Annexe 3 – Draft de plan d'action joint entre COI et Africa-CDC

Le plan d'action joint est structuré autour de 10 axes traduits en objectifs:

1) Etablir et renforcer une surveillance intégrée et des systèmes d'alertes précoces pour des ripostes promptes au sein des Etats membres

2) Renforcer les capacité des réseaux de laboratoires entre les différents secteurs

3) Construire de manière intégrée et maintenir des ressources humaines compétentes et capable de soutenir l'implémentation de la couverture de santé universelle et la sécurité sanitaire

4) Augmenter les capacités en termes de préparation et réponses aux urgences

5) Institutionnaliser les plateformes de communication sur le risque et d'engagement communautaire pour soutenir les dispositifs de prévention-préparation et riposte aux pandémies

6) Mobiliser des ressources durables de financement pour la prévention-préparation et riposte face aux pandémies

7) Promouvoir la coordination et la gouvernance intersectorielle pour mieux adresser la sécurité sanitaire selon l'approche One Health

8) Renforcer la digitalisation et l'interopérabilité pour renforcer les systèmes de santé communautaire, la gestion des cas, les chaînes d'approvisionnement et l'analyse des données.

9) Améliorer les capacités en recherche -développement et production

10) Renforcer les systèmes de santé pour la prévention et la gestion des maladies non transmissibles

Il s'agit d'un draft qui sera encore discuté et présenté au COPIL du réseau SEGA-One Health.

Ces différents axes et les activités qui les composent sont présentés successivement dans les pages suivantes.

Objective 1:Establish and Strengthen Integrated Surveillance systems and early warning systems for timely response in MS

Output :			
Activities	**Deliverables**	**Estimated Cost per activity in USD**	**Milestone**
Activity 1: Roll out of integrated DHIS2 in four member states combining animal and human health indicators in the platform	Integrated DHIS rolled out in 4 MS (Functional DHIS2 in the four members states that allow sharing of information and indicators relative to intersectoral matters (zoonoses, etc)	150 000	(1) Intersectoral work to determine the data to be shared, (2)development of the module per country (3) Cascade training (4) server and/or hosting fee
Activity 2: Support in strenghtening mortality surveillance targeting the four Member States	Functional/Improved mortality surveillance in Comoros, Mauritius and Seychelles Mortality surveillance scaled up to 10 addtional district in Madagascar and inclusion of the community deaths	350 000	(1) 3 TOT training in Comoros, Mauritius and Seychelles) (2) Scaling up to 10 addtionnal district including community mortality in Madagascar
Activy 3:Capacity building - Cross border coordination on surveillance - POE	Engagements with multisectoral stakeholders and trainings, AND SIMEX	100 000	Improved cross border surveillance
Activity 4: Support the implementation of EWARS integrated system including human health/animal health/environment/meteo , for climate-sensitive diseases	At least 1 Functional EWAR in each member states	400 000	(1) Selection of the group of diseases/syndromes to be included, per country (2) Pursuing the capacity building already ongoing for data capture for each sector (3) set up the tool for the EWARs
Activity 5: Support the MS in strengethening their AMR surveillance system including (consumption and usage) through the one health approach	Functionnal AMR surveillance for animal/human/environment sector + AMC and AMU reports available yearly	200 000	Developement/improvement of AMR surveillance systems in the MS (first survey, regional workshop for protocol and follow-up training, tool for data collection, reagents for AMR, some thesis for Master/PhD, advocacy)

