



**Regional Strategy
Communication and Coordination between Institutions in the
ECOWAS Region for the Control of Epidemics**

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Interinstitutional Communication and Coordination (IICC)

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Acronyms

ACDC	African Centre for Disease Control and Prevention
AfDB	African Development Bank
AHM	Assembly of Health Ministers
AU-IBAR	African Union Inter-African Bureau for Animal Resources
CORDS	Connecting Organisations for Regional Disease Surveillance
DARD	Directorate of Agriculture and Rural Development
DHIS	District Health Information System
DHSA	Directorate Humanitarian and Social Affairs
ECOWAS	Economic Community of West African States
EOC	Emergency Operations Centre
EWD	Early Warning Directorate
FAO	Food and Agriculture Organisation
FP	Focal Point
GIZ	Gesellschaft fuer Internationale Zusammenarbeit
ICT	Information and Communication Technology
IHR	International Health Regulations
IICC	Interinstitutional communication and coordination
M&E	Monitoring and evaluation
MoU	Memorandum of Understanding
MS	Member State(s)
NCI	National Coordinating Institution
NCEWR	National Centres for Early Warning and Response
OIE	World Organisation for Animal Health
PAPS	Department of Political Affairs, Peace and Security
PHE	Public Health Event
RAHC	Regional Animal Health Centre
RCSDC	Regional Centre for Surveillance and Disease Control
REDISSE	Regional Disease Surveillance Systems Enhancement
RPPP	Regional Programme Support for Pandemic Prevention in the ECOWAS Region
SOP	Standard Operating Procedure
UN	United Nations
US CDC	United States Centers for Disease Control and Prevention
USAID	United States Agency for International Development
WAHO	West African Health Organisation
WANIDS	West African Network for Infectious Disease Surveillance
WHO	World Health Organisation

Acknowledgements

The Regional Strategy for Communication and Coordination for the Control of Epidemics between Institutions in the Economic Community of West African States (ECOWAS) Region has been developed in a collaborative effort of experts from various institutions and organizations from ECOWAS, and international experts from stakeholders and development partner organisations. The West African Health Organization (WAHO) is leading this process with the strong support from the “Regional Pandemic Preparedness Programme” (RPPP), and would like to appreciate and thank the team of national and international experts who generously provided their expertise, input and time supporting and contributing to the development of this strategy.

Introductory statement WAHO

The unprecedented and unforeseen Ebola epidemic in West Africa exposed many gaps in preparedness and response to infectious disease outbreaks in the ECOWAS Region.

To respond to this situation, the 47th Session of the Authority of Heads of State and Government of ECOWAS held May 19, 2015 in Accra, Ghana, approved the establishment of the ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC). In establishing this Center, the ECOWAS Authority seeks to promote the regional integration by setting up a single structure dedicated to strengthening disease surveillance and response capacities of Member States and their resilience to epidemic shocks in the West African region.

Furthermore the 75th Ordinary Session of the ECOWAS Council of Ministers held December 13-14, 2015 in Abuja, Nigeria, approved the regulations establishing and stating the operating procedures of the Regional Centre. This regulation recognizes the call of the African Union to establish regional centres for disease control by regional economic communities as coordinating units of the proposed Africa Center for Disease Control and Prevention (ACDC), recognizes that ECOWAS Member Countries are bound by the International Health Regulations (IHR, 2005) and are also committed to implementing the “One Health” approach in collaboration with the World Health Organization (WHO), the World Organization for Animal Health (– OIE) and the Food and Agriculture Organization (FAO).

It is against this background that ECOWAS established a technical partnership with GIZ (Gesellschaft für Internationale Zusammenarbeit GmbH) to develop and implement a regional strategy and a regional strategic action plan for communication and coordination between institutions in the ECOWAS Region. The goal is to guide the implementation of an operational network in order to coordinate the surveillance and response in the key areas of disease control and prevention and particularly with regard to epidemic-prone diseases.

The regional strategy and the strategic action plan was developed through a participatory approach and based on the assessment done on information flows and needs for inter-institutional communication and coordination in health crises and epidemic control at regional and national levels in the ECOWAS Region.

The regional strategy will feature the following:

- Vision and mission;
- General objectives to introduce and/or improve mechanisms for communication and coordination between ECOWAS Commission, WAHO, ECOWAS Regional Center for Surveillance and disease Control, ECOWAS Regional Animal Health Center, National Coordinating Institutions of ECOWAS Member States and stakeholders in epidemic prevention and control;
- Target audience at regional and national levels and for partners and stakeholders;
- Guiding ethical and managerial principles to ensure that the strategy is in line with other policies including those on health issues;
- Challenges and cross-cutting issues; and
- Monitoring and evaluation.

The Strategic action plan covers the period 2019 – 2024 and has the following thematic areas: (i) ECOWAS Commission; ECOWAS Specialized Institutions and Agencies; (ii) ECOWAS Member States, including cross-border activities; (iii) One Health; and (iv) Emergencies and Surveillance.

The vision and mission statement in the strategy lead to the definition of a general objective for the strategy and components which are further broken down into specific objectives for the four thematic areas covered in the strategic action plan as outlined here. These specific objectives define “where we want to be in 2024”.

The thematic areas are broken down into sub-objectives and activities, which contribute to the achievement of the specific objective and define the “milestones to be reached along the way”.

Situation analysis from the assessment from November/December 2017

The “Assessment of information flows and needs for inter-institutional communication and coordination (IICC) in health crises and epidemic control at regional and national level in the ECOWAS Region” from November/December 2017 provides a situation analysis, which is the background for the strategic approach.

Methodology

Key documents related to interinstitutional communication in the ECOWAS region at regional level were identified and main findings summarized into a draft description of existing communication flows, contents, tools used including coordination mechanisms and roles and responsibilities of key stakeholders, and validated as far as possible during the assessment.

A stakeholder analysis was performed including recent developments, and under special consideration of the topic of IICC. Stakeholders were interviewed using a semi-structured questionnaire, which were developed for the different topics and specific stakeholders, and adapted and focused according to insights gained during the mission.

Country visits to five Member States (Nigeria, Cote d'Ivoire, Senegal, Sierra Leone, Togo) provided on-site information, which was discussed with all relevant stakeholders in a workshop in March 2018 in Dakar.

