

Need & Strategy to Map Surveillance Networks & Integration with Laboratory Networks

GROUP 3



Lab networks and resources in Africa that Africa CDC can utilize

- Multiple Networks, 12 initially, full landscape needed
- Challenge is to streamline and ensure coordination
- Examples of opportunities for Africa CDC:
 - GLASS - increase enrollment and use data for decision-making for stewardship
 - EAPHLN - Data sharing through framework for cross-border surveillance
 - MediLabSecure - integrate through Institute Pasteur
 - Southern African for Inf Dis Surv Network - One health linking academic and research institutes
- Consideration
 - Animal / human interface
 - Laboratory / epidemiology interface

Are networks already integrated with the Laboratory and what are the barriers to integration?

- EAPHLN supporting surveillance aspect of EACIDSN
- WAHO working with Fondation Mérieux to network laboratories
- Resoalob - WAHO wants surveillance network of labs
- GLASS: Country network rather than laboratory –lots of AMR data but based on isolate and not patient
- MediLabSecure – integrated animal/human

Barriers to integration:

- Coordination at political level, different coordinating bodies
- May be integration but is it functional?
- What do mean by integration? Do we talk about human, lab confirmation, animal?
- Network definition e.g. animal / human
- Who pays within these networks for referred samples?

How does Africa CDC and its regional centers build a comprehensive list of surveillance networks?

- Africa CDC to define “network” – criteria and compile a list of those fitting the criteria
- ASLM approach for mapping capacity across Africa – pathogens covered, diseases covered
- Could be addition to existing tool or new standardized tool
- JEE – many countries – data on existing networks – regional not country networks
- Africa CDC to request & analyze appropriate information from existing tools
- Follow up with selected networks follow for comprehensive assessment by regional coordinating centers
- We already know about Economic Committee networks – to make things move quickly, use readily available info
- Electronic reporting important

What strategy can Africa CDC take to connect networks and clinical labs at regional and continental level?

- a. Map networks to identify strengths and gaps, b. ID improvement strategies, c. define priority diseases d. identify indicators
- Build connections – identify comparative advantages of each to agree on focus areas
- Build on existing collaborations & networks of networks within & outside continent – e.g. CORDS
- Initiate political discussions to gain agreement on sharing of data – huge undertaking – countries could agree on some basic information at first e.g. WAHO to engage countries
- Identify lab & surveillance focal person to sit within each network, work together, communicate with other representatives e.g. 2-way benefit in GLASS
- MOUs and communication protocols will be important
- Identify things that can be linked e.g. sample packaging standardized across the network