Objective 2: Strengthen Public health and Clinical Laboratory Network Capacity Across Sectors			
Output			
Activity 1. Strenghten lab capacity for diagnosis of priority diseases including procurement of laboratory equipments and reagents	Functional biology molecular (PCR) and serology (ELISA) platforms in each Member states for the relevant priority diseases	500 000	(1) Complementary equipment and consumables for some labs to operationalize essential platforms (2) List of minimal package of reagents for surveillance of priority diseases and a small proportion provided (but need advocacy to the MoH to include the remaining amount in the budget) (3) Strategy of regional stockpiling for major priorities (arbovirosis, plague, hemorragic fever, cholera, etc....including some animal diseases) and deployment procedure and shipment by IOC==> Deployment only in case of outbreak
Activity 2 : Ensure the participation of laboratories in International EQA :	Each MS included in at least 2 EQA programmes	150 000	(1) Prioritization of the diagnostic to be included in the EQA (2) liaise with existing EQA and/or set up regional EQA but include international reference lab as referee (3) workshop/training for for the provider labs/ some capacity reinforcments (software, etc), then the annual shipments
Activity 3: Capacity Building of the regional MS through provision of training and mentorship of Laboratory personnel	Specific certificates for laboratory training.Targetting 80 lab workers in the region	200 000	(1) Set up the modules (2) include them in the framwork of the subnetwork training of the SEGA-OH (in partnership with training institutions), for and academic certificate (3) Deployment
Activity 4:Conduct peer to peer learning and knowledge exchange among MS for sharing of experience and best practices	Community of practices with some thematic technical workshops (in addition to regular contact and webinars)	100 000	Pursue with the existing programme in the framwork of SEGA-OH
Activity 5. Set up a subregional lab network (IOC MS) in genomic sequencing through strenghening each country to become a reference for some specific diseases	Sequencing capacity in place in each country but for 2 or 3 diseases only per country. Subregional network gathering the genomic sequencing capacity of all the MS and accessible to all MS	500 000	(1) selection of the sequencing capacity to be implemented per country (in terms of targetted diseases) (ex: plague in Madagacsar, Dengue/chikungunya in Mauritius, etc) (2) Support to each country (3) SOP and agreement for the subregional network assuring the access for each MS
Objective 3: Build and Sustain an integrated, skilled, and capable Health Workforce for to support implementation of UHC and contribute towards health security			
Output			
Activity 1: Implementation of the FETP training program	1 sub-regional cohort Master FETP One Health	1 000 000	Programme already available and functionnal. Just need funding for each new cohort
	1 FETP frontline One Health per MS (total of 105 certified people)	270 000	Programme already available and functionnal. Just need funding for each new cohort
Activity 2: Mapping of experts and gaps to address the key priorities areas (vector-borne diseases, IPC, etc..) and activity to strenghen the networking (peer to peer exchanges etc.)	(i) Expert database (ii) Webinars	10 000	(1) Available dynamic database (2) animation activities
Activity 3: Work with IOC on the AvOHC to increase representation from the IOC regonal.	Subregional AvOHC system deployable also and regional and continental level	100 000	MoU and deployment mechanism

Objective 4: Enhance Emergency Preparedness and Response Capabilities			
Output			
Activity 1: Develop regional pandemic preparedness plans and formulate joint risk mitigation strategies	Risk-based regional pandemic preparedness plans developed	50,000/MS	Actionable regional pandemic plan with budget and M&E framework
Actvity 2: Support the operationalization of PHEM in the IOC region	Systems in place and enhanced capacities building on the specificities of each context, and including exchange/sharing among the IOC MS	50,000/MS	
Activity 3: Conduct PAMIS and support stockpiling of EPR consumables at identified hotspot geographies	PAMIS conducted in pending MS and basic commodities procured and stockpiled inhotspot areas	20,000/MS	Hotspots identified and stocked with basic EPR commodities based on disease risks
Activity 4: Direct support in case of outbreak and request from the MS (technical assistance/deployment, furnitures, etc)	Support provided during outbreaks	100000 / year	
Activity 5: Enhance health security by strengthening preparedness and response to infectious disease outbreaks of public health concern, through training of health workers for the different pillars	Capacity building of HWs on IPC, Risk Assessment, SimEX, RRT, etc. (up to 500 Health workers, including CHW and others, trained and deployed)	400 000	(1) identification of the specific needs per MS (2) Verification of already available modules , and development of those missing if any (3) Implementation of the training (4) Follow-up on the use of the competencies in the field
Objective 5: Institutionalize Risk Communication and Community Engagement Platforms to support Pandemic Preparedness Prevention and Response.			
Output			
Activity 1:Build a sub-regional network of RCCE stakeholders for information, experience and materials sharing, regarding PPR	Sub-regional RCCE network in place and sharing activities implemented	50 000	(1) Subnetwork of RCCE specialist coordinated by IOC at regional level (2) National level network including representatives of all the channels (media, partners, community leaders etc) (3) activities implementations (remote sharing, expertise deployment etc)
Activity 2: Improve and accompany the implementation of the national RCCE strategy regarding PPR	Improved RCCE strategy implemented in each MS	150 000	(1) Situational analysis of the RCCE strategy per MS (2) Development of regional recommandation (3) Implementation of activities depending on the gaps per each MS
Objective 6: Resource mobilization and sustainable health financing for Pandemic Preparedness Prevention and Response			
Output			
Activity 1: Build a consortium gathering AU-CDC , IOC other RECs and other partners in order to apply for funding (call for projects, subvention)	(1) Consortium set up and (2) common funding acquired	50 000	(1) MoU (2) mapping of the possible funding for PPR (3) Project writing and submission
Objective 7: Promote Cross-Sectoral Coordination and Governance to enhance a ONE health approach to health security			
Output			
Activity 1: Strengthen OH multisectoral coordination mechanisms across member states to collective and collaborative decision making for all sectors	Functional OH multisectoral coordination mechanisms across member states	40,000/MS	Improved OH MCM
Activity 2: Continue the implementation of the intersectoral action plan built through the NBW, in each MS	Intersectoral action plan implemented in each MS	75000/MS	Prioritized activities in the intersectoral AP implemented
Activity 3: Strengthen regional governance structures and technical networks to drive evidence based policies and decisions	Enabling policies and decisions based on contextual evidence	250,000/year/regionally	Engagement meetings of the ReSCO, ReTAC, RISLNET and EATFCC