Institutional environment/stakeholders

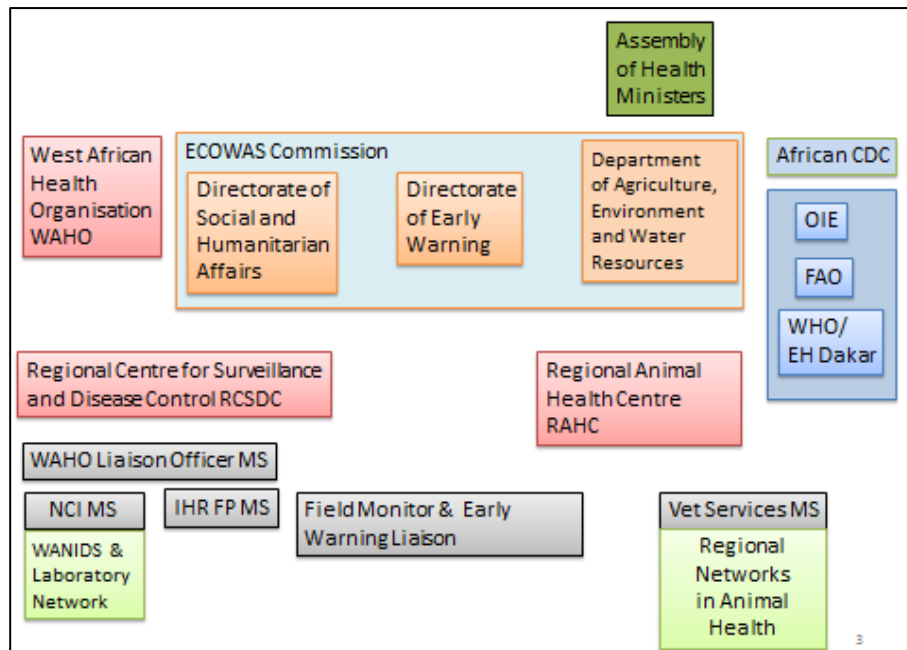


Figure 1: Stakeholder identified for IICC at regional level in the ECOWAS region

Main stakeholders at the regional level are the ECOWAS Commission with the Directorates of Humanitarian and Social Affairs (DHSA) under the Department of Gender and Social Affairs; the Early Warning Directorate (EWD) under the Department of Political Affairs, Peace and Security (PAPS); Directorate of Agriculture and Rural Development (DARD) for the One Health aspects; WAHO which is positioned as an ECOWAS Institution at the same level as the ECOWAS Commission; while the ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC) and the Regional Animal Health Centre (RAHC) are the Specialized Agencies of relevance, together with their respective networks in human and animal health.

The DEW is responsible for observation of events, collection and analysis of data, as well as communication of early warning alerts for security, peace and conflict, climate change and environment, health and governance within the region whereas the DHSA is the policy focal point of WAHO in the Commission and functions at policy level of ECOWAS Commission on behalf of WAHO during Public Health Events of International Concern (PHEIC). The ECOWAS Department of Agriculture, Environment and Water Resources (DAEWR) supervised the activities of the recently established RAHC (2012) located in Bamako and invariably contributes to the One Health aspect. Apart from being a broker between the political regional level and the Member States, WAHO facilitates the exchange of resources between countries, support in harmonising health policies, and also communicate with and support the Member States to address epidemics, outbreaks and other public health emergencies.

Although recently created, the RCSDC's mission is to identify, assess and communicate current and emerging threats posed to human health by diseases and to prepare response, working closely with national coordinating institutions (NCIs) in the Member States on building a strong and comprehensive system for prevention and control of disease across the ECOWAS region. The RAHC as the regional agency for animal health and thus the counterpart of the human health institutions for One Health has introduced the position of a liaison officer to WAHO and in the future most likely

also to RCSDC in its organisational structure to foster information exchange and timely communication; whether this function is used as planned has not become clear during the assessment.

At the Member States (MS) level, key stakeholders are the NCIs and the WAHO Liaison Officers, the International Health Regulations (IHR) Focal Points, the veterinary services, and the Early Warning Liaison Officers. The mandate of the NCI in a MS is to ensure compliance with the IHR (2005) by facilitating and coordinating the implementation of surveillance, response interventions and cross border activities to address epidemics, pandemics and other public health threats and to report health information, surveillance data alerts, and information relevant for early warning and response to the regional level (WAHO/RCSDC),

The West African Network of Infectious Diseases Surveillance (WANIDS) as the key link between the NCIs and the regional institutions (WAHO/RCSDC) ensures communication and coordination surveillance and response activities between the MSs and their respective NCIs during peace times and in emergencies.

The key international stakeholders are the African Centre for Disease Prevention and Control (ACDC), which is a continent-wide organisation, as well as the institutions of the United Nations (UN), i.e. the World Health Organization (WHO) with its Emergency Hub in Dakar, the Food and Agriculture Organisation (FAO) and the World Organisation for Animal Health (OIE). The World Bank through its Regional Diseases Surveillance Systems Enhancement (REDISSE) project provides strong support to the further development of the institutions involved in One Health, like RAHC, including capacity building and institutional support.

Document review of strategies and policies relevant for IICC in the ECOWAS region

The IICC strategy needs to be in line with already existing regional health strategies and structures as well as the mandates of the ECOWAS Commission, WAHO, RCSDC, RAHC and institutions at national level. To ensure this, the policies, strategies, documents, and decisions listed below were reviewed with regard to their content and relevance for IICC:

1. ECOWAS Commission. Early Warning and Response System: Strategic Plan 2016-2020 and Medium-Term Action Plan 2016-2020.
2. West African Health Organization: Strategic paper and planned communication 2016.
3. West African Health Organization. Statute of The West African Network for Infectious Disease Surveillance (WANIDS).
4. ECOWAS. Regulations establishing and Stating Operating Procedures of the ECOWAS Regional Centre for Surveillance and Disease Control. 2015.
5. National Coordination Institution. Terms of Reference.
6. ECOWAS. Final Communiqué of the 17th Ordinary Meeting of The Assembly of Health Ministers of ECOWAS. 2016.
7. One Health Initiative. Report on One Health Ministerial Meeting to Address Zoonotic Diseases and Other Related Public Health Threats. Dakar, Senegal. 2016
8. Centre on Global Health Security. A guide to sharing the data and benefit of public health surveillance. 2017
9. World Health Organization. Incident Management System.

