Prevent Epidemics Newsletter 2

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ISSUE 2 | May 17, 2019

EDITORS NOTE

Welcome to the second 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 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

95 Number of JEEs completed 55
Global ReadyScore
(average of published RS)

1561 Total cases of Ebola in current DRC outbreak

Data as of May 10

A Look At

Program Management for Epidemic Preparedness Trainees

Resolve to Save Lives recently launched Program Management for Epidemic Preparedness (PMEP), a 12-month training program designed for mid-level managers supporting epidemic preparedness efforts in their Ministry—particularly those coordinating National Action Plan for Health Security activities. Below we have highlighted 4 of the 29 trainees in the inaugural cohort. Learn more about the training program <a href="https://example.com/health/person-particularly-learn-

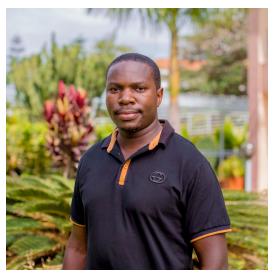


Ruth Nana Friba Arthur is the Chief Disaster Control Officer and Head of the Disease Epidemics Unit at the Ghana National Disaster Management Organization, a government agency. Ruth has 20 years of experience working in disaster preparedness and response and played an integral part in the Joint External Evaluation and National Action Plan for Health Security development for Ghana.

"I feel personally motivated to work on epidemic preparedness because it offers an opportunity to save lives and promote awareness and collective participation to achieve a common good."



Kola Jinadu is the Assistant Director/Senior Technical Advisor to the Director General of the Nigeria Centre for



Jacob Lusekelo is the Tanzania National Health Laboratory Quality Manager and the International Health Regulations National Focal Point (Laboratory). Jacob has worked on several programs in Tanzania such as the Africa Cholera Surveillance Project, coordinated trainings and meetings on Biosafety and Biosecurity, and supporting laboratory networking and accreditation.

"During a cholera outbreak in 2012, while I was coordinating cholera response activities, I was so moved by seeing so many small children suffering from diarrhoea. I wanted to reach every suffering child during that period. If we can have a strong epidemic preparedness system, we can save lives."



Betty Mbolanyi is the Senior Environment Officer, Directorate of Environment Affairs at the Uganda Ministry of Water and

Disease Control (NCDC). Kola has over 8 years of experience as a public health physician working in epidemic prone diseases, surveillance, pandemic preparedness and response and partner coordination.

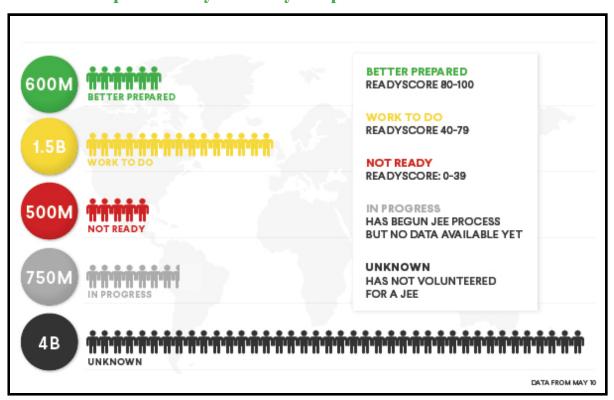
"I am particularly motivated to work on epidemic preparedness because poor epidemic preparedness was largely responsible for the avoidable nearly 12,000 deaths in the 2014-2016 West African Ebola epidemic. Bearing this colossal loss in mind, I will continue to be a champion in epidemic preparedness both locally and beyond."

Environment. In her current role she coordinates all health and environment work on behalf of the Directorate and is in charge of environmental issues for the Central Region.

"I feel personally inspired to work on epidemic preparedness because Uganda is striving hard to achieve middle-income status by 2020, and that will be unachievable without a healthy population. A healthy population is key to economic development and sustainable development."

DATA SNAPSHOT

Global Population by Country Preparedness Level



Although the number of Joint External Evaluations (JEE) conducted is climbing—the 100th JEE is likely to occur this summer—the number of people living in not-assessed countries remains high. According to WHO data, as of May 3, over 4 billion people live in a country that has not completed a transparent, external evaluation of their ability to find, stop and prevent epidemics. This means there is no externally validated information available to catalyze improvements in preparedness, and let their neighboring countries, and the world, know how prepared they are for an epidemic.

On PreventEpidemics.Org, we divide countries that have conducted a JEE into 4 categories based on their ReadyScore: 1. In Progress (no data available yet), 2. Not Ready, 3. Work to Do and 4. Better Prepared. Countries are able to move up categories by implementing a national plan to address preparedness gaps

identified in their JEE and then by repeating their JEE.

For countries that have conducted a JEE, the largest population falls under 'Work to Do', with 1.5 billion people. This means those 1.5 billion people are under the care of governments that are committed to improving preparedness, but an outbreak today could cause preventable deaths and cross borders. Work to Do is followed by Better Prepared with 600 million people and Not Ready with 500 million. While all people deserve to live in a country that is Better Prepared, countries cannot begin to improve their preparedness if they don't know where their gaps are.

Success Story



Check out our <u>new success story</u> on a novel way community groups were able to provide clean and safe drinking water to their neighbourhoods, helping to reduce cholera cases.

Want to Get Involved?



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

LEARN MORE ABOUT OUR WORK Step Up to Preparedness

Learn how Resolve to Save Lives supports countries to improve their epidemic preparedness.

Read our fact sheet here.









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