
- Address the USG strategy -- three pillars
  - Preparedness & communication, surveillance, response
- **Emphasize basic capacity development that will serve a country well for seasonal influenza, pandemic influenza and other emerging diseases and preparedness for IHR**



## Global Strategy for Capacity Development for Avian Influenza: Activities and Support

- Direct bilateral funding to countries with National Influenza Centers since 2004 – now in 39 countries.
- Support for Global Disease Detection (GDD) sites, Global Aids Program sites, NAMRU2 & 3
- Collaborate with WHO HQ and Regional Offices.
- Personnel
  - WHO seconded
  - Working as advisors to ministries of Health
  - Embedded in other USG agencies, e.g. NAMRU
- Short-term technical support from Atlanta
  - Surveillance development
  - Training: Rapid Response, Lab
  - Pandemic Planning
  - Containment, outbreak response



## Goals of the Bilateral Cooperative Agreements

- Provide funding for the development of in-country surveillance networks to enhance the WHO global influenza network
- Provide technical assistance in collaboration with WHO
- Expand the geographic reach of surveillance networks within countries
- Provide support for integration of virologic and epidemiological surveillance
- Increase the capacity of countries to identify epidemic and novel influenza viruses and share them with WHO
- Enhance collaboration between animal and human health authorities



## CDC International Influenza Strategy

Overarching Goal: to reduce global morbidity and mortality caused by influenza

Goal 1

Create the global capacity for effective monitoring and the evidence base for influenza control and prevention

Goal 2

Decrease the global impact of seasonal, novel and pandemic influenza viruses

Build capacity

Generate data

Communicate data

Make decisions / policy



## Goals for the Future

- Develop plans to sustain the gains met during the first phase of cooperative agreements
- Expand to additional countries to support capacity development in collaboration with WHO
- Assist with enhancing data analysis to determine burden of disease data---local impact
- Conduct targeted studies on impact of influenza vaccine in various settings
- Determine feasibility of vaccine use and policy development

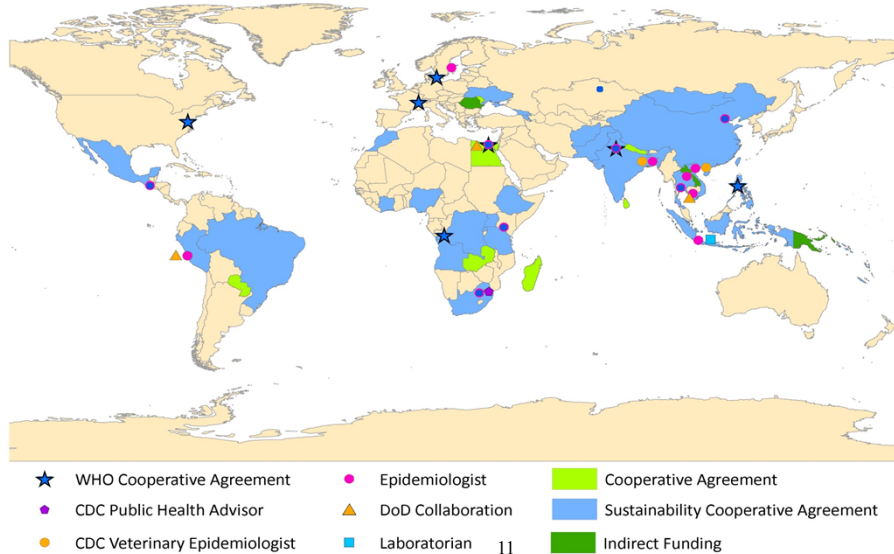


## Three Types of Cooperative Agreements

- All focus on developing National capacity within a country or region
- **Capacity building cooperative agreement** — first 5 year grant Building lab and epi surveillance and establishing or fine-tuning surveillance systems
- **Sustainability cooperative agreement**— 2<sup>nd</sup> 5 year coag. Cement gains made in first 5 years and develop a plan for sustainability over the next 5 years.
- WHO – SPC – supports regional priorities for capacity building, training and surveillance



## 2011 Influenza Cooperative Agreements



## Sustainability Cooperative Agreements

- 5 additional years of support
- Review first 5 years of surveillance critically
  - Rightsize
- Analyze and publish data
- Develop long term 5 year plan to decrease/phase out CDC financial support for routine surveillance
  - Technical assistance on-going
  - Potential transition to research/vax activities
- Reassess at the end of 5 more years
- Another publication?

CDC

## Support for Development of Sustainable Programs

- Cooperative Agreements
  - Assessment and review tools\*\*
  - Technical assistance for 5 year plans\*\*
  - Support for development of burden studies\*\*
  - Support for publication
- Influenza Reagents Repository\*\*
- On-going training to fulfill identified needs
  - Enhance budget management, lab management and improve data analysis
- Support for regional and international meetings
- Collaboration with WHO and Regional Offices



## Moving Towards Sustainability Essential Elements

- Evidence of good progress in first 5 years
- Ability to manage and draw down cooperative agreement
- Political will
  - Local MOH buy in and interest in on-going surveillance for influenza
  - Understanding of county goals for surveillance and local desire for on-going surveillance
  - MOH support and commitment long term
- Advocacy—creating the case of the importance of the systems you have built
- Connecting program to respiratory programs, bioterrorism plans, and laboratory safety.



