PROPOSAL FOR THE ESTABLISHMENT OF A SUB-REGIONAL CENTRE FOR SUPPORT TO NATIONAL MULTI-DISEASE SURVEILLANCE AND CONTROL

Member States of the WHO African Region need to strengthen their capability to measure the health impact of dominant diseases and to evaluate current disease control programmes. Also, additional efforts should be made by the current systems to improve the detection of disease outbreaks to enable early intervention. Consequently, under the guidance of the Regional Director for the WHO African Region, WHO/AFRO is helping Member States of the Region strengthen their epidemiological surveillance capabilities by advocating a strategy for the development of integrated disease surveillance systems. The framework, objectives and targets of this initiative are outlined in a report of the Regional Director for Africa (AFR/RC48/8), the essence of which is included as an annex 4 to the report of a Consultative Meeting on Surveillance: An Integrated Control of Priority Diseases including Onchocerciasis (Ouagadougou, 15-17 April 1998) circulated at the current session of the Joint Programme Committee (as document JPC19.6).

As part of this initiative for the development of integrated disease surveillance systems in the Region, the Regional Director intends to assist Member States in this process by establishing special WHO sub-regional multi-disease surveillance project offices, or centres, in Western, Central, Eastern and Southern Africa. In Western Africa, it is envisaged to establish such a project office, to be called the Multi-disease Surveillance Centre, operating as an integral part of WHO/AFRO and utilising the surplus headquarters' offices, laboratory facilities and appropriate equipment of the Onchocerciasis Control Programme as it winds down its activities in anticipation of closure in the year 2002.

This proposal was considered at the above-mentioned Consultative Meeting on Surveillance and has been strongly supported by the Committee of Sponsoring Agencies (CSA). An ad hoc committee of WHO headquarters, OCP, Ministries of Health and AFRO regional staff has commenced work on examining and developing recommendations on how WHO/AFRO could best use the OCP facilities for the Multi-disease Surveillance Centre, including the administrative and practical arrangements.
The main characteristics of this proposed Multi-disease Surveillance Centre are set forth briefly below:

(i) The objective of the Centre is to enhance the surveillance and control capabilities of Member States in the subregion. It will do this by:

- training epidemiologists at the national level
- supporting Governments to strengthen lines of communication from the community level to the district and national levels, benefiting from the already established network of communications and contact points between the national level of Participating Governments and OCP facilities - promoting regular and rapid reporting of centralised epidemiological data to the Centre and its laboratory facilities.
- enhancing the OCP laboratory facilities to deal with a range of selected diseases in addition to onchocerciasis - so as to be able to undertake specialised analysis of incoming epidemiological specimens for selected diseases and report the results of the analysis back to the national level as soon as possible - and maintaining these facilities as part of the Centre after closure of OCP;
- supporting Governments to strengthen their national capability to utilise the laboratory results “downloaded” from the Centre’s laboratories so as to ensure prompt and appropriate country-level interventions to control outbreaks of the identified diseases;
- maintaining centralised stocks of vaccines and drugs in strategic places in West Africa for emergency use by national authorities when necessary to control disease outbreaks identified through the integrated disease surveillance system; and
- providing technical and scientific advice at the country level on operational research on integrated disease surveillance.

(ii) The centre will be funded by AFRO regular budget funds and such extra-budgetary funds as may be raised by WHO/AFRO to support the initiative.

(iii) The staff of the centre (minimum level will be four epidemiologists, including an onchocerciasis specialist as a first step) will be WHO staff, reporting to the Regional Director, through - for the remaining life of the Programme - the Director of OCP in order to ensure close liaison with OCP on coordination of work and, in particular, the common use of OCP facilities in a manner that will not impede the work of the Programme, while at the same time being able to benefit from OCP expertise.

(iv) A cost-sharing arrangement will be developed with OCP for the use and maintenance of common facilities by the Centre, and AFRO will bear the costs of enhancing the capabilities of the OCP laboratories to function as multi-disease laboratories for the Centre. After the closure of the OCP, AFRO will maintain these facilities for use by the Centre at its own cost, except to the extent used by APOC as applicable.
(v) After the closure of OCP, it is planned to leave some former OCP staff as part of the Centre to assure effective onchocerciasis surveillance and control and administration within the integrated disease surveillance system.

It is felt to be in the interests of OCP to encourage and support this WHO/AFRO initiative. By incorporating onchocerciasis surveillance as part of an integrated system, this will improve the capability of Participating Governments to carry out onchocerciasis surveillance effectively and efficiently and will improve the sustainability of their surveillance capability over a "stand alone" surveillance programme. Thus, it would be desirable for OCP not only to provide support for the onchocerciasis component of the integrated disease surveillance system to be established at the country level and also as linked to the Multidisease Surveillance Centre, but also to provide a broader range of technical support to the Centre in the form of access to documentation facilities, transport, logistics and mechanisms for clearance of goods (e.g., clearing agents for customs).

As far as disposition of the OCP headquarters facilities at the end of the Programme is concerned, the land and building are owned by WHO for the Programme. Questions of ownership of such property for ensuring the continued availability of such headquarters facilities do not thus arise. In this connection, the OCP laboratory facilities will also be located as from January 1999 in the OCP headquarters building and would be similarly available for use by the Centre.

As it is clearly in the interests of OCP to have onchocerciasis surveillance integrated into a multidisease surveillance system, the Joint Programme Committee is urged to endorse this AFRO proposal to use the OCP headquarters building and OCP laboratory facilities as described above for the establishment of a Multidisease Surveillance Centre for West Africa and to approve the provision by OCP of limited appropriate technical assistance to the Centre at its outset for the purposes of ensuring its functionality. Thus, starting with the use of unused portions of the headquarters building and OCP laboratory facilities as the Programme winds down between now and the end of 2002, and then completely taking over the building and facilities after closure of the Programme, this proposal not only combines efficient use of existing resources which would otherwise be under-utilised as the Programme contracts but also has the potential to assure the continuation of the successes of the Programme on a sustainable basis.