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MINISTRY OF HEALTH, ETHIOPIA

Ethiopian Public Health Institute

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MINISTRY OF AGRICULTURE

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Ethiopian Environmental Protection Authority

IN THIS ISSUE...

EDITORIAL

Dear distinguished readers, we are very delighted to produce the fifth edition of the Multisectoral Health Security Bulletin.

This bulletin focuses on the implementation status of the National Action Plan for Health Security (NAPHS) across relevant sectors.

The bulletin is published every three months to highlight noteworthy implementation advancements, including key achievements, best practices, events, and new health security-related legislation.

In this edition, human and animal health-related topics are covered, such as NAPHS planning, implementation, and monitoring; joint external evaluation; the new EPHI regulation; 7-1-7; mass dog vaccination; epidemiology training and wildlife outbreak investigation. Dear readers, we hope this bulletin will give you updates and learning opportunities on the health security agenda in Ethiopia. We welcome suggestions on how to make the bulletin's structure and content better. Please send us an email at ethionaphs@gmail.com if you have any queries, comments, or suggestions. We wish you a pleasant read!

MESSAGE FROM THE IHR NATIONAL FOCAL PERSON

The Ethiopian Council of Ministers recently issued a new establishment regulation, Regulation No. 529/2023, which gives EPHI a mandate to serve as the IHR coordination secretariat. This will strengthen IHR implementation among relevant sectors. As a result, it is planned that all partners and sectors will cooperate and get along well with one another.

We can accomplish more if we cooperate. In addition to this, all sectors and partners are expected to be engaged in the process of developing the National Action Plan for Health Security (NAPHS) document that will serve the nation for the next five years.

As we are now in the finalization process of JEE and on the way to drafting NAPHS 2.0, we urge all sectors and partners to pledge their efforts and resources for the development of the document. Our partnership will strengthen the nation's ability to avert, identify, and quickly address any dangers to public health.

Additionally, it is hoped that the upcoming five-year NAPHS document will help our country identify health sector gaps, making it easier to determine national priorities by highlighting the most urgent needs and opportunities to improve emergency preparedness and response within the health security system. We will undoubtedly accomplish more through our collective efforts, as we have demonstrated by our prior cooperation and joint endeavors.

Dr. Feyesa Regassa
IHR-National Focal Person
National One Health Steering Committee (NOHSC) Chairperson
Ethiopian Public Health Institute (EPHI)

NAPHS overview and updates

Overview

Ethiopia, led by the Ethiopian Public Health Institute (EPHI) and with support from different sectors and stakeholders, has been actively implementing the national action plan for health security (NAPHS). The plan was officially launched in March 2019 and is designed to span a comprehensive five-year period, aligning with the International Health Regulations (IHR 2005). The NAPHS aims to strengthen Ethiopia's health security capacity. The primary objective of Ethiopia's national action plan for health security (NAPHS) is to enhance the country's public health capacities, making them more resilient in the face of existing, emerging, and re-emerging emergencies.

The NAPHS focuses on strengthening core capacities related to prevention, detection, response, and other essential areas outlined in the 19 technical areas of the International Health Regulations (IHR). By prioritizing these core capacities, Ethiopia aims to establish a robust health security system that can effectively prevent, detect, and respond to various public health threats. Ethiopia has conducted both the annual self-assessment report (SPAR) and a joint external evaluation (JEE) to measure its core capacities based on the 15 and 19 technical areas of the International Health Regulations (IHR), respectively.

The assessments have provided valuable insights into the country's health security capabilities. As a result, in both assessments, Ethiopia's IHR capacities showed improvement, increasing from a score of 72 to 74 in the SPAR and from a score of 47 to 61.8 in the JEE findings. These improvements indicate Ethiopia's commitment to strengthening its health security system. Once the JEE assessment report is submitted and finalized by the World Health Organization (WHO), it will be used to develop NAPHS 2.0. This updated version of the national action plan for health security will build upon the progress made so far and further enhance Ethiopia's public health capacities.

The Ethiopian Public Health Institute, in collaboration with Resolve to Save Lives (RTSL), has introduced and implemented a monitoring system, the NAPHS tracker. The initiative is aimed at supporting the monitoring and planning processes of the NAPHS. The main objectives of the NAPHS Tracker are to track the NAPHS implementation status, promote accountability, and make decisions based on real-time data. Also, it enables collaborative assessment of the NAPHS during participatory monitoring sessions, where stakeholders review and assess the progress of the plan as most of the technical areas are planned and implemented across different sectors, and to enhance the IHR implementation among sectors.

This collaborative approach ensures quality planning and monitoring of the implementation, as well as facilitates decision-making processes in the prioritization of activities and preparation of both strategic and operational plans related to health security.

In this fifth edition, the findings from these processes, including the participatory monitoring session that was conducted recently, have been presented. Thus, it is believed that the findings will help sectors and other responsible bodies to further assess the status of the technical areas that are specific to their sector, update the tracker accordingly, and actively collaborate in addressing the challenges identified to enhance the tracking system in place and ensure the development of quality NAPHS documents for the next five years.

Tracking the implementation status of NAPHS

During the last implementation year, the data related to the implementation of the NAPHS has been updated and populated in the NAPHS tracker, taking advantage of different opportunities and applying approaches such as the 80/20 quality improvement rule.

In addition, to validate the data entered in the tracker and update the implementation status, a workshop was conducted at the end of the 2015 Ethiopian Fiscal Year (EFY). This workshop was a participatory monitoring process that allowed sectors to be involved separately and in collaboration to validate and update the implementation status of NAPHS activities. The respective focal persons representing their sectors have completed this task. This process had been an opportunity to improve the quality of the data already populated in the tool and to address any backlogs related to shared activities. While the preparation of the transition plan is still underway, the validation and updating of the data regarding the implementation status of the activities have been finalized.

The tracker and the data provided through the NAPHS Tracker have played a vital role in capturing, structuring, and displaying the implementation status of the NAPHS activities, as well as facilitating the participatory review and preparation of the transitional plan for the remaining months. The implementation status is categorized and presented in the five categories outlined in the recent NAPHS tool kit launched by WHO, with an additional category based on the country's context. These categories are "completed," "in-progress", "deferred,", "stuck," and "no data."

The data in Figure 1 next page is quite informative. It reveals that out of the 567 activities populated in the NAPHS tracker, there has been a remarkable 46% increase in the overall completed NAPHS activities by the end of the 2015 Ethiopian fiscal year (EFY). This achievement is significant when compared to previous years, indicating progress in implementing the planned activities.
Additionally, the data shows that 132 activities (23%) are reported to be in progress, while 29 activities (5%) are in a waiting status. These numbers indicate that there is ongoing work, and some activities are still being actively monitored.