The roles and mandates of WAHO, RCSDC and NCIs are clearly defined in the documents 1,2,3,4, and 5. The documents also provide an insight into the regional health architecture vis-à-vis surveillance and emergency response within the framework of IICC. In addition, the regulations, terms of reference as well as Standard Operating Procedures (SOPs) in some settings also describe the communication and coordination roles of relevant institutions and stakeholders. More so, some of the resolutions and communiqués following high level political meetings (e.g. Assembly of Health Ministers meetings) are also resonant on the need to have a concerted and coordinated approach in epidemic control in the region (6,7).

The paradigm shift towards the “One Health Approach” is supported by important regulations and documented political pronouncements. The principle and relevance of timely and efficient information sharing for epidemic intelligence as well as for regional and global health security has also been described. The meeting in Dakar, Senegal, 2016 stated in its final communication (7) the key stakeholders for the One Health approach in the region, namely WHO, FAO, OIE, ECOWAS Commission, WAHO and RAHC, the African Union Inter-African Bureau for Animal Resources (AU-IBAR) and development partners, including the United States Agency for International Development (USAID), United States Centres for Disease Control and Prevention (USCDC), African Development Bank (AfDB) and the World Bank. (6,7,8)

The systematic approach to emergency management including important recommendation in any setting is clearly described in the WHO manual for the incident management system (9).

Key findings, conclusions and recommendations from the assessment report

The most relevant thematic blocks for the strategic plan are:

- ECOWAS Commission, ECOWAS Specialized Institutions and Agencies (ECOWAS Commission, WAHO, ECOWAS RCSDC, ECOWAS RAHC)
- ECOWAS Member States, including cross-border activities
- One Health
- Emergencies and surveillance

The key findings, conclusions and recommendations for these thematic blocks are described in the following paragraphs. Further and more detailed information is available from the report “Assessment of Information flows and needs for inter-institutional communication, coordination in health crises and epidemic control at regional and national level in the ECOWAS Region”.

ECOWAS Commission, ECOWAS Specialized Institutions and Agencies (ECOWAS Commission, WAHO, ECOWAS RCSDC, ECOWAS RAHC)

The current situation regarding communication and coordination between institutions for epidemic control is characterised by the following key findings:

ECOWAS Commission and WAHO/RCSDC

- Between the key actors for IICC at regional level, formal and informal links of communication and coordination exist in parallel. Formal links are very complex and at high political level while links at operational level are often not formalised.
- WAHO’s communication with the Directorates of the ECOWAS Commission (EWD and DHS) is not yet close enough for a regular exchange of information

and for coordination. Therefore, clear definition of communication lines between WAHO and the relevant Directorates and Departments in the Commission need to be established, taking into account the specific position of WAHO in the ECOWAS.

- The existing Early Warning System under the Department of Political Affairs, Peace and Security (PAPS) is still not linked to the routine surveillance system in the health sector. National Centres for Early Warning and Response (NCEWR) are established/will be established in ECOWAS MSs and procedures should be established to connect with NCIs in the health sector.

WAHO/RCSDC

- WAHO is a prominent player in the field of prevention and control of epidemics, appreciated by MS. WAHO has a supervisory role for the newly created RCSDC and supports the creation/designation of the NCIs and their network.
- WAHO-RCSDC-RAHC still must define their way of collaboration and communication in the perspective of the One Health approach. Efforts are being made, and structures are in place or foreseen, such as the One Health platforms at regional and national levels.
- The counterparts for WAHO in MS are the NCIs. The communication between WAHO and the MS is channelled through the WAHO Liaison Officers. The RCSDC once fully operational will exchange information directly with the NCIs including communication through WANIDS as the network of the NCIs.

WAHO and Member States

- WAHO and the MS organise cross-border activities, especially simulation exercises as a successful approach to test plans, and to build trust and structures between MS.
- There is still a lack of formal structures and procedures to ease cross-border activities, and questions about who leads in such coordination efforts.

WAHO and partners

- WAHO and RCSDC have a wide range of international partners. Communication and coordination takes place in general through the “Partners’ Forum” linked to the Assembly of Health Ministers (AHM). The everyday communication and coordination is cooperative but limited due to overburdened human resources.
- Streamlining, clarifying and formalising the communications lines would enable more effective engagement with partners.

Key recommendations:

- Formalise the communication at operational level between the Directorates of ECOWAS Commission and WAHO
- Ensure smooth communication and coordination between the regional institutions and the MS to gain support, trust and collaboration from the MS
- Formalise communication and coordination with partners
- Develop and provide blueprints for cross-border activities to ease administrative and bureaucratic procedures
- Ensure linkage between NCEWR and NCIs in the frame of the establishment of a multi-hazard early warning system.

ECOWAS Member States and cross-border activities

The horizontal coordination and communication between MS is generally seen as to be improved and simplified, esp. for cross-border activities. The following key findings describe the current situation:

- NCIs are in the process of being established in all MS with a strong mandate for national surveillance, emergency management and response, but with different levels of capabilities and capacities and needs for support throughout the region.
- Communication and coordination structures and processes with the regional level and international partners are multiple and resource consuming.
- Exchanges of surveillance data and horizontal collaboration between MS are still at an early stage.
- WANIDS is the key link between the NCIs, MS and the regional institutions but is not yet completely fulfilling its mandate.
- Though cross-border collaboration is pursued and supported by regional and international institutions, administrative processes are not harmonised and thus inefficient, with cooperation taking place mostly between neighbouring countries and countries with the same language.
- Currently specific agreements between individual countries often regulate cross border activities. Building trust is seen as a key step to improve collaboration of national level institutions.
- Feedback and support from regional level to MS seems to be still insufficient or delayed.

