

Norwegian Global Health Preparedness Programme

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Background: Global Health Preparedness Programme

- Article 44 of the International Health Regulations (IHR) 2005 states that States Parties shall collaborate to support implementation of the IHR (2005)
- Global Health Preparedness Programme (GHPP) launched in 2015 by the Norwegian Institute of Public Health
 - Partnership with four countries in peer-to-peer collaborations
 - Partner countries are Malawi, Moldova, Ghana and Palestine
 - Project period 2015 – 2020
 - Funded by Norwegian Ministry of Foreign Affairs through the Norwegian Agency for Development Cooperation (NORAD)

Figure 1. Global Health Preparedness Programme partner countries



GHPP Goal and Objectives

Goal: To contribute to improved capacity to prevent, detect and respond to public health events of national and international concern in the designated partner countries.

Objectives:

1. To support assessment, prioritization and implementation of actions to meet specific IHR (2005) core capacities in selected partner countries.
2. To contribute to global efforts to enhance capacity and procedures for assessment, prioritization and action to assist all countries to meet their obligations under IHR (2005).
3. To strengthen institutional capacity of National Institutes of Public Health, in partner countries, in national collective efforts to prevent, detect, and respond to public health events of national and international concern.

Peer-to-peer twinning to strengthen implementation of the IHR (2005)

- The GHPP project activities are:
 - Different in each partner country based on national needs and priorities (Table 1)
 - Based on national IHR assessment results (Table 2)
 - Areas where NIPH has national mandate and expertise
 - Described in action plans developed jointly between the NIPH and the partner country

Table 1. Examples of GHPP activities in partner countries

<p>Supporting Field Epidemiology Training in Malawi</p>  <p>In 2016, Malawi initiated the Frontline Field Epidemiology Training Program through the Public Health Institute of Malawi. In collaboration with the US-CDC, NIPH has supported facilitation and mentorship of several cohorts of national staff in surveillance and outbreak investigation.</p>	<p>Supporting the establishment of BSL 3 laboratory in Palestine</p>  <p>NIPH is supporting the process of establishing a robust laboratory system for accurate and safe analysis of potential biological agents of concern. This is being done by supporting and facilitating the procurement of a modular BSL-3 laboratory in Ramallah</p>
<p>Implementing point prevalence surveys in Moldova</p>  <p>With technical support from NIPH, the Ministry of Health of Moldova is developing a system to estimate health care associated infections and antibiotic use in acute care hospitals through point prevalence surveys, with a pilot planned for November 2017.</p>	<p>Strengthening chemical event preparedness in Ghana</p>  <p>In 2016, the NIPH, WHO and Ghana Health Service, conducted a tabletop exercise to test surveillance, preparedness and response to a fictional event of chemical origin in Ghana. Follow-up activities will support interventions targeting key gaps.</p>

Table 2. Key phases in the Global Health Preparedness Programme

Establish collaboration	<ul style="list-style-type: none"> • Establish collaboration with country partners, agree on scope • Develop Memorandums of Understanding, partnership agreements, and contracts, as necessary
Assessment	<ul style="list-style-type: none"> • Conduct joint assessment of health preparedness and/or status of IHR implementation • Identify strengths, weaknesses and priority actions • Produce assessment report
Planning	<ul style="list-style-type: none"> • Use results from assessment, other relevant reports and plans to identify areas for collaboration • Draft action plan for IHR with stakeholders, aligned with other plans
Main project period	<ul style="list-style-type: none"> • Implement activities from action plan • Maintain peer-to-peer collaboration, including sharing experiences and providing technical/financial support • Conduct monitoring and evaluation, and adjust plans as necessary

- Key areas for collaboration include:
 - Surveillance (event- and indicator-based surveillance) and outbreak response
 - IHR National Focal Point functions
 - Cross-sectoral collaboration, including One Health strategies
 - Laboratory referral systems
 - Infection prevention and control
 - Chemical event preparedness
 - Supporting Field Epidemiology Training Programs
 - National public health institute core functions
 - International initiatives including the Global Health Security Agenda

Conclusions

- The Norwegian GHPP has fostered strong partnerships and may be a model for cooperation on implementation of the IHR (2005)
- Collaborative agreements provide for country ownership and target nationally determined priorities
- Long term partnerships between technical counterparts have a mutual benefit from sharing experiences
- Ongoing support will be required for implementation, monitoring and evaluation of activities

We acknowledge the Ministries of Health, national public health institutes and WHO Country Offices in our partner countries for their continued collaboration.

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