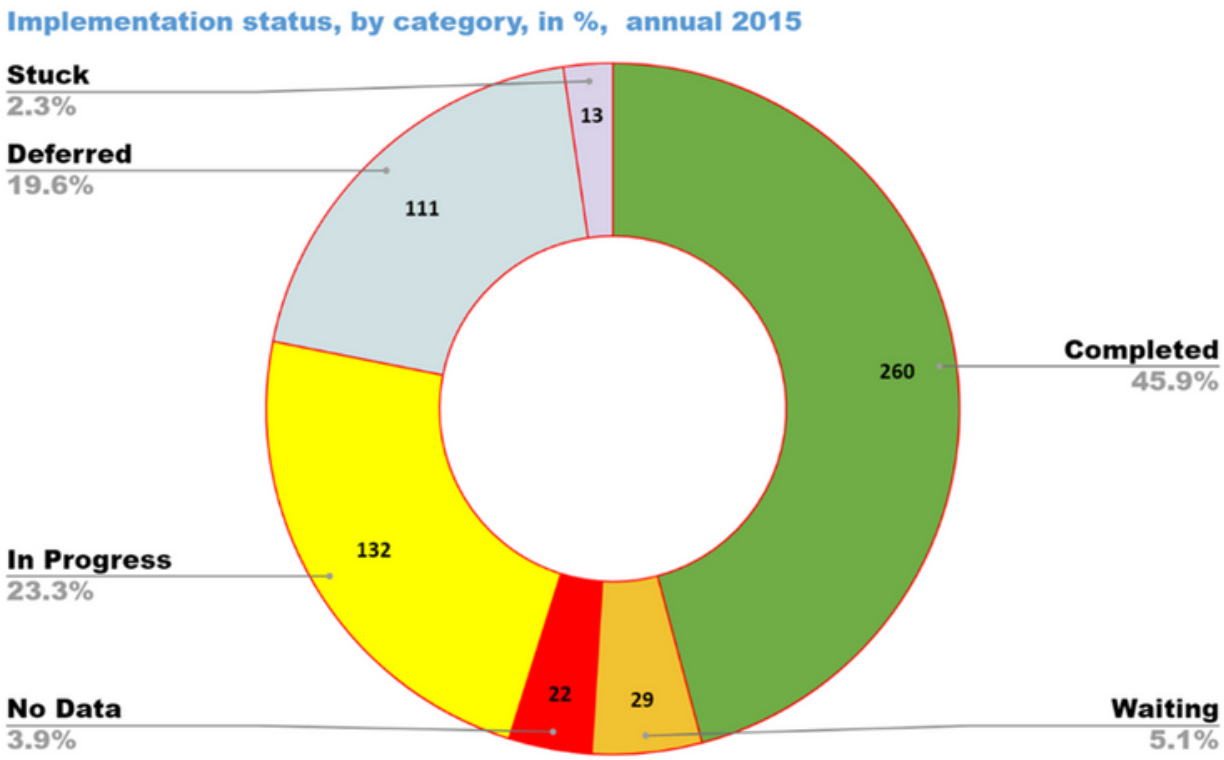


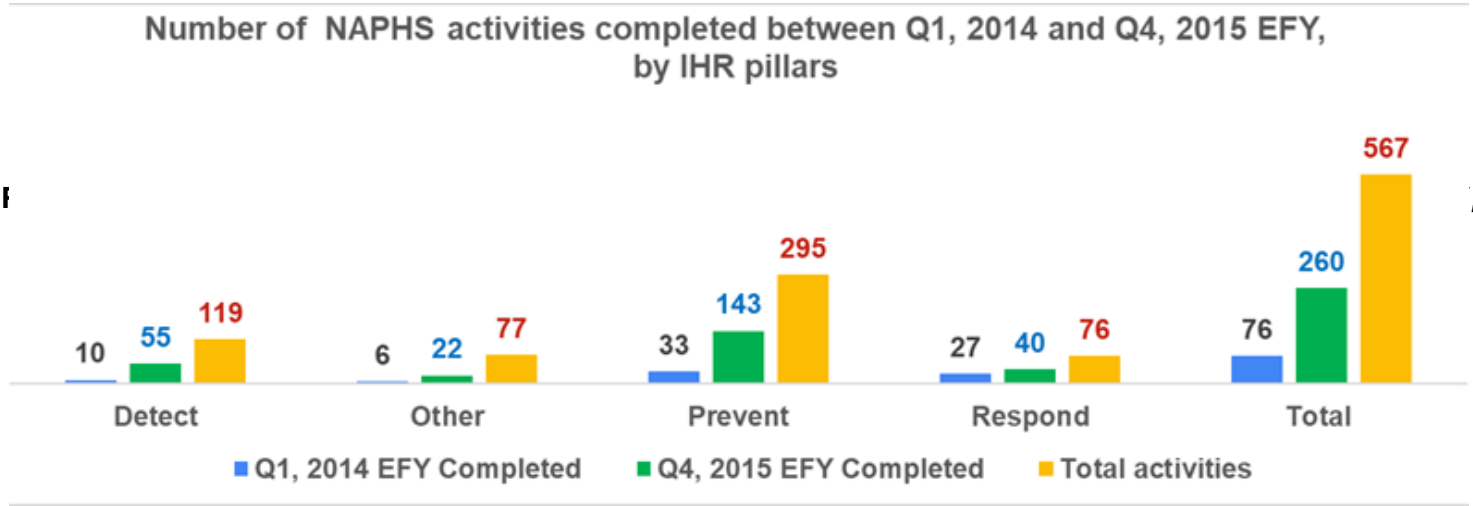
Figure 1: Implementation status of NAPHS activities by category in quarter 4, 2015 EFY

However, it's important to note that there are activities labeled as "deferred" or "stuck," which suggests that further revision is needed for effective implementation of these activities. It highlights the need for continued efforts to fully implement the NAPHS activities planned before the end of the implementation period.

In addition, in figure 2 below, the implementation status is summarized by IHR pillars, where it shows an increment in the number of activities completed under each pillar. According to the data, though the number of activities planned under each pillar is different, there has been a significant increase in the number of completed NAPHS activities in all the pillars over the last two years.

Specifically, the overall implementation status of each pillar is 46% for detect, 29% for other, 49% for prevent, and 53% for respond, respectively, in the 2015 EFY. Hence, in 2015 EFY, there has been an increment of 38% for the detect pillar, 21% for the other pillar, 43% for the prevent pillar, 17% for the respond pillar, and 33% for the total NAPHS activities completed in the first quarter of 2014 EFY. These numbers indicate substantial progress in implementing and completing NAPHS activities across various pillars. It's a positive sign that efforts are being made to enhance health security and address public health challenges.