Key recommendations:

- MS need to be strengthened with relevant capacities and capabilities in order to have the required strong regional institutions.
- Efforts should be made from the regional level to decrease currently existing differences in capabilities between NCIs through capacity building, and technical and financial support in outbreaks and emergencies. Efficient structures should be created to allow fast and simple communication and coordination between MS and regional/international institutions.
- Cross-border activities and inter-country communication and coordination should be strengthened.
- MS should use the opportunities for collaboration and support offered by the regional institutions, thus strengthening the linkages between MS and regional level, and building a stronger network.

One Health

The One Health approach has been adopted for the ECOWAS region, and efforts are made to progress to its full implementation. The following key findings describe the situation:

- Even though high on the political agenda, One Health is not yet strong and consistently implemented across the region. A One Health platform is yet to be established in most MSs as a routine, while it seems to work well in emergencies of especially zoonotic diseases. In some countries the national One Health platform is positioned under the Office of the Prime Minister (where applicable). This is seen as good practice since it allows preventing the

dominance of one sector, and gives a political momentum, which is needed for efficient collaboration.

- The animal health structures are still weak and would need to be strengthened, as well as the collaboration of the networks at regional level, which at the point in time of this assessment, does not exist yet.
- The lack of strong dedicated institutions for environmental health is a deficiency, which on a longer-term perspective would need to be addressed to guarantee a more comprehensive understanding and approach of One Health.
- Communication across sectors during crises is usually better than during peace times. Successful examples for cross-border activities exist, and should be put into value. There is the general impression that the health sector usually plays the dominant role due to better capacities or the character of the incidents.

Key recommendations:

- RAHC should be strengthened to be able to fully take up its role as specialised regional agency for animal health in the future.
- At country level, should be considered to link the national One Health Platform consistently to the Office of the Prime Minister (or similar) as this has been proven to be an efficient way of steering response activities. Where it is not yet the case, SOPs and relevant instruments could be developed to support the formalisation of the process.
- Systems and data flow for communication and reporting need to be harmonised in order to facilitate exchange of data and information.
- Common harmonised procedures and SOPs should be developed to facilitate the exchange of relevant information and improve coordination.
- Capacity building for One Health including academic courses, trainings and curricula for continuous professional development should be developed and supported.
- Advocacy for sustainable funding for One Health in national and regional budgets needs enhancement

Emergencies and surveillance

Surveillance

Key findings of the assessment of the regular surveillance system include:

- The national and regional human surveillance system is clearly defined and structured and follows principles and guidelines of the “Integrated Disease Surveillance and Response” system. The same is true for reporting of emergencies under IHR, which are also quoted as an example for clearly defined communication and coordination structures.
- NCIs are the national counterparts of the regional institutions for reporting of surveillance data through the District Health Information System 2 (DHIS 2) to the regional database at WAHO, which at a later point in time will be with RCSDC and WANIDS.
- WANIDS is seen by MS as a valuable source of direct communication between countries but is not very active yet, except for annual meetings and occasional activities. Once WANIDS is fully functional, NCIs may gain a stronger position, and cross-border and inter-country communication and coordination may be facilitated.

- The exchange of surveillance data between animal and human health is not regularly established, except for emergencies of zoonotic diseases where the national task force and platform is activated and usually works well and efficiently.
- The surveillance for the animal health sector is strictly hierarchical from veterinary services in the Ministries of Agriculture or Livestock depending on the importance given to the livestock sector in each country. MS are supported at continental level by AU-IBAR and at international level by FAO and OIE.
- Non-formalised structures and procedures play an important role in some settings.
- The double reporting through IHR FPs to WHO and through NCIs/WAHO Liaison Officers to WAHO/RCSDC and the poorly harmonised feedback from both reporting systems cause an additional burden on already stretched resources in some MS, and should be harmonised.

Key recommendations:

- WANIDS should be strengthened to support NCIs' joint activities, facilitate the communication and coordination between MS and RCSDC, and strengthen NCI capacities.
- Animal and human health surveillance systems should be revised to create interoperability for data and information exchange.
- Feedback should be organised in a timely and useful way, new methods should be evaluated exploring novel Information and Communication Technology (ICT) based approaches and the use of social media.
- Harmonisation of reporting schemes would help to save resources.

Emergencies:

Key findings for the system in emergencies include:

- The efficiency of the in-country emergency mode largely depends on the extent and nature of the emergency, and the national capacities and resources, which are very different throughout the region.
- Response is under the sole authority of the responsible MS or, if more than one MS is affected, each country coordinates and manages its own operations and response.
- Not all 15 MS have established a functional Emergency Operations Centre (EOC) yet.
- Coordination between countries, as well as direct country-to-country support, is steered through the regional networks, WAHO.
- Mutual support amongst MS is defined by the agreement of the AHM, Guinea Bissau, 2016. Direct country-to-country support is possible but has not been sufficiently demanded and provided yet to be considered common practice.
- WAHO is seen as the lead in response and coordination for the region in emergencies, and can provide both human (e.g. Regional Rapid Response Teams) and financial resources to support MS during emergencies based on a needs assessment. Once RCSDC is fully operational, it will take over some of these tasks as defined in its mandate.
- WHO is closer to the countries through its country office structure, and sees itself in a leading role as well, as expressed by the WHO Emergency Hub in Dakar, whereas WAHO and some countries see it in a rather supporting than leading role.

- The lack of written agreements for cross border activities as well as language barriers, different levels of capacities and lack of partner coordination may hamper efficient response to emergencies at national and regional level.

Key recommendations:

- Clear lines of coordination and lead in emergencies should be formalised and communicated.
- The agreement from Guinea Bissau 2016 of the AHM should be put in the focus of a discussion on how to best coordinate the mutual support between MS. The regional institutions and/or WANIDS could facilitate this discussion.
- The deployment of Regional Rapid Response Teams should be promoted.