## Need to Develop a Plan

- Phase out of Grant funds over next 5 years
- Ability to maintain surveillance when the grant ends
- Use information from 5 year review to develop a plan to phase out
- Extremely important to make sure your goals and objectives support National MOH objectives
- Generate and publish weekly reports and report to WHO---create a need and use for your data
- Use all the tools available to you—Project Officer is your friend



## Budget Considerations

- Improve budget management
- Work closely with your project officer
- Make sure you develop good plans for your program and meet your goals with accomplishments and use of funds
- Decisions for funding going forward will look at
  - Progress, funds drawdown, meeting goals
- Work towards phasing out funds over 5 years





## Technical Support On-going

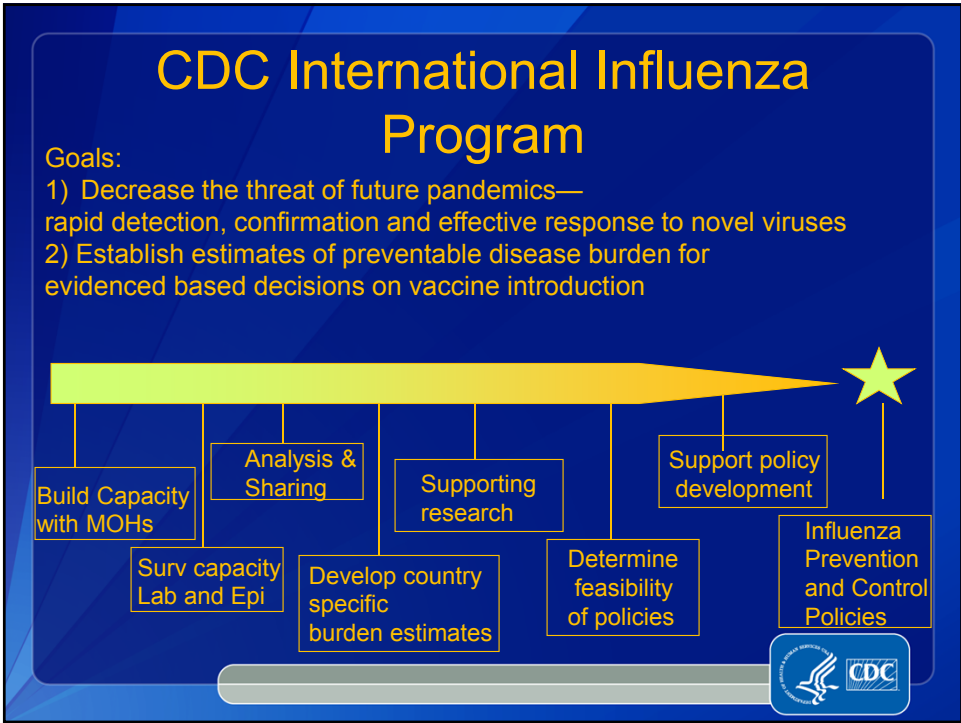
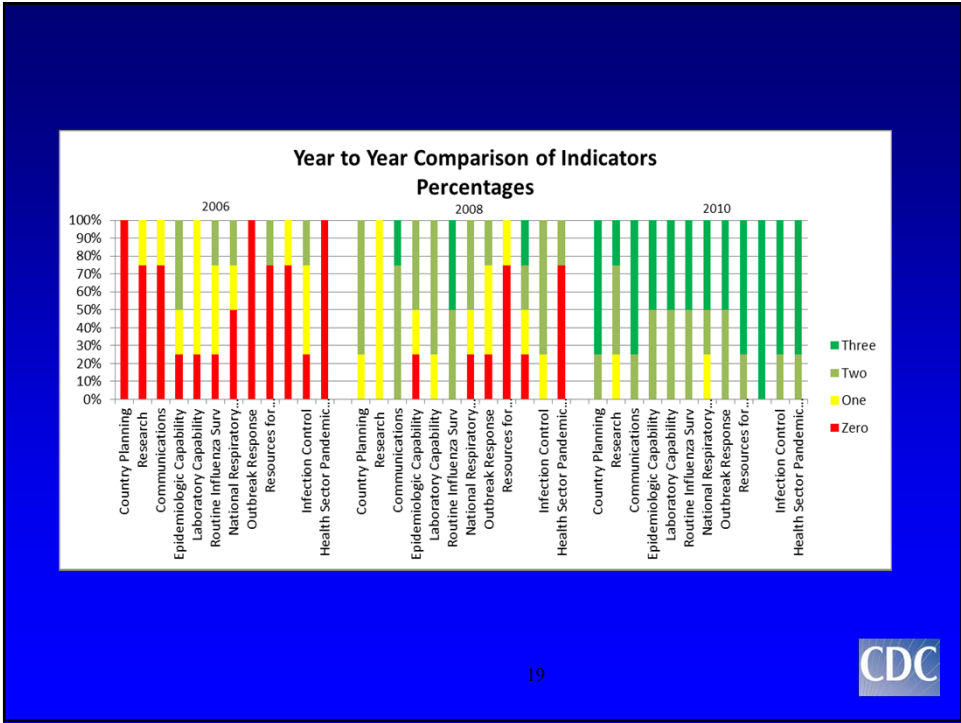
- Continue support for regional and international training and meetings
- Continue collaboration and technical support for laboratory, surveillance and burden studies
- Continue support for PCR primers and probes and some reagents
- Continue support for shipping



## Monitoring and Evaluation: National Core Capacities for Preparedness and Response

- Embarking on 3<sup>rd</sup> cycle of data collection in 2012
- Data has two main uses & VERY IMPORTANT
  - To support on-going preparedness and help target areas for improvement within countries
  - To use aggregate data to show evidence of contribution to global preparedness through your projects
- Data is confidential
- Your stories and accomplishments help us show the effectiveness of our financial and technical support to you





Thank you !