1.Completed - Implementation was successfully completed. This represents those activities that are estimated to be 100 % done.
2. In progress - Implementation is ongoing. This encompasses those activities estimated as 25% to 75% performed.
3. Stuck - Implementation has encountered an obstacle and is not progressing due mainly to shortage of budget or expertise; potential prioritization or resourcing must be discussed to alleviate challenges to implementation. This is denoted by 10% in the estimation process.
4. Waiting - Implementation was prioritized for the 2015 EFY/2023 cycle but is on hold prior to start date. and is denoted by 0% progress status.
5. Deferred- Activity not reprioritized for the 2015 EFY/2023 cycle, not the sector/directorate responsibility, lack of clarity, replaced by other activity , postponed to 2016 EFY/2024 cycle, not prioritized , or other related issues. And it is denoted by "Not applicable" or "NA".
6.No Data - Implementation status not known, or data is not entered



The implementation status of the NAPHS activities may vary based on technical feasibility and other factors, and hence there could be changes in either of the categories accordingly at the end of this implementation year. For example, some of the activities labeled "completed" during 2015 EFY implementation status, may be found "in-progress" in this new implementation year, as they may be replanned as new activities for the 2016 EFY implementation review, or once the issues related to their specific status (deferred or stuck) are addressed. This flexibility allows for adjustments and improvements in the planning and implementation processes.

Challenges related to tracking the implementation status of NAPHS.

The tracking process was not free of challenges. There were a number of challenges encountered during the implementation. The table below, display the key bottlenecks identified during the by participants in group discussion during the workshop. The bottlenecks include the factors that hinder the processes of planning, implementation, data entry, processing, monitoring, and use of the NPHS data. Hence, the list of these bottlenecks is presented by categorizing using the key dimensions of the data cycle (people, system, tool, & collection, coalition, analysis, dissemination, decision and action.

Table 1: Bottle necks identified in a participatory monitoring process by sectors, 2015 EFY.

DIMENTIONS	CHALLENGES/BOTTLENECKS
COLLECTION, COALLITION, ANALYSIS, DISSIMINATION, DECISION MAKING AND ACTION	
People	• Low staff awareness about NAPHS. • No specific responsible/dedicated or trained M&E/Focal person specific to NAPHS. • There is staff turnover and replacement not happened quickly. • ·Discrepancy from the actual data due to the attendance of non-relevant person • Attention towards collection and populating the NAPHS data due to workload. • User-friendly software for easily tracing NAPHS activity implementation. • Advocacy- less focus given by decision makers. • Lack of considering the issue of NAPHS during decision making at all levels. • Lack of assigning right person at right places regarding implementation and monitoring of NAPHS. • Not assigning right a person at right places • Gap in communication between decision maker and action taker.

System	• Planning a single activity by more than one sectors. • During preparation of operational plan there is lack of awareness to refer NAPHS plan. • Lack of aligning of NAPHS activities and reporting mechanism with routine activities of sectors, including with the operational plans. • Lack of follow up by decision makers on regular bases. • Responsibilities are transferred to other sectors and is not updated on the tracker. • Not sharing the data timely to the responsible body • Process to easily dissemination of NAPHS activities. • Lack of regular advocacy to leadership/Low attention and poor engagement of higher officials to NAPHS • Lack of feedback mechanism. • Lack of evidence-based decision-making support system • No Regular review meeting and experience sharing. • Lesson learned not documented appropriately/No evaluation. • Regular updated/follow up meeting between sectors/directorates/case teams specifically on NAPHS activity • Absence of review meeting workshop • Absence of centralized and secured server • Analytical knowledge and skill gap at sectors/directorate/case team level. • Some core activities are missed in the tracker. • Mixed major and sub activities on NAPHS tracker • inadequate budget allocation for NAPHS prioritized activities • Activity completed by other directorate while same activity deferred by other directorate/lack of communication between directorates.
Tools	• User friendly NAPHS tracker software • There is no regular data collection. • Notification system should be plug in the tracker for timely alerting. • Periodic follow up and familiarization of tracker. • Updating tracker, as per the NAPHS reporting situation (flexibility to fit in the sectors plan) • Activities are not measurables for some sectors such as AMR • Some activities are not suitable for analysis. • Limited dissemination platform • Low awareness about/ availability of dissemination tools like brochures, posters & leaflets • Provision of feedback by hard copy for documentation and future reference • NAPHS activity related SWOT analysis for decision making. • No meeting minutes on specific action points at every meeting, • Data incompleteness & timeliness

Conclusion

The NAPHS tracker has indeed proven to be an important tool in recent years for planning and monitoring the National Health Security for Health (NAPHS) program. By tracking data and monitoring progress, the NAPHS tracker has supported the process of informed decision-making in relation to the planning and implementation of NAPHS activities.

The real-time data provided by the NAPHS tracker has allowed stakeholders to have a comprehensive view of the progress made in implementing NAPHS activities. It includes information on completed activities, activities in progress, and activities in a waiting or deferred status. This comprehensive view helps identify areas of success, areas that need improvement, and areas that require further attention.

However, it's important to note that further work to address the challenges regarding the data cycle dimensions is critical. Effective management, accessibility and use of NAPHS data by decision-makers is crucial. When decision-makers have access to well-managed NAPHS data and use for informed decision making, it enhances their ability to make informed choices regarding resource allocation, policy adjustments, and programmatic interventions. This, in turn, contributes to strengthening the capacities of International Health Regulations (IHR).

Furthermore, by continuously improving the data management and accessibility aspects of the NAPHS tracker, it will further enhance its effectiveness as a tool for planning, monitoring, and decision-making processes.

Therefore, it's important to acknowledge that while data quality and progress have improved in monitoring the implementation of NAPHS, there are still challenges that need to be addressed. Some of the challenges that need to be addressed include:

1. Data Quality: Even though the data completeness dimension has shown improvement from above 46% to 95%, including the differed and stuck status, as the implementation is already determined, still ensuring the accuracy, completeness, and reliability of the data entered to the NAPHS tracker is essential. This may require training and capacity-building for those responsible for data entry, validation, and use.

2. Timeliness: It's important to ensure that data is entered into the tracker in a timely manner to provide up-to-date information on the progress of activities. This may require establishing clear timelines and responsibilities for data entry and reporting.

3. Coordination: Effective coordination among sectors and stakeholders involved in NAPHS implementation is crucial. This includes clear communication channels, regular meetings, and collaboration to address any bottlenecks or challenges that may arise.

4. Revision and Replanning: As mentioned earlier, some activities may need to be revised or replanned based on changing circumstances or emerging priorities. It's important to have a mechanism in place to review and update activities as needed.
5. Data Use: Ensuring that the data collected through the NAPHS tracker is effectively utilized for informed decision-making is essential. This may involve analyzing the data, identifying trends, and using it to inform resource allocation, policy decisions, and programmatic interventions.
Addressing the challenges related to the implementation of the NAPHS tracker is crucial for effective planning, implementation, and monitoring of NAPHS activities and their contribution to strengthening core International Health Regulations (IHR) capacities. To this end, addressing the bottlenecks and challenges to enhance the NAPHS tracker's effectiveness its benefit for planning, and monitoring of NAPHS activities should be a priority for all stakeholders involving in the process.