Modern approaches to digital communication

- A variety of tools for communication, coordination and reporting are used throughout the region in different situations, and by different systems, and are not necessarily compatible.
- The regular communication lines are the “classic” ways (e-mail, social networks, etc.).
- The ECOWAS Secretariat is engaged with the ECOSUITE roll out throughout the ECOWAS institutions. The ECOSUITE is an intranet and extranet solution based on Microsoft SharePoint, which is serving as platform for communication, collaboration, workflow and business processes. During 2018, several ECOWAS institutions including WAHO and RCSDC will be connected, sharing applications, instant video conferencing, and Cloud Conferencing System technology with desk support.
- RAHC, NICs and other related public health agencies have databases and information that should be gradually harmonized and shared with the RCSDC platform.
- The ECOWAS agencies in other sectors (for instance, RAHC for animal health) should be connected with ECOWAS regional human public health agencies (WAHO and RCSDC), and will require a protocol or Memorandum of Understanding (MoU) to connect with the SOPs of those institutions.

Key recommendations:

- RCSDC in coordination with WAHO and gradually the NICs should develop their intranet/extranet capacities jointly with clear SOPs.
- RCSDC, NICs and RAHC should develop strong platforms for surveillance, events analysis and response aiming for interoperability and harmonization of systems for human, animal and environmental health, using One Health approach.
- The institutions should agree on minimum information to be shared on routine basis.
- The three regional networks of the three sectors involved (human health, animal health and environment) should use the same platforms for communication and coordination.
- ECOSUITE, the share point ICT solution to address communication, collaboration, workflow and customer relations, for the ECOWAS institutions, should be upgraded and scaled up for the WAHO, RCSDC and NICs with user - friendly interfaces
- The EOC capacities should be assessed and upgraded as necessary.

General conclusions

- Some of the problems identified in the assessment are inherent structural problems in the organisation of the ECOWAS Commission, ECOWAS specialised institutions and agencies, and therefore require political decisions at highest level to be addressed.
- One of the most striking features during the assessment was the existence of “parallel universes” meaning that each organisation has its own perception on its importance and mandate while this does not correspond necessarily to the views of the others.
- MS need to be strengthened in order to have a strong regional capacity for preparedness and response, and to build the foundation for the activities of the regional institutions. (“To have strong regional institutions, you need to strengthen the institutions in the Member States.”)
- The strong desire and recommendation to formalise communication and coordination between the institutions has been expressed in many of the interviews, and is complemented by the expressed wish and need to build trust and to improve the network between countries and with the regional organisations.
- Building trust between countries and the institutions has often been mentioned as crucial. Trust requires transparency and openness, and good communication, characterized by being regular, reliable and relevant. The regional organisations need to deliver with regard to their mandate and responsibilities towards the countries’ expectations. They need to be empowered to be able to do so in terms of sufficient capabilities and capacities, staff, logistics, funding and clear procedures. Formal preconditions need to be clarified and made easy to allow exchange of information and staff, e.g. for cross border activities, exchange programmes, data sharing, common databases, joint outbreak investigations and response activities etc.
- Best practices exist and should be documented and put into value using existing structures and experiences to build upon.

Vision

Controlling epidemics in the ECOWAS region through efficient and effective mechanisms of inter-institutional communication and coordination.

This vision is in line with the ECOWAS regulation establishing and stating operating procedures of the ECOWAS Regional Centre for Surveillance and Disease Control, the regulations of the African Union and the International Health Regulations (2005).

Mission

Establishment of an operational network for prevention, detection and response in epidemic control using a One Health approach, guided by a coherent and effective inter-institutional communication and coordination framework.

General Objective for the IICC strategy

To introduce and/or improve mechanisms for communication and coordination between WAHO, RCSDC, ECOWAS Commission, RAHC, NCIs and stakeholders in epidemic prevention and control:

- To establish lean, fast and adaptable mechanisms following the One Health approach;
- To strengthen and facilitate cross-border exchange and coordination in peace times and during emergencies;
- To promote human rights and gender considerations for activities planned and performed according to the strategic plan.

Target audience

At the regional level

This document is primarily intended to provide guidance to political decision makers, managers, and senior and middle level professionals in the health sector and other sectors who are involved in the prevention and control of outbreaks and epidemics in the ECOWAS region.

Its target audience consists in particular of the ECOWAS Commission Directorates and Departments responsible for early warning, human health, animal health and the environment, and the respective ECOWAS institutions and technical agencies (WAHO/RCSDC, RAHC).

WAHO is the leading institution in the ECOWAS for human health. It will take the lead for the implementation of the strategy, strongly supported by the RCSDC and other relevant institutions and agencies in the region, and implementing partners.

At the national level

The key institutions for the IICC in epidemics at MSs level are the NCIs or, where they are not yet established, the respective units or departments in the MoH, with WANIDS as their connecting link among each other and with the regional level institutions.

National institutions are the most important beneficiaries of the strategy, but also important actors in all fields of IICC. NCIs and national institutions in other sectors will benefit from improved communication and coordination mechanisms, capacity strengthening and networking initiated through this strategy.

For partners and stakeholders

This document is also targeted to partners and stakeholders to improve their working relationships with the national and regional institutions.

Guiding principles

The strategy shall follow ethical and managerial principles, which ensure appropriate guidance is provided, and the strategy is in line with other health policies.

- **Transparency**

All IICC channels, processes and SOPs should be clearly defined and shared with the main stakeholders and actors to ensure transparency with regards to the achievement of communication objectives.

- **Collaboration and participation (multi-sectoral, UN and partners)**
This strategy should promote collaboration and active participation of all relevant stakeholders involved in IICC processes. This includes ECOWAS structures, relevant actors at country level, development partners involved in the UN system and other partners. Networking should be promoted whenever suitable and relevant.
- **Mutual accountability**
Stakeholders should be held responsible for the best use of resources in the implementation of the strategy through evaluation and reporting.
- **Sustainability**
Structures and systems that are put in place must endure over the long term and be adapted creatively to changing conditions. There should be no dependencies, which could compromise the longevity of the measures. The focus should be on long lasting and resources saving approaches.

Scope

The scope of the strategy and the strategic plan is regional, not national, targeting the regional structures, and adding regional components that are different from a mere extension of national policies and strategies. The regional aspects will create added value for the MS and their institutions, support cross-border and multi-country processes and activities, create and use synergies, and will increase the efficiency of scarce human and financial resources for epidemic prevention and control in the region.

