



# African Partner Outbreak Response Alliance

Accra, Ghana | 20–23 April 2015



“Forward Together” — “Avancer Ensemble”

## AFHSC Supports AFRICOM Event on Epidemic Preparedness and Response

*The recent Ebola outbreak in West Africa has made it apparent that the militaries in Africa must be prepared for future epidemics of diseases that may spread more effectively than Ebola (e.g., such as a novel strain of influenza like the “Spanish flu” of 1918-1919). As part of its mission in enhancing military-to-military surveillance and outbreak response initiatives, AFHSC-GEIS, supported a workshop at the request of U.S. Africa Command (AFRICOM) with the aim of sharing resources, strategies and expertise in implementing outbreak preparedness and response initiatives with African militaries.*

A total of 32 military representatives from twelve countries (Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Gabon, Ghana, Liberia, Mali, Niger, Nigeria, Senegal and Togo) met for the first time on 20-23 April 2015 in Accra, Ghana, to share experiences in the management of the recent Ebola outbreak, discuss initiatives by their respective medical departments and assess epidemic and pandemic preparedness and outbreak response practices. The workshop personified a “Whole of Government” approach.

CAPT David Weiss, United States Africa Command Surgeon General, reiterated that “The African Partner Militaries are expected to be on the front lines in regards to an infection disease outbreak in their respective countries. They are all expected to be a first responder to an outbreak but often are challenged by insufficient resources. The workshop created opportunities to share experiences, knowledge and best practices with each other. We are stronger and more effective together as partners. At U.S. African Command, we share the belief that a safe, stable and secure Africa is in everyone’s best interest.”





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Prior to the meeting, participating members had a chance to complete a gaps analysis questionnaire as a pre-requisite to enable discussion of its findings. During the first two days of this meeting, representatives from each of the 12 countries presented and discussed their nation’s experiences during peace-keeping missions and analysis of strengths and gaps in their military medical programs. Ultimately, an assessment of gaps was presented by each participating military for each of four areas, to include: 1) outbreak and epidemic response, 2) routine disease surveillance, 3) risk communication strategies, and 4) diagnostic and other laboratory capacities.

Many of the participants identified an array of challenges, ranging from deficiencies in electronic disease surveillance means, lack of animal (zoonotic disease) surveillance, lack of rapid diagnostic capacity, lack of sufficient patient isolation facilities, need for U.S. assistance in training of personnel and availability of personal protective equipment, lack of pre-outbreak training of medical staff and public affairs personnel, need for enhanced health communications as well as internet, web-based data sharing capabilities throughout the region.

The third day featured presentations and discussions by officials from the U.S. Centers for Disease Control, the AFHSC, Defense Threat Reduction Agency, U.S. Army Medical Research Institute of Infectious Diseases, U.S. Army Medical Research Unit-Kenya (USAMRU-K), U.S. Navy Medical Research Unit-3 (NAMRU-3), the Uniformed Services University’s Center for Disaster and Humanitarian Assistance Medicine (CDHAM), the U.S. Air Force’s Defense Institute of Medical Operations (DIMO) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on their emerging infectious disease surveillance, research and disaster response activities.

At least three partner militaries expressed a need for AFHSC’s support of electronic disease surveillance tools. These included the Armed Forces of Liberia (Colonel Josiah George, Chief Medical Officer); the Nigerian Ministry of Defence (NMoD, Major General Anthony Emeka Life Ajemba, Director of Health Implementation Programme, previously addressed by Colonel Tayo Oyasupo, Head, NMoD’s Public Health Division at West Africa Malaria Task Force in Burundi in August 2014) and the Ghana Armed Forces (Commander Edward Owusu Nyarko, Officer-in-Charge, Public Health Division). Other members were found to either have existing systems or they are integrated with their respective Ministry of Health disease reporting procedures and schemes.

The conference’s final day was a closed session for the APORA members to review and approve the Charter and Bylaws, electing the Chair and Vice Chair and draft a roadmap of the members’ roles, responsibilities and tasks. Suggested focus areas to guide future activities were briefly discussed. The APORA roadmap discussions will continue in the near future in direct coordination with the AFRICOM Surgeon’s office officials with the goal of ultimate ratification of this document.

“The Ghana Armed Forces (GAF) have a definitive commitment to engage in this effort as an active member of this African Partner Outbreak Response Alliance (APORA) and we are committed to working with our other military partners here in Africa to make sure we are ready for the next infectious disease epidemic,” said Brigadier General El Hassan, Director, GAF Military Health Service who was the African military host for this event and who was subsequently elected as APORA’s Chair on the last day of the meeting.

*Ms. Joselyn Griffin, Engagements and Strategic Communications Manager, Dr. Jose (Toti) Sanchez, GEIS’s Lead for STI, Surveillance and Outbreak Response initiatives and Dr. Martina Siwek, Chief Scientist, contracted to the AFHSC’s GEIS Division; as well as Maj Francis Obuseh, APORA Event Facilitator, North and*



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