NEWS Highlight

THE NATIONAL JOINT EXTERNAL EVALUATION CARRIED OUT

The Joint External Evaluation (JEE) is a measurement tool and process for countries status on IHR core capacities, to prevent, detect, and respond to public health events. The evaluation focuses on the 19 Technical areas. Each WHO member state conducts the JEE on a voluntary basis every five years. Ethiopia conducted the first JEE in 2016 and for the second time in September 2023, In Ethiopia EPHI lead the coordination for the preparation and implementation of JEE. The process involves establishing a national taskforce in the, 19 IHR technical areas. As part of the preparation for the JEE, two workshop conducted to draft the self-assessment report, which was held, in Adama town from July 11–14 and Hawassa town from May 29–31, 2023 respectively. 180 Higher-level delegates and experts participated in the two workshops and drafted JEE self-assessment report. Based on the self-assessment report the JEE conducted between Sep 18-22.

During the opening of the JEE workshop Dr. Getachew Tollera, Deputy General Director of the Ethiopia Public Health Institute addressed that to have resilient public health management and response in all health-related areas, all governmental and nongovernmental sectors, as well as developmental partners, should cooperate and work in an integrated and cooperative manner.

Dr. Wubishet Zewdie, the executive lead for animal health and veterinary public health at the Ministry of Agriculture, emphasized on his behalf that maintaining community health today is impossible without ensuring the health of animals. He continued by saying that people's health is at risk directly or indirectly because of interactions with wild animals, domestic animals, and our relationships with them, as well as from direct contact with animals or the environment or from consuming food or cereals made from animals that have been poisoned with pathogens or toxic substances.

The workshop provided the participants with information about the JEE's introduction to its tools, processes, directives, and national implementation guide. The IHR capabilities of Ethiopia and the International Health Regulations were also briefly introduced.

NEWS

Program Management for Epidemic Preparedness training seat to Shorten NAPHS 2.0 development timeline

The Program Management for Epidemic Preparedness training was conducted in Hawassa town from July 31-Aug 4, 2023. The training was conducted in collaboration with EPHI and Resolve to Save Lives. The training is attended by 33 sector leaders of the IHR and NAPHS implementation. The training coincides with efforts by the government to begin developing a new 5-year strategic NAPHS after the Joint External Evaluations (JEE). The current strategic NAPHS for Ethiopia will expire in September 2023. The previous strategic NAPHS, launched in 2019, was developed over two years and includes 567 activities. However, the size of the plan has made it difficult to engage sectors and implement, with only under 40% of activities completed.

The objectives of the training were to: equip government leaders with program management skills to support effective governance, systems change, financing and quality improvement; accelerate the development of a prioritized and costed strategic NAPHS and first-year operational plan within 3-6 months following completion of the JEE and support its implementation and monitoring by stakeholders and enable sustainable and effective stakeholder engagement throughout NAPHS development, implementation, and monitoring.

The event is opened by the EPHI IHR office coordinator Dr. Feyessa Regessa. In his remark he highlighted the need to strengthen IHR core capacities and the support needed from all stakeholders and Partners. NAPHS implantation has coming to an end and EPHI is ready to lead the development of NAPHS 2.0 with the engagement of relevant government sectors. He also flagged that the first NAPHS development has taken two years and he reflected his hope and commitment that The PMEP training will be a handful tool to gain knowledge and skill to develop strategic NAPHS and operational NAPHS in short time.

By the end of the training participants affirmed that the training equip them with the necessary knowledge and practical experience to develop strategical NAPHS and operational NAPHS within 3 to 6 months' time.

Public health Emergency management in Health Facilities Initiatives (PHEM in HCF)

strengthening the public health emergency system at the exiting health facility level can play a vital role in addressing different public health emergencies. The new pilot project of epidemic preparedness in primary health care, which concentrates on the areas of detection, monitoring, and notifying at the facility level, was prepared to fill the gaps in public health emergency management at the facility level.

It is obvious that building strong infection prevention and control programs is expected to protect health workers and patients and also plays its own role in strengthening the health system. Hence, in line to this recently epidemic preparedness primary health care pilot project consultation workshop was organized by the Ethiopian Public Health Institute with the consultation of the Ministry of Health on June 22, 2023, in Addis Ababa town.

H.E. Dr. Liya Tadesse, the Federal Republic of Ethiopia's Minister of Health, in her opening speech at the consultation workshop stressed that the government of Ethiopia strives to achieve the universal health coverage goals, working towards attaining the One Health Concept (OH), as well as keeping its commitment to the success of the International Health Regulation (IHR).

Dr. Liya further indicated that the government of Ethiopia, with key partners and donor agencies, has implemented different initiatives that can be mentioned as a cornerstone of the health sector development plan as well as the health sector transformational plan to be successful and fruitful.

Dr. Messay Hailu, Ethiopia Public Health Institute Director General, said on his behalf that this initiative, aimed at initiating and strengthening the public health emergencies management system of the country, is an important step towards achieving the countries' collective goals in building health system resilience. The Director General further said that it is for this reason that EPHI has partnered with various stakeholders in the public and private sectors to implement the initiative..... Hence, he stressed that the success of the initiative solely depends on the equitable and complete participation of every stakeholder involved.

Dr. Yaregal Fufa, Ethiopia Public Health Institute Emergency Director General, said at the launching ceremony that the first phase of the program will start to be effective in the 102 health facilities in the country. In the second year of the program, 150 additional health facilities will join the program, bringing the total to 252. It has been noted that all health facilities will cooperate in this initiative program.

Dr. Manuel Sibhatu, Resolve to Save Lives (RTSL), Country Director, said on his behalf that Resolve to Save Lives Ethiopia is committed to providing both financial and technical support for the success of the international health regulations. RTSL is still committed to supporting the Ethiopia Epidemic Monitoring detection notification reaction plan and being a reliable partner in it.

It is expected that health facilities that are going to implement the initiatives will assign 3-5 professionals (or at least one professional) to ensure the success of the program. Equipment and offices will also be prepared according to EPHI's Emergency Director General.

Hence, by making this effort, the director said we can all ultimately keep our community's health status preserved and prevent any other emergency-related difficulties.

To strengthen the initiatives, the Ethiopian Public Health Institute has prepared a leadership and expert training module and will also prepare to provide seed money to the regions. A strategic framework and implementation plan are also prepared. Monitoring and mentoring activities will also be carried out through the year. It has been recalled that the Ethiopian Public Health Institute has so far provided training for 70 participants from the Ministry of Health and selected hospitals. It is hoped that the public health emergency management program at the health facility, once launched, will dramatically improve detection, notification, and response times and be in accordance with the expected timeline.