This strategic action plan targets the following thematic areas:

- ECOWAS Commission, ECOWAS Specialized Institutions and Agencies (ECOWAS Commission, WAHO, ECOWAS RCSDC, ECOWAS RAHC)
- ECOWAS MS including cross-border activities
- One Health
- Emergencies and surveillance

Modern approaches to digital communication are included in all thematic areas.

The aspects of the working relation with the partners in these thematic areas are considered.

Development of sustainable structures for communication and coordination between institutions in the ECOWAS region is a long-term process, which requires the continuous engagement of all stakeholders. Processes and practices build on each other, and need to be developed and implemented in a consistent and logical order with durable technical and financial backing in all sectors and at all levels.

The timeframe foreseen for this strategic action plan is five years (2019 – 2024), after which a thorough final evaluation will provide the outline for revision and potential future periods.

Process of strategy development

The strategy was developed following a participatory approach involving a maximum of relevant stakeholders in ECOWAS, as well as international partners, under the lead of the WAHO and supported by the German RPPP.

After an assessment and situation analysis in November and December 2017 and the dissemination of the respective report, the strategy development started with a first interactive workshop in March 2018 defining the general approach, the thematic priorities, and a first roadmap for selected topics.

During this workshop, a Core Group was identified to give technical guidance and advice, and to ensure active participation throughout the whole process.

The Core Group met again in July 2018 to discuss and further develop the draft strategy, which was finalised and submitted to WAHO for review and validation according to ECOWAS regulations.

The participatory approach was kept during the whole development and ensured the relevance of the topics and activities, ownership of the concerned institutions, and compliance with ECOWAS and MS procedures.

Challenges

In the ECOWAS region at this point in time, the public health institutions are undergoing a substantial change process triggered by the evaluation of the management of the Ebola epidemic. New strategies, programmes and projects at regional and national level have been embarked upon, and new networks, structures and institutions are in the process of being created and becoming operational. Substantial progress has already been made at enormous pace, and restructuring and the creation of strong technical agencies like the RCSDC have set the scene for progress in prevention and control of outbreaks and epidemics at national and regional level. These reforms aim to strengthen and sustain the various ECOWAS agencies and institutions and to establish effective communication and coordination mechanisms between them to address epidemic threats.

Establishing sustainable structures and mechanisms of communication and coordination between institutions in a region will significantly contribute to a rapid and effective response to health emergencies. However, different levels of challenges need to be addressed at different levels in order to facilitate the implementation process and its success. They include:

- The geographical fragmentation of certain institutions and stakeholders involved in the management of epidemics in different ECOWAS countries;
- Existence of multiple official languages in the region (French, English, Portuguese);
- Absence or non-formalization of communication and coordination mechanisms between the ECOWAS institutions, the specialized agencies and the MS;
- Difficulty to reach a consensus mechanism of communication and coordination with the complexity and diversity of ECOWAS countries;
- Diverse countries policies, legal and institutional structures in getting consensus MoU and regulations, particularly in sharing information for an effective cross-border collaboration;
- Difficulty of assuring the monitoring and evaluation of the implementation of the strategy;

- Insufficient domestic financial and human resources for the sustainability of the strategy;
- Different level and organization of the performance of national public health systems;
- Lack or insufficiency of interconnection and health information exchange including surveillance data between different countries;
- Lack of harmonization of public health policies between different countries;
- Weakness of cross-border activities in the prevention and fight against epidemics;
- Multiplicity of actors intervening at the national, regional and international levels;
- Difficulty in having a strong leadership for the functionality and coordination of the strategy.

Cross cutting issues

The ECOWAS region is facing health emergencies, which need appropriate strategies for control.

Communicating on epidemics and public health events in a multi-sectoral setting includes the consideration of cross-cutting topics. Apart from the One Health approach and the human health approach, other issues to consider include gender diversity and the importance and impact of entrenched gender roles especially in terms of access to health-related information, treatment and health care, as well as inequalities in health outcomes across vulnerable segments of the population and the need to improve this in terms of epidemic preparedness and response. Cultural practices, which mitigate against effective preparedness and response activities, need to be appropriately taken into account, and the differing impact of health determinants such as education, access to water and sanitation, housing etc. will have to be addressed. The political will to make the necessary changes is crucial for success

Strategic action plan 2019-2023

The thematic areas for the strategic action plan are:

- ECOWAS Commission, ECOWAS Specialized Institutions and Agencies ECOWAS Commission, WAHO, ECOWAS RCSDC, ECOWAS RAHC)
- ECOWAS Member States, incl. cross-border activities
- One Health
- Emergencies and surveillance

The vision and mission statement in the strategy lead to the definition of a general objective for the strategy and components which are further broken down into specific objectives for the four thematic areas covered in the strategic action plan as outlined here. These specific objectives define “where do we want to be in 2024” (after the completion of the first 5 years of implementation of the strategic action plan).

The thematic areas are broken down into sub-objectives and activities, which contribute to the achievement of the specific objective.

Modern approaches to digital communication have been integrated into the four thematic areas.

The timeframe for the Strategic Action Plan is from the time of endorsement until 5 years after.

The strategic action plan as outlined below is based on findings and recommendations from the “Assessment of information flows and needs for inter-institutional communication and coordination (IICC) in health crises and epidemic control at regional and national level in the ECOWAS Region” from November/December 2017 as outlined in the situation analysis, and includes the results of discussions and working groups in the regional workshop in March 2018 in Dakar, Senegal. It was completed and revised according to recommendations of an expert meeting in July in Bobo Dioulasso, Burkina Faso.

The strategic action plan includes indicators for the sub-objectives. The M&E plan, which follows as a separate document, elaborates further the data sources, baselines, targets and the mode of data collection.