Objective 8: Strengthen Digital Health Infrastructure and Interoperability to support community health systems, case management, supply chain tracking and data analytics			
Output :			
Activity 1: Conduct a peer to peer learning and knowledge exchange workshop on experience sharing and best practices on the digital heath platforms (functionality, interoperability) implemented by the regional MS	Regional workshop with the following expected results (i) system on place in each MS, (ii) SWOT and gaps , (iii) specific gap to be adressed for the hospital-based-surveillance	50 000	
Objective 9: Strenghten R&D and local Manufacturing			
Output			
Activity 1: Support the establishment of regional centers of excellence in health R&D	R&D and innovation framework developed and validated	300 000	(1) stakeholders consultations and needs assessment completed, (2) Draft R&D and Innovation framework developed
Activity 2: Facilitate technology transfer and Stregthen regulatory systems	Technology transfer partnership formalized with selected global manufactures	500 000	(1) Mapping and selection of priority technologies and manufacturing needs, (2) identification and due diligence of Potential Global
Activity 3: Promote investment and public-private partnerships in local manufacturing	Investment Framework for health Products manufacturing developed and endorsed	500 000	(1)Multi-stakeholder consultation and situational analysis completed, (2) draft Investment framework developed and Validated
Objective 10: Health System Strenghening for comprehensive prevention and management of communicable, NCD, mental health and SRMNCAH			
Output			
Activity 1: Improve the surveillance of the main NCDs (Cancers, Diabetes, CVD, RCD, Mental health) in the member states	Sub-regional Surveillance system of the main NCDs in place, with adaption to the context of each MS	200 000	(1) Update of the situational analysis on NCDs surveillance in each MS (2) Subregional protocol (by CDC-OH-IO team) and validation workshop (3) Gradual Implementation in each MS
Activity 2: Promote collaboration (experience sharing, platoform sharing) in the diagnostic, case-management, of NCD	Subregional programme for the thematic pole NCD, including webinars, mapping of expertise and available platforms/method, experience sharing, expert deployment for capacity building, inter-states programmes for case-management	100 000	(1) Pursuing the technical exchanges in the framework of the thematic pole NCDs of the SEGA-OH network (webinar, teleconference, etc.) (2) Mapping and SWOT per MS, and prioritization of the gaps to be addressed (3) Deployment of activities other beyond the remote exchanges
Activity 3: Advocate for the adoption and implementation of the best buys(@WHO) in terms of interventions against the main NCDs	Additional best buys interventions included in each MS strategy and implemented	100 000	(1) Situational analysis of the strategy, implemented measures and the feasible best buys for each MS (2) Identification of the advocacy strategy and implementation
Activity 4:Develop and implement specific NCDs modules at national and sub-regional level for workforce capacity building	Regional capacity building programme for health workers validated and implemented in each MS (target of 250 HW trained during the period)	250 000	(1) Baseline assessment of the gap and needs (2) Develpment of the Modules (for independent training on NCDs and/or integrated in broader training such as climate-sensitive diseases) (3) Implementation in the framework of the subnetwork thematic pole "training" of the SEGA-OH