Now a days, any health problem on the far side of the globe will be solved by all countries in a few days of time. The global context reveals that nowadays strengthening the public health emergency management system is not a choice but a mandatory part of all countries health systems. The workshop was attended by federal and regional health bureau and public health institute heads and experts, EPHI officials and experts, as well as different international partners and organizations.

National mass dog vaccination was held to eliminate rabies as a public health treat

Rabies is one of the diseases that has great public health importance. One health sector, such as the Ministry of Agriculture, with the leadership of the Ministry of Agriculture, the Ministry of Health, Ethiopian Public Health, the Animal Health Institute, and other relevant sectors, conducted mass dog vaccinations to eradicate the public health problem. Hence, the Ministry of Agriculture recently launched the national mass dog vaccination campaign at Hwassa town on March 30, 2023. The campaign was launched by Dr. Sisay Getachew, Head of Veterinary Public Health in the Ministry of Agriculture, and Dr. Million Yote, deputy head of the Sidama region livestock and Fisheries Bureau in Awassa City.

On the launching of the campaign, Dr. Sisay said it is planned that in a five-year national strategic plan, 70% of dogs will be vaccinated annually so that rabies can be eliminated from public health treatment.

Dr. Sisay further said that last year, about 155 thousand dogs were vaccinated and certified, while another 750 thousand dogs will be vaccinated this fiscal year. Dr. Million, on his behalf, said that the Sidama region is currently conducting mass dog vaccination to address the problem at large.

The campaign will currently also be conducted in Hawassa, Yiregalem, and Wondogenet towns and will soon cover all regions as well. Recently such kind of refreshment trainings were conducted for Addis Ababa, the southern Sidama region, and the southern West Ethiopia region on different rabies elimination and other related topics.

Rabies is one of the zoonotic diseases that can be transmitted from human beings to animals and via venom. It is a disease that creates a lot of health crises, and the only solution to the problem is vaccinating the dogs.

Mass dog vaccination campaign at Hwassa town

Raising societal awareness to prevent the mortality of calves

In partnership with regional states, the ministry of agriculture is raising public awareness about the need to decrease the death of calves. Hence it is hoped that the campaign will change, cows and calves poor care and handling, which in consequence lowers overall milk production. The average annual per capita milk consumption in our nation is not more than 66 liters, which is below the World Health Organization's recommendation of 200 liters.

According to Dr. Wubshet Zewde, the director of the Ministry of Agriculture's Animal Health and Veterinary Public Health, 25 out of every 100 calves die from poor management and treatment. The chief executive also mentioned that a plan had been put together to lower the number of calves who died, and that dairy villages had been found and were receiving support and monitoring.

Dr. Wubshet stated that attempts are being made to concentrate on milk, poultry, fish, and bees to carry out the strategy. As a result, it is anticipated that there will be a decrease in calf deaths. The top executive urged farmers, professionals, and management to pay attention to reducing the death of calves as a result. Animal health should be preserved, according to Dr. Million Yote, the director of the Sidama Region Livestock Development Office. According to the head of the office, 4% of calves that are born die, therefore farmer trainings help to reduce calf deaths.

On his part, Dr. Amina Abdurrahman, Deputy Head of the Oromia Regional Agriculture Office, stated that initiatives are being taken to avoid disease in order to lower the mortality of calves. The office's head noted that nowadays, up to 75% of calves born in the area are healthy, and they claim that training is being given to prevent calves dying. The training will improve knowledge of prenatal and postpartum care for calves as well as the utilization of fodder, according to Dr. Amina. Due to this, training is now provided in sixteen locations that benefit from the enhanced breeds of local cows.

A campaign to control & eradicate disease in sheep and goats was launched

To advance efforts to avoid and effectively manage diseases like Peste des Petits Ruminants (PPR) among sheep and goats, a nationwide joint forum with stakeholders was convened. Extensive work is being done to prevent and eradicate diseases like the Peste des Petits Ruminants (PPR) in sheep and goats in order to raise the multifaceted benefits of sheep and goats as well as their output and productivity, along with other animal development and health activities.

To prevent and eradicate Peste des Petits Ruminants (PPR) in sheep and goats, it has been recognized that the role of stakeholders is crucial. In the recent years of reform, the Ministry of Agriculture has been working hard to ensure that the country receives the right advantages from its animal resources, according to Dr. Yohannes Girma, State Advisor to the Minister of Agriculture, who spoke at the event. In order to achieve the national eradication of the disease in sheep and goats by 2027, capacity is being strengthened at every level.

Animal resources serve a significant role in the food system, export revenue, and the amount of imported commodities they replace, therefore illnesses like Peste des Petits Ruminants (PPR) in sheep and goats do not diminish their multifaceted significance.

The prevention and sustainable control of Peste des Petits Ruminants (PPR) disease is an international effort, according to Dr. Meron Moges, national coordinator of the ministry's campaign to control and eradicate the disease in sheep and goats.

According to him, Ethiopia also began the initiative in pastoral areas in 2016 and would roll it out across the country in all regions in 2019. The forum made the future recommendation that all stakeholders should participate in order to further expand the variety of advantages that sheep and goats may provide. More than 54.2 million animals have received the anti-distemper vaccine against the disease that affects sheep and goats. Regions, projects, partners, and federal stakeholders all shared their experiences in the consultation forum.

Outbreak investigation in Awash National Park

The Ethiopian Wildlife Conservation Authority (EWCA) and Wildlife Health Service Desk (WHSD) had been conducting passive wildlife disease surveillance quarterly in the Ethiopian conservation areas. During this surveillance in Awash National Park, the rangers reported that some crocodiles showed emaciation and some showed behavioral changes. The wildlife health team was deployed to observe the case. After reaching the area, the team observed 10 emaciated crocodiles at the shoreline of the water. The Wildlife Health Service Desk and park workers have undertaken postmortem operations on one crocodile. The desk also took some blood and water samples. During the postmortem operation, we got some foreign bodies like big sponges and shoes (Irgando), as shown in Fig. 1. WHSD has submitted blood samples to the Animal Health Institute for the disease diagnosis. Even though the sample is positive for bacterial disease, we planned to undertake the work in 2016 with a large sample size to increase accuracy. There are some lodges and fabrics found around this area. So, WHSD is programmed to study the water they live in.

Fig.1.Post Mortem of Crocodile in Awash National park

Anthrax vaccination in livestock found around conservation areas

The Ethiopian wildlife conservation authority, Wildlife Health Service Desk, has signed an MOU with Omo National Park for a one-year wildlife and livestock disease prevention and control program. Accordingly, the wildlife health service desk, in collaboration with the woredas livestock and fishery offices, has vaccinated 73,000 cattle around Omo National Park.