1. ECOWAS Commission, ECOWAS Specialized Institutions and Agencies ECOWAS Commission, WAHO, ECOWAS RCSDC, ECOWAS RAHC)

Specific Objective:

ECOWAS institutions and specialised agencies and Member States communicate based on agreed mechanisms in order to efficiently prevent, detect and respond to outbreaks of infectious diseases

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
Sub-Objective 1: Set up a regular and permanent communication platform			1.1.1. Launch of the platform done 1.1.2. All ECOWAS and MS institutions relevant for epidemic preparedness are recognized as participants of the platform 1.1.3. Once launched, the platform is increasingly used for information exchange and communication
1.1 Prepare an inventory of existing regulatory documents and existing mechanisms of information sharing and make them available	WAHO/RCSDC	1/1-3/1 (6 months)	
1.2 Define the minimum information to be shared	WANIDS/RCSDC	1/1-3/1 (6 months)	
1.3 Describe the information flow between stakeholders (ECOWAS Commission, WAHO/RCSDC, RAHC, MSs, Africa CDC. and partners	WAHO	2/1 (3m)	

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
1.4 Develop SOPs for the communication platform	WAHO/RCSDC – support RPPP	4/1 (1 yr)	
1.5. Develop tools/provide support to the platform for information sharing	WAHO/RCSDC – support RPPP	3/2, ongoing	
1.6. ECOSUITE roll out	ECOWAS Commission	3/2 - ongoing	
1.7. ECOSUITE training	ECOWAS Commission	3/2 ongoing	
Sub- Objective 2: Improve the Early Warning System in the ECOWAS region			1.2.1. RCSDC and WANIDS/NCIs/EOCs and where existent NCEWRs hold regular teleconferences for exchange of outbreak alerts and information
2.1. Define information flows and communication channels between NCEWRs and NCIs as well as the EWD and RCSDC	EWD	1/1	
2.2. Develop SOPs for data sharing between NCEWR and NCIs and the regional EWD and RCSDC	EWD	2/1-2/2	
2.3. Inform and train the relevant actors	WAHO	3/2 ongoing	
Sub-Objective 3: Facilitate multi-country activities			1.3.1. Number of cross border simulation exercises performed including at least two MS 1.3.2. Number of joint outbreak investigations performed including at least two MS 1.3.3. Number of trainings performed including at least two MS

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
3.1 Develop a proposal for cross border collaboration to be adopted by the ECOWAS MS	WAHO	1/1 – 1/3	
3.2. Develop SOPs for data sharing, and collaboration in crisis and peace times	WAHO	1/1 – 1/2	
3.3. Organise regular simulation exercises	WAHO/RCSDC	3/2 ongoing	

2. ECOWAS Member States, including cross-border activities

Specific Objective:

NCIs are sufficiently enabled to collaborate transparently and efficiently among each other and with the regional institutions in order to provide mutual support and improve detection and control of outbreaks and epidemics.

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
Sub-Objective 1: Mandate, roles and responsibilities of RCSDC, RAHC, NCIs and WANIDS are clear, known and understood by the MS.			2.1.1. ToRs and founding documents of RCSDC, NCIs and WANIDS are disseminated among MS. 2.1.2. Support measures are conducted by RCSDC during outbreaks and epidemics according to RCSDC's mandate and based on MS requests
1.1. Develop an institutional communication strategy of RCSDC, RAHC, NCIs and WANIDS, as well as respective procedures	WAHO/RCSDC	1/1 – 1/3	
Sub-Objective 2: Define and operationalize the mechanisms for coordination, collaboration and communication for NCIs			2.2.1. The Procedural Manual is distributed to all MS. 2.2.2. At least one cross-border simulation exercise testing the Procedural Manual has been performed. 2.2.3. The Procedural Manual is revised according to the recommendations of the simulation exercise

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
2.1. Involve all relevant stakeholders in the participatory development of a joint efficient mechanism for coordination, collaboration and communication among the NCIs	WAHO	1/1 – 1/2	
Sub-Objective 3: Establish all 15 NCIs and equip them with the capabilities required to fulfil their mission.			2.3.1. All 15 NCIs in MS have started operations.
3.1. Strengthen NCIs to fully carry out their mission by addressing gaps in capacities and capabilities	WAHO/RCSDC	1/1 (already started) ongoing	

3. One Health

Specific Objective:

The Regional Platform for One Health is fully functional, supporting exchange of information and data, and ensuring effective coordination between the relevant actors and institutions.

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
Sub-Objective 1: WAHO consistently promotes the One Health approach			3.1.1. Number of conducted Regional meetings on One Health approach. 3.1.2. Number of conducted National meetings on One Health Approach
1.1. Strengthen capacities and capabilities for communication and coordination for One Health within WAHO/RCSDC/RAHC	WAHO/RAHC	2/1 ongoing	
1.2. Scale up advocacy for One Health at regional level	WAHO/RAHC	1/1 ongoing	
1.3 Organize regional technical meeting of the One Health coordination platform in ECOWAS region	WAHO/RAHC	2/1 ongoing	
1.4 Support ECOWAS member states in establishing national One Health platforms in ECOWAS region	WAHO/RAHC	1/1 ongoing	

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
Sub-Objective 2: Establish a regional network for the environmental sector and link with the existing national networks			3.2.1. Approved ToRs for the regional network for environmental health are disseminated among all stakeholders. 3.2.2. Regular meetings of the regional network and the national networks for environmental health are documented by agreed minutes.
2.1. Perform mapping of actors in the environmental sector at the regional level and by country, including their coordination mechanisms	Department of Agriculture, Environment and Water Resources in the ECOWAS Commission	1/2 - 3/3	
2.2. Establish a regional network for the environmental sector	Department of Agriculture, Environment and Water Resources in the ECOWAS Commission/RAH C	4/3 ongoing	
Sub-Objective 3: The functional regional One Health Platform effectively supports the regional networks of the relevant sectors in communication and coordination of activities			3.3.1. All ECOWAS and MS institutions relevant for One Health are recognized as participants at the platform

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
			3.3.2. The platform is increasingly used for information exchange and communication
3.1. Establish a formal framework for collaboration between the three regional networks	WAHO	2/2 - 2/3	
3.2. Develop common harmonised procedures and SOPs to facilitate the exchange of relevant information and improve coordination *	WAHO	3/3 –3/4	
3.3. Involve the three networks in simulation exercises of public health events	WAHO	2/1 ongoing	
Sub-Objective 4: Strengthen capacities and capabilities of the RAHC to enable it to efficiently fulfil its mandate in IICC for One Health.			3.4.1. A needs assessment regarding RAHC's human and financial resources has been performed. 3.4.2. Number of additional positions created at RAHC, which are, according to the recommendations of the assessment, necessary for fulfilling RAHC's mandate
4.1. Provide a sufficient number of qualified human resources for RAHC to support IICC for the One Health approach	ECOWAS Commission Technical and Financial Partners		

	Lead for implementation	Time frame (quarter/year of implementation)	Indicators
4.2. Provide adequate material and financial resources to RAHC to efficiently fulfil its role in IICC for the One Health approach	ECOWAS Commission Technical and Financial Partners		

4. Emergencies and surveillance

Specific Objective:

Strengthen communication and coordination for surveillance and emergencies among WAHO, RCSDC, RAHC and NCIs, and partners.

