

Prevent Epidemics Newsletter

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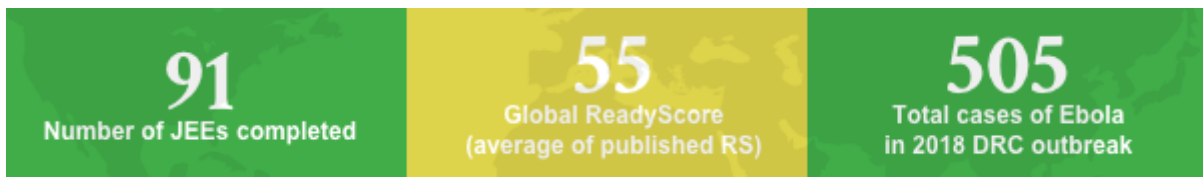
ISSUE 1 | DECEMBER 20, 2018

EDITORS NOTE

Welcome to the inaugural issue of the Prevent Epidemics Newsletter, a quarterly newsletter dedicated to innovative work, exciting data, and noteworthy news on epidemic preparedness. Thank you for signing up for this newsletter on PreventEpidemics.org. The website is our resource for the data insights and inspiring stories brought to you in this newsletter.

Have something you want featured? Reach out to us at preventepidemics@resolvetosavelives.org.

Please share widely across your networks! #PreventEpidemics





A CONVERSATION WITH

Dr. Ifeanyi Nsofor, Director of Nigeria Health Watch

Dr. Nsofor is Director of Nigeria Health Watch (NHW), an Abuja-based nonprofit that uses informed advocacy and communications to influence health policy and seek better health and access to healthcare in Nigeria.

Nigeria Health Watch recently launched the #PreventEpidemicsNaija campaign. Can you tell us about that?

The campaign is about preventing epidemics through sustained advocacy for the establishment of a specific budget line in Nigeria. It involves increasing public awareness on why epidemic preparedness is important and sustained advocacy for appropriate budgetary allocations at the federal, state and local government levels. We developed appropriate messaging, created a social media toolkit with infographics and began sharing on social media. We have also directed Nigerians to preventepidemics.org to learn what makes the country ill-prepared for epidemics and what must be done to get prepared.

What else is Nigeria Health Watch working on in the next few months?

We have many activities coming up including social media advocacy, advocacy towards government agencies, a mapping workshop with government and CSO representatives to determine key influencers of epidemic preparedness and a journalism masterclasses and fellowship program to develop capacity for reporters on epidemics preparedness.

What would you like people to know about ongoing preparedness work in Nigeria?

Preparedness in Nigeria requires all arms of government (federal, states and local councils) to work and budget optimally for epidemic preparedness.

[We are thrilled to announce that since this interview happened, Dr. Muhammadu Buhari, President of Nigeria, signed a bill formally establishing the Nigeria Centre for Disease Control. The NCDC is tasked with disease surveillance, preparedness and control for the country.]

What is the most important lesson you've learned during your career?

I have learned that the right health information delivered at the right time saves lives and is cost-effective. There

are currently above 24 million Nigerians on Facebook alone and half of this population logs in daily using their smartphones. This is a huge opportunity for public health advocacy and risk communication.

Favorite food?

Pounded yam and Oha soup. These are Nigerian delicacies common to my Igbo ethnic group.

What keeps you up at night?

The fact that only 1% of Nigerians have health insurance and how catastrophic out-of-pocket health expenditures consistently push Nigerians into poverty. Lack of universal health coverage in Nigeria weakens the health system and is a risk for epidemics.

Why do we need advocacy to advance epidemic preparedness?

There are competing needs and we must make a compelling business case to policy makers on why it makes more economic sense to prepare for epidemics especially. In Nigeria where people are quick to declare that bad things won't happen to them or their loved ones, advocacy helps show people why we must prepare for epidemics.