1. Salamaga woreda..... Number of vaccinated cattle.....28,000
2. Nyagathom woreda.....Number of vaccinated cattle....35,000
3. Maji woreda .....Number of vaccinated cattle 10,000
Total Number of vaccinated cattle.....73,000

Figure2. Vaccinations of livestock in Salamago woreda

Guinea Worm wildlife disease surveillance in Baboon

In one health approach, in collaboration with EPHI Guinea worm disease (Dracunculiasis), surveillance of wild animals, specifically baboons in the Gambela region, was undertaken. A total of 75 baboons were trapped, and out of them, 4 were released by visual inspection of Guinea warm lesions due to retrapping, being infants, and the mother carrying a baby, and 71 necessary biological samples were collected and stored in an EPHI-70oC freezer, ready for shipment for further analysis to the US.

Ethiopia and Kenya Cross Border Coordination and Collaboration meeting

The Ethiopian Secretariat hosted this year's Cross-Border Coordination and Collaboration meeting in Hawassa, Ethiopia, bringing together Ministry of Human and Animal Health delegates and Implementing Partner representatives from Ethiopia and Kenya to discuss shared achievements and cultivate collaboration. The meeting was attended by a total of 42 technical participants in Ethiopia at Hawassa on July 18–19, 2023. Among these, 16 attendees were of Kenyan nationality, while the remaining 26 participants were of Ethiopian nationality. Two implementing partners, the Ethiopian Orthodox Church and Save the Children, took part in the two-day meeting from the Ethiopian side, and Catholic Relief Services, the International Rescue Committee, the Adventist Development and Relief Agency, and World Vision were CGPP-Kenya Implementing Partners. MOH, EPHI, and MoA representatives attended and delivered cross-border human and animal health interventions. The key note address and welcoming speech were imparted by Dr. Filimona Bisrat, Ethiopian CGPP Secretariat Director, and Ato Yohannes Lakew, Ethiopian Ministry of Health, respectively. The cross-border meeting featured a series of presentations and project updates delivered by the CGPP Secretariat, implementing partners, the Ethiopian and Kenyan Ministries of Agriculture, and the Ethiopian Public Health Institute. Moreover, the Ethiopian Secretariat identified and assigned groups based on their level of stations to tackle specific questions and issues, leading to comprehensive discussions within the teams and fostering an in-depth understanding of cross-boarder coordination & coolaboration.

Dr. Muluken Asres, CGPP-GHS Program Manager, wrapped up the meeting by outlining recommendations and next-priority actions. Within this set of recommendations are the establishment of cross-border vaccination reporting and regular data sharing formats, the development of TOR and a concept note for cross-border collaboration, and the inclusion of administrative professionals and sectors in future collaboration meetings. Moreover, the initiation of cross-border communication between Turkana County and the South Omo Zone, as well as organizing a cross-border meeting at Dassenech Wedda, were emphasized. Strengthening the Mandera triangle zero-dose vaccination requires prompt attention and prioritization due to the occurrence of the cVDPV2 outbreak in Somalia.

The project has been operating with 12 international nongovernmental organizations and 22 national or local NGOs in ten countries: Angola, Djibouti, Ethiopia, India, Kenya, Niger, Nigeria, Somalia, South Sudan, and Uganda.

ARTICLE

The new enabling regulation of EPHI and its progress in the implementation of the International Health Regulation, IHR (2005)

National Public Health Institutes (NPHIs) are science-based government institutions or organizations that promote health by coordinating public health functions and programs to prevent, detect, and respond to public health threats, including infectious and non-infectious diseases and other health events. NPHIs contribute to compliance with International Health Regulations (IHR, 2005) and advance the Global Health Security Agenda (GHSA) by consolidating and organizing core functions. They provide leadership and a home for coordinating IHR activities, support national accountability for the GHSA, and strengthen the overall health system.

Ethiopia is bound by the International Health Regulations (IHR) (2005), which came into force in 2007. In 2016, Ethiopia's compliance with the IHR (2005) was analyzed through the Joint External Evaluation (JEE) in 2016 under the technical area of National Legislation, Policy, and Financing; that evaluation recommended a review of and incorporation into national legislation of all relevant components to facilitate the implementation of Ethiopia's rights and obligations under the IHR. Furthermore, the GHSA Legal Mapping indicated gaps in Ethiopian laws, limiting the country's progress in meeting IHR capacities and identifying the recommended need for legislative reviews and adjustments.

The Ethiopia Public Health Institute (EPHI) is the national public health institute with the mandate to lead the preparedness, detection, and response to infectious disease outbreaks and public health emergencies. Originally, the Council of Ministers Regulation No. 301/2013, established EPHI as an autonomous federal government office accountable to the Ministry of Health; the regulation defines EPHI's objectives, power, and duties. It assigned EPHI with public health emergency management roles to conduct health surveillance and to anticipate, detect, prevent, prepare for, respond to, and recover from the consequences of public health threats.

This Regulation (Regulation No.301/2013) was recently repealed and replaced by a new regulation.

Even though the establishment or designation of a National Focal Point (NFP) by State Parties is an essential factor or obligation of state parties in the implementation of the provisions of the IHR, neither the repealed EPHI's enabling regulation No.301/2013 nor other legislation had explicitly established or designates an IHR National Focal Point; nor does it explicitly authorize information-sharing with the WHO as required by the IHR.

Additionally, the repealed EPHI's enabling law, Regulation No. 301/2013, lacked critical elements that make multi-sectoral coordination effective. While that regulation recognized the importance of collaboration and enabled EPHI to establish and implement a framework for coordination, it provided no operationalization substance or procedure. The regulation was also silent as to the legal basis for integrating EPHI's leading roles and functions as defined under the PHEM Guideline for the coordination of IHR implementation within and across sectors.

As mentioned above, Recently, a new regulation (Council Ministers Regulation No. 529/2023 /2023) repealed regulation No.301/2013 following the direction given by the government to restructure the federal institutions and the enactment of Proclamation No. 1263/2021 issued to provide for the definition of the powers and duties of the executive organs of the federal democratic republic of Ethiopia.

Proclamation No. 1263/2021 makes autonomous federal agencies (established by separate laws like EPHI) responsible for their day-to-day decision-making and limits the power of the respective ministries. Hence, ministries' roles are more limited: they can only monitor and evaluate strategic plans and performances of line agencies as well as facilitate partnerships with foreign entities and capacity-building activities.

In increasing EPHI's autonomy, the new enabling Regulation of the Institute has made furthered Ethiopia's compliance with and implementation of the International Health Regulation IHR (2005).