	Lead for implementation	Time frame (quarter/year of implementation)	Indicator
Sub-Objective 1: Test and adapt the communication mechanisms between EWD, WAHO, RCSDC, RAHC and NCIs using simulation exercises			4.1.1. The recommendations of least one simulation exercise testing the communication mechanisms between EWD, WAHO, RCSDC, RAHC and NCIs have been documented.
1.1 Strengthen the capacity for simulation exercises at regional and national level	RCSDC	3/1 ongoing	
1.2. Adapt Training of Trainers modules and tools (using One Health approach) for simulation exercises	RCSDC	3/1 – 4/1	
Sub-Objective 2: Strengthen communication and coordination related to the early warning system for Public Health Events (PHE) in MS			4.2.1. Proportion of WAHO/RCSDC epidemiological reports that are shared within 72 h with MS 4.2.2. Proportion of outbreaks affecting more than one MS for which WAHO/RCSDC establishes multi-country communication within 72 hours
2.1. Develop/promote tools to ensure timely information flow between all actors of the Early Warning System in the region	RCSDC	4/1 ongoing	

Sub-Objective 3: Strengthen communication and coordination related to emergency response for PHEs in MS			4.3.1. Proportion of EOCs upgraded to a WHO recommended minimum standard
3.1. Support communication and coordination through strengthening of EOCs in MS	RCSDC/WAHO	1/2 ongoing	

Monitoring and Evaluation (M&E)

The implementation of the strategic action plan takes place over initially 5 years, after which new objectives and priorities will have to be defined. This process needs to be closely monitored and thoroughly evaluated to ensure that progress made is identified, risks are detected and mitigated in a timely and effective way, and necessary adaptations can be made without delay.

The monitoring and evaluation (M&E) plan for the strategic action plan will be implemented by WAHO within the existing framework and processes. Indicators are chosen at outcome level, which corresponds to sub-objectives in the strategic action plan. The data collection schedule should be resource efficient and harmonised, and follows an annual rhythm. Ideally it should be synchronized with similar processes.

Where activities build on each other, and thus indicators depend on previous achievements of different activities, this is marked in the plan.

Wherever a baseline is necessary as a reference value, this is stated in the plan, and needs to be done as soon as possible after adoption of the strategy and start of implementation.

Data collection uses as much as possible readily available data sources to make the results comparable with other M&E schemes, and to minimize data collection efforts.

The process and its results should be reviewed by institutions and stakeholders on a regular basis to ensure continuous implementation of the strategic action plan.

Evaluations shall be done in a joint manner through a team of internal and external evaluators.

A mid-term evaluation shall be done after 2 years of programme implementation while the final evaluation of the results and implementation shall be done after 5 years.

The results and recommendations of the mid-term evaluation will be used to refocus the priorities and the activities, and to react to delays and unforeseen problems.

The final evaluation will give guidance for the next phase of the strategy, and will help define new priorities and areas of continuation of activities.

Annex 1: ToR and members of the IICC Core Working Group

Terms of Reference establishing a core group to support the development of the Interinstitutional Communication and Coordination (IICC) strategy for epidemic control in the ECOWAS Region

Regional Programme Support to Pandemic Prevention in the ECOWAS Region (RPPP)

Context and Rationale

The IICC Core Working Group (CWG) was constituted following the dissemination workshop on the assessment of Interinstitutional Communication and Coordination (IICC) in epidemic control the ECOWAS Region, which took place in Dakar on 19th & 20th March, 2018. In this workshop, the IICC assessment report was validated by ECOWAS regional institutions (WAHO, RCSDC, RAHC, ECOWAS Commission with the Directorate of Early Warning & Directorate of Communication and Information Technology), National Coordinating Institutions as well as other relevant stakeholders like WHO Emergency Hub in Dakar, CORDS (France), Public Health England. After the validation of the IICC assessment, a strategic action plan was designed for each of the following thematic areas:

- Institutions at regional level (ECOWAS Commission – WAHO – ECOWAS RCDC – ECOWAS RAHC)
- Member State level (among MSs and with regional institutions)/cross border activities
- One Health
- Surveillance and emergencies
- Modern (innovative) digital communication approaches (as a cross-cutting theme)

Terms of reference for the Core Working Group (CWG)

Members of the CWG will contribute to the draft of the IICC strategy for epidemic control in the ECOWAS region and the tasks shall include:

1. Contribute to the finalization of the validated IICC report by the RPPP Team
2. Support the development of the draft IICC strategy including the strategic action plan
3. Contribute to the finalization of the draft strategy including the strategic action plan through a CWG meeting
4. Support the development of a log frame which defines activities, institutions responsible and an anticipated timeline for the implementation of strategic action plan
5. Provide technical support when required within the possibilities of the group members towards the implementation of the strategic action plan

*The period for the implementation of the strategic plan shall be over a 5-year period after the official endorsement of the strategy (anticipated: 2019-2024)

The members of the IICC Core Working Group as constituted are as follows (in alphabetical order):

Mrs. Ablefoni, Sabine	GIZ
Dr. Aruna, Sola	Public Health England, Nigeria
Dr. Badara Ly, Alioune	EOC Senegal
Dr. Brito, Carlos	WAHO
Dr. Catraye, Sedjro	RCSDC
Dr. Diallo, Amadou	WHO Emergency Hub, Dakar
Dr. Gilayeneh, Julius	MoH Liberia
Dr. Jinadu, 'Kola	GIZ
Dr. Kabore, Henry	RAHC
Dr. Rehmet, Sybille	International expert
Mr. Saraka, Michel	EWD, ECOWAS Commission
Dr. Sylla, Bakary	CORDS