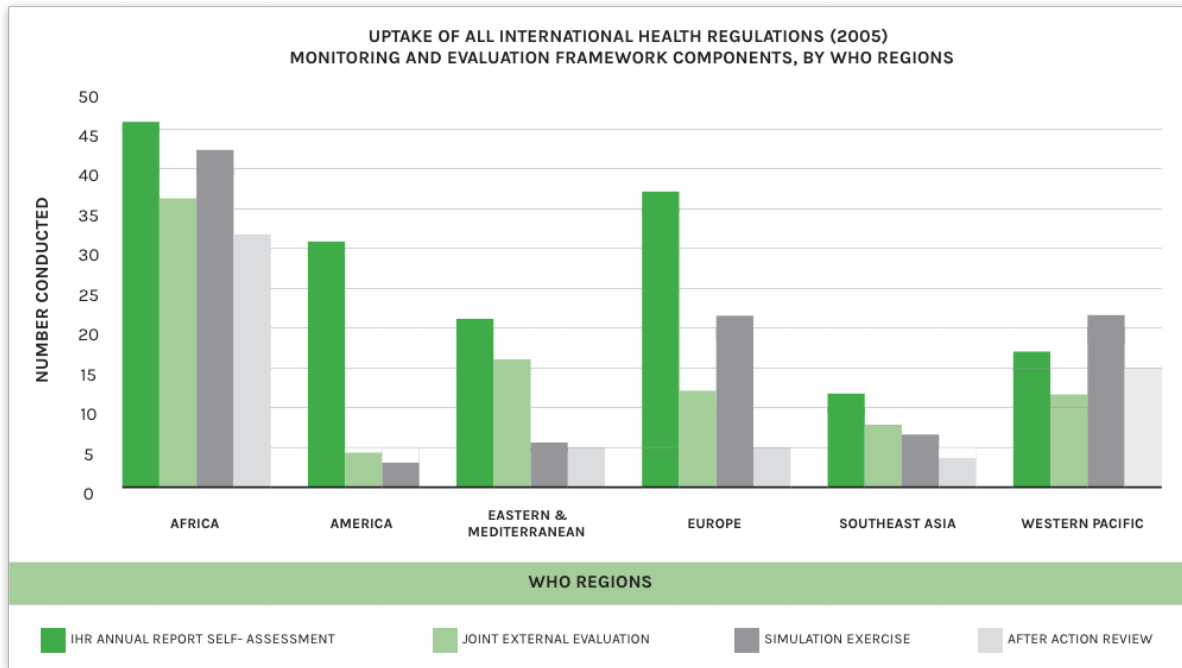


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DATA SNAPSHOT

International Health Regulations (IHR) Compliance to Date

Table 1: Completed Components of the IHR (2005) Monitoring and Evaluation Framework, by Region*



Globally, compliance with the International Health Regulations (2005) Monitoring and Evaluation Framework (MEF) continues to be mixed and progress in closing life-threatening gaps varies (Table 1). As illustrated by Figure 1, WHO Member States in the African Region have been most engaged in IHR MEF activities which help improve country-level epidemic preparedness.

In 2017 (the most recent information available), 86% of countries submitted their mandatory annual self-assessment of national public health capacities to implement the IHR (2005). This was the highest submission rate since reporting began! Three out of seven WHO Regions fully complied with their mandatory IHR annual reporting in 2017.

The Joint External Evaluation (JEE) process launched in 2016 has had rapid uptake. In the first three years of implementation, 90 JEEs have been conducted. Though promising, this also reflects that more than half of the world does not have externally evaluated information of their country's epidemic preparedness. Figure 1.

	AFRO (N = 47 countries)	AMRO (N = 35 countries)	EMRO (N = 21 countries)	EURO (N = 53 countries)	SEARO (N = 11 countries)	WPRO (N = 27 countries)	TOTALS (N = 194 countries)
IHR ANNUAL REPORT SELF-ASSESSMENT†	47	30	21	38	11	19	166
JOINT EXTERNAL EVALUATION	38	4	17	12	8	11	90
SIMULATION EXERCISE††	44	1	6	17	7	24	99
AFTER ACTION REVIEW	31	0	5	5	4	15	60
<p>*As of 3 December 2018 for WHO Member States.†Number of Member States that reported data in 2017 (most recent year available).</p> <p>††SimEx regional exercises involved multiple countries: AFRO, 2; EMRO, 3; EURO, 3; SEARO, 1; WPRO, 5.</p>							

Success Story



Check out our [new success story](#) on the Caribbean's innovative monitoring, early alert and response system developed after a visitor-introduced outbreak of norovirus.

Want to Get Involved?



See what YOU can do to help the fight for epidemic preparedness [here](#). #PreventEpidemics

CALL FOR APPLICATIONS

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