The enactment of the New establishing regulation No. 529/2023 that re-established the Institute is, therefore, a significant step towards compliance with the provisions of the IHR. It expressly designates the EPHI in sub-article 13 of article 6 as the NFP. The Regulation provides that EPHI shall lead Ethiopia's implementation of the IHR and serve as the NFP. EPHI, being Ethiopia's NFP, has as one of its key functions to 'prevent, detect, monitor, and control diseases of national and international public health importance, including emerging and re-emerging diseases.

The Regulation has also clearly provided that the Institute shall serve as the Secretariat of Multi-sectoral and Multi-disciplinary One Health implementation. Furthermore, it provided EPHI with the mandate to establish and function as a public health emergency operation center, working in collaboration with other agencies in the management of public health emergencies.

The new enabling Regulation No. 529 /2023 primarily re-established the EPHI and assigned its roles and functions in IHR implementation and public health emergency management. However, subsequent legislation must be enacted to provide detailed provisions that adequately address how these functions would be carried out or the application and governance of the aspects of IHR and PHEM.

ARTICLE

Implementation status of 7-1-7 timeliness metrics in Ethiopia

7-1-7 Timeline metrics is implemented in Ethiopia in collaboration with Resolve to Save Lives (RTSL). As a startup, retrospective 7-1-7 data analysis is conducted for selected 12 PH events / outbreaks in Ethiopia and baseline is established for the national PHEM system capacity to detect, report, and provide response.

Prospective approach is selected for national level implementation and experts are selected among the relevant teams under disease surveillance and response directorate to work on consolidation of 7-1-7 related data for PH emergencies occurring in the nation.

Among the activities implemented to establish 7-1-7 implementation by coordinating relevant stakeholders in the nation

- **Stakeholder and institutional mapping:** About 42 stakeholders (internal and external) are identified for 7-1-7 timeliness metrics implementation in Ethiopia.
- **Identify the team to lead 7-1-7 coordination.**

  National level coordination platform is established having MoU and ToR and start to have a routine meeting to oversee 7-1-7 implementation status
- **Sensitize key stakeholders and assess interest.** Sensitization of internal stakeholders is made using different platforms including PHEM forum

- **Develop an implementation plan**

Implementation plan is developed in collaboration of Resolve To Save Lives and started to implement

To ensure sustainability of 7-1-7 timeliness metrics implementation, 7-1-7 timeliness metrics is incorporated to national Rapid Response Teams (RRT) guidance and national After-Action Review (AAR)/Intra-Action Review (IAR) guidance.

Besides, incorporation of indicators to monitor system implementation at Institutional strategic plan and for currently activated PHEOC as M&E indicators is done.

Among the Timeliness Indicators included

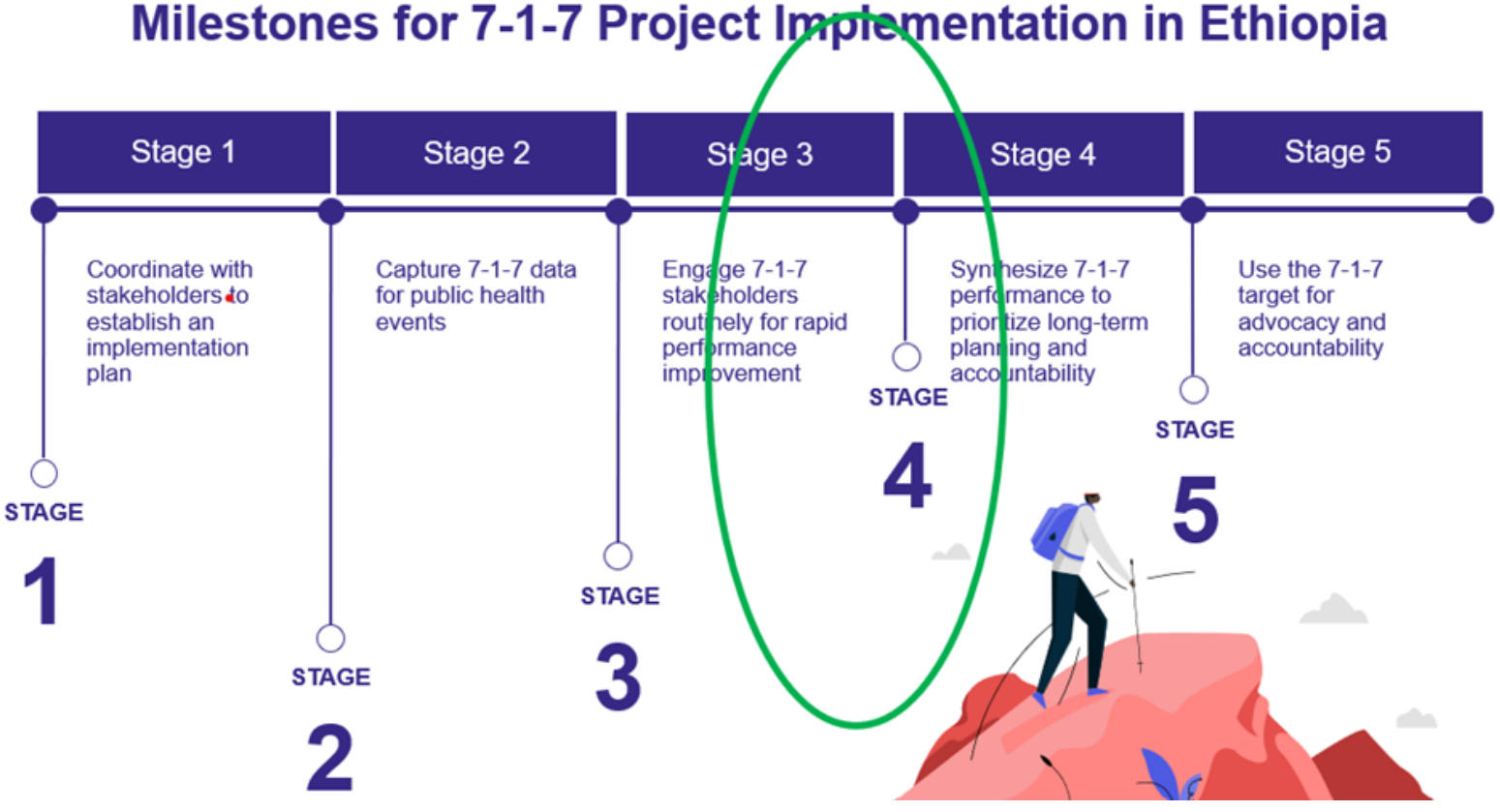
- Proportion of public health threats that were detected within ≤7 days of emergence.
- Proportion of public health threats for which a public health authority responsible for action was notified within ≤1 day of detection.
- Proportion of public health threats for which all early response actions were completed within ≤7 day from notification.
- Proportion of public health threats that meet all three criteria

Among recent efforts to engage 7-1-7 stakeholders routinely for rapid performance improvement

- Orientation provided for staffs & officials working at PHEOC about 7-1-7 and its use.
- Required assessment tools & orientation provided for deployed Rapid Response Teams (RRTs)
- Incorporation of 7-1-7 timeliness metrics in PHEOC routine update formats (PPTs and M&E frameworks)
- Under discussion for presenting findings from field to national PHEOC center to facilitate use of 7-1-7 use for decision making process

Furthermore, Incorporation of 7-1-7 retrospective findings is done with the findings of AAR/IARs done for 10 PHEs is finalized and ready to be endorsed and releases for annual planning and policy level decision making process as – Issue Brief.

