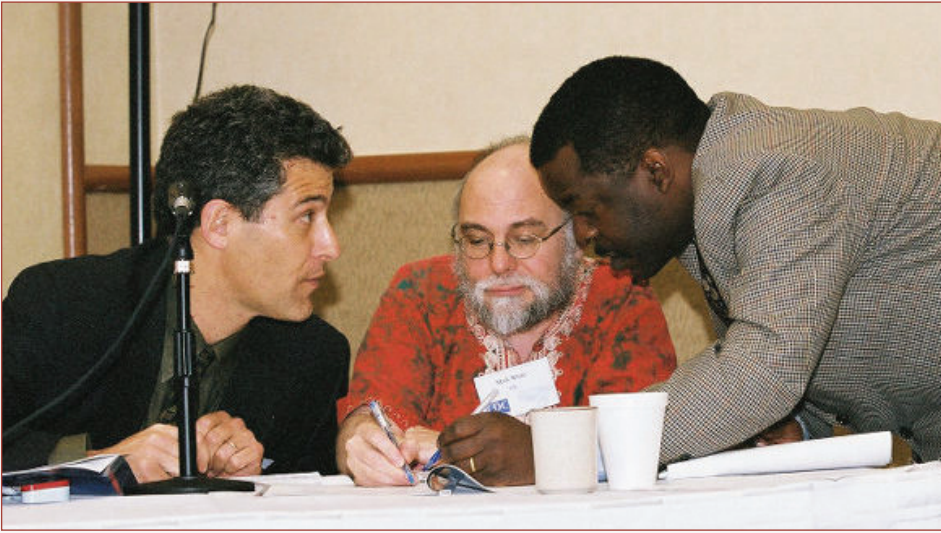


NCID and EPO cohost milestone meeting on Integrated Disease Surveillance and Response in African region



Comoderators Dr. Richard Besser (L), acting chief, Meningitis and Special Pathogens Branch, DBMD, and Dr. Mark White (C), director, Division of International Health, EPO, consult with Dr. Peter Nsubuga (R), medical epidemiologist, Division of International Health, EPO, during the meeting.

In March 2004, more than 60 participants representing eight African countries and major public health agencies met in Atlanta for the first time to discuss the progress of Integrated Disease Surveillance and Response (IDSR) in the African region. Richard Besser, acting chief of the Meningitis and Special Pathogens Branch, and Mark White, director of the Division of International Health, were the comoderators. The meeting was cohosted by the Division of Bacterial and Mycotic Diseases (DBMD), the National Center for Infectious Diseases (NCID) and the Division of International Health (DIH), Epidemiology Program Office (EPO).

Dr. Stephen Blount, director of CDC's Office of Global Health, welcomed the meeting participants on behalf of CDC Director Julie Gerberding. Representatives from the US Agency for International Development (USAID) and the UN Foundation, along with other CDC directors, highlighted the importance of partnerships and the strengthen-

ing and sustainability of surveillance programs.

Epidemiology surveillance officers from eight African ministries of health (Burkina Faso, Ethiopia, Ghana, Mali, Mozambique, Tanzania, Uganda, and Zimbabwe) presented their country's history of IDSR implementation, national and subnational data on the IDSR core indicators, challenges of implementing the indicators, and proposed solutions. Progress with the core indicators was observed in all levels of the surveillance systems and has resulted in timely and complete surveillance data reporting since the adoption of IDSR. In several surveillance programs, the use of the indicators focused attention on specific components for improving performance. These follow-up actions included training in the use of thresholds to identify epidemics, increasing access to supplies and transportation options for laboratory networks, and addressing the quality of data.

The challenges faced in improving the African national surveillance program are shortages of health staff and staff trained in IDSR; limited communication and laboratory networks; and insufficient resources for data management and analysis. The meeting participants recommended practical solutions that included training for staff development; increasing supervision and sharing data collection and analysis tools among the countries; developing tools for laboratory capacity; and establishing a national mechanism for districts to obtain resources for outbreak investigation and response. Additionally, they strongly endorsed the need to convince key decision makers of the value of a surveillance infrastructure in order to influence governmental investment decisions and ultimately, to positively affect global disease control programs. ♦



Pictured above are the members of the multiagency IDSR indicator working group, with representatives from WHO headquarters, WHO African Regional Office (AFRO), and CDC. They are (L-R) Dr. Peter Nsubuga, CDC; Ms. Helen Perry, CDC; Dr. Stella Chungong, WHO headquarters; and Dr. Wondi Alemu, WHO AFRO.