

A program of Resolve to Save Lives preventepidemics.org | resolvetosavelives.org

A DISEASE OUTBREAK ANYWHERE IS A THREAT EVERYWHERE.

Few countries are adequately prepared to find, stop and prevent the next epidemic. Two dozen countries around the world have called on us to support improving their preparedness for the next epidemic.



From 1980 to 2013, there were more than

12,000 OUTBREAKS

of human infectious diseases.

We accompany countries to strengthen health systems at the national and local level, then amplify the lessons we learn on a global scale through our partnerships, including with the World Health Organization (WHO), U.S. Centers for Disease Control and Prevention, and the World Bank. Using the WHO's Joint External Evaluation (JEE), the 7-1-7 target

and other assessment tools, we work with partners to identify capacity gaps and step up their preparedness by building stronger health security systems, supporting improved planning and accelerating response implementation.

Communities and organizations to prevent 100 million deaths from cardiovascular disease

safer from epidemics. To find out more, visit:

resolvetosavelives.org or

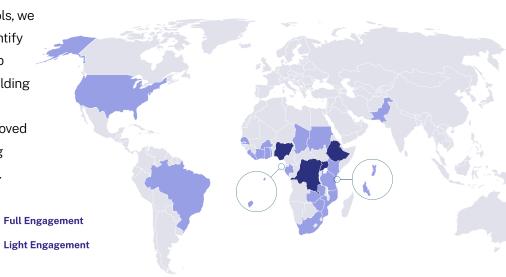
and make the world

ABOUT US

Resolve to Save Lives is a

not-for-profit organization partnering with countries,

Twitter @ResolveTSL



Resolve to Save Lives helps governments in low- and middle-income countries scale up their technical expertise, develop operational excellence and build political will to strengthen seven core preparedness factors:



Risk Assessment & Planning



Emergency Response Operations



National Laboratory System



Disease Surveillance



National Legislation Policy & Financing



Human Resources



Risk Communications



Our work in action



We pioneered the concept of "epidemic-ready primary health care" in the <u>Lancet</u> recognizing the need for epidemic prevention, detection and response to begin at the primary care level.



We partnered with the World Bank on <u>a study</u> calculating the cost of health care worker infections in four lower-income countries during the first year of COVID-19, showing governments and funders how investing in protections makes economic sense.



Every year, we produce an <u>interactive digital report</u> illustrating stories of outbreaks prevented from becoming epidemics, featured by the <u>New York Times</u> and <u>TED</u>.



We established an on-the-ground health care worker training course focused on COVID-19 infection prevention and control that was used to train more than 40,000 staff in 8,000 facilities throughout Africa, facilitating safe screening of more than 5 million patients.



Our leadership and management program, <u>Program Management for Epidemic Preparedness</u>, has trained 250 health security leaders since our first course in 2019.



Our team provided more than \$6 million in rapid response funds to more than two dozen countries before and during the COVID-19 pandemic. In Nigeria, time to outbreak response decreased from six days to two after the fund was implemented. In under 48 hours, our team rapidly mobilized funds, which allowed WHO to help develop vaccine distribution plans in 23 African countries in just three weeks.



We supported the expansion of yellow fever and measles lab networks globally, including in Nigeria, where time to confirm yellow fever fell from more than one month to within one day.

7-1-7: a global target for early detection & early response

Together, we are accelerating progress toward global health security.

The 7-1-7 Alliance is a country-led initiative providing technical assistance, financial support and a growing, global community of practice to help all countries achieve the 7-1-7 target for outbreak detection and control. The Alliance is supported by a Secretariat hosted by Resolve to Save Lives.

The 7-1-7 target sets clear performance standards for three timeliness metrics:

- 7 days to detect a suspected disease outbreak;
- 1 day to notify relevant public health authorities;
- 7 days to complete early response actions.

The 7-1-7 approach has been piloted in Brazil, several counties in the U.S, four African countries (Ethiopia, Liberia, Nigeria, Uganda), and is in early stages in another three African countries.