The next step will be using findings of 7-1-7 findings and AAR/IAR findings for advocacy and accountability on top of using for program and policy level decision making process.



ETHIOPIA FIELD EPIDEMIOLOGY AND LABORATORY TRAINING PROGRAM (EFELTP) CONTRIBUTIONS AND ACHIEVEMENTS

Background

Disease surveillance activities are evidence-based practices that highly require a continuous supply of reliable, valid, and timely information from trained field epidemiologists, providing evidence-based information for decision-makers.

Ethiopia experiences disasters that affect households, infrastructure, and system resilience. Ethiopia continues to experience a high burden of endemic diseases as well as recurrent outbreaks of epidemic-prone diseases, including cholera, malaria, measles, and yellow fever. Moreover, the occurrence of epidemics such as measles, yellow fever, and cholera has also posed a challenge to the health system. Interventional activities for the internally displaced population (IDP) put additional pressure on local health systems, straining healthcare workers and stocks of medicines and other essential supplies. People affected by drought and food insecurity are at higher risk of malnutrition. Additionally, like many countries in the world, the recent global COVID-19 pandemic has also tested Ethiopia's health system's capacities.

Program Overview

The Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP) is a two-year competency-based training and service program in applied epidemiology that took place in 2009 at Addis Ababa University. It guides field epidemiology residents in the development of knowledge and skills to become public health professionals qualified to fulfill leadership positions at various levels of the Ministry of Health-Ethiopia (MOH-E) and Regional Health Bureaus (RHBs). The training comprises 25% didactic sessions and 75% field practices with organized mentorship and supervisory arrangements. They take public health courses like epidemiology, biostatistics, scientific communications, disaster management, leadership and management, etc., where they develop the skills necessary to investigate health problems, implement intervention strategies, and generate evidence-based health information to inform and improve health policy and reduce morbidity and mortality in the country. The Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP) trains health workers in the principles and practices of field epidemiology while they provide service to the public health system.

The EFELTP model is based on the premise that improving the epidemiologic skills of MOH staff aims to improve the capacity of the MOH to prevent, detect, and respond to public health priority issues, which in turn can contribute to strengthening public health emergency management and response. Recognizing that effective disease surveillance, outbreak investigation and response, and scientific use of public health data require epidemiologic proficiency at all levels of a public health system

Hence, EFELTP promotes a three-tiered model of training: frontline [a 3-month program primarily intended for district surveillance officers], intermediate [a 9-month training primarily focused on MOH staff that performs epidemiologic functions at the sub-national and national level], and advanced [a 2-year graduate-level program to train field epidemiologists].

All three tiers implement a mentored training-and-service model to address the principles and practices of public health surveillance, outbreak investigation and response, communication, and the use of data for evidence-based decision-making. Currently, the advanced and frontline trainings are underway in Ethiopia. EFELTP has engaged in preliminary work and preparations to commence intermediate training in the country.

Disease surveillance activities are evidence-based practices that highly require a continuous supply of reliable, valid, and timely information from trained field epidemiologists, providing evidence-based information for decision-makers. Conscient of this fact, the Ministry of Health-Ethiopia (MOH-E) has been implementing the Ethiopia Field Epidemiology and Laboratory Training Program (EFELTP) since 2009. The establishment of EFELTP has strengthened national disease surveillance systems through the coordination and streamlining of all surveillance activities and the timely provision of surveillance data to all disease prevention and control programs. Learning by doing is a key component of the program. The resident provides needed services to the Ministry of Health while mastering competencies in disease surveillance, system evaluation, outbreak response, and other applied epidemiology competencies. Currently, EFELTP has graduated and enrolled more than 630 EFELTP graduates and 200 residents, respectively.

1. Contribution of EFELTP graduates and residents in COVID-19 preparedness and response efforts

EFELTP graduates and residents have been playing critical and heroic roles in the country's COVID-19 preparedness and response efforts, such as contact tracing, case investigations, sample collection, and the development of situation reports. Graduates have been engaged in leading roles in the national Public Health Emergency Operation Center (PHEOC), overall coordination of the preparedness efforts, country preparedness and regular risk assessment, developing emergency preparedness and response plan, developing protocols/guidelines (for surveillance, points of entry, case management and investigation, and points of entry surveillance/screening), case management and infection prevention, risk communication and community engagement, verification and investigation as member of rapid response team, epidemiological surveillance and laboratory, data management and visualization for informed decision making, and capacity building at national and subnational level.

2. **Ethiopia Field Epidemiology and Laboratory Training Program (EFELTP) has been accredited**

EFELTP graduates and residents have been playing critical and heroic roles in the country's COVID-19 preparedness and response efforts, such as contact tracing, case investigations, sample collection, and the development of situation reports. Graduates have been engaged in leading roles in the national Public Health Emergency Operation Center (PHEOC), overall coordination of the preparedness efforts, country preparedness and regular risk assessment, developing emergency preparedness and response plan, developing protocols/guidelines (for surveillance, points of entry, case management and investigation, and points of entry surveillance/screening), case management and infection prevention, risk communication and community engagement, verification and investigation as member of rapid response team, epidemiological surveillance and laboratory, data management and visualization for informed decision making, and capacity building at national and subnational level.

3. 1st cohort of Ethiopia FELTP-Intermediate trainees have been graduated

Ethiopia has accomplished the three-tiered "pyramid" model (Advanced, Intermediate, and Frontline FETPs) of training by inaugurating the 1st cohort of Intermediate FETP training in December 2021. The Ethiopia FELTP-Intermediate training is a nine-month in-service training that addresses the skills needed by health officials at the zonal level of the MOH-Ethiopia to improve epidemiologic capacity to evaluate and strengthen PHEM's surveillance systems, investigate and control outbreaks, and conduct field studies to address public health priority issues. Therefore, the Ethiopia FELTP held the graduation ceremony of the 1st cohort of 19 trainees with the Ethiopia FELTP-Intermediate training program in Addis Ababa on October 6, 2022.

PHOTO GALLERY

PILOT PROJECT FOR EPIDEMIC PREPAREDNESS IN PRIMARY HEALTH CARE

A CAMPAIGN TO CONTROL & ERADICATE DISEASE IN SHEEP AND GOATS

THE NATIONAL JOINT EXTERNAL EVALUATION (JEE) MEETING