PREVENT EPIDEMICS

DEDICATED PREPAREDNESS TEAMS

Strengthening national health security with multidisciplinary teams **dedicated to epidemic preparedness.**

Countries develop and implement National Action Plans for Health Security (NAPHS) to improve their capacity to prevent, detect and respond to future disease outbreaks. **But in many settings, progress is hindered by a lack of dedicated personnel.** Pilots in DRC, Ethiopia, Nigeria and Uganda have shown that embedding dedicated teams in government to coordinate across offices and sectors can dramatically accelerate implementation and improve governance of NAPHS activities and epidemic preparedness. That's why you'll often hear them called "Acceleration Teams," or "A-Teams."

Challenge

National Action Plans for Health Security (NAPHS) help countries proactively address weaknesses in their health security capacities. NAPHS development, financing, implementation and monitoring require strong coordination and effective management of national priorities and are often met with the following challenges:

Limited human resources

Preparedness activities are deprioritized when their implementation relies on emergency response teams.

Limited program management expertise

Available human resources for preparedness tend to be highly skilled technical experts with limited experience in program management.

Unclear governance structures and ineffective stakeholder management limit accountability

Without staff at the right level in government dedicated to preparedness, countries struggle to maintain strong multisectoral coordination.

Limited or underutilized preparedness funds

Many countries either lack adequate funding for NAPHS implementation or do not have well-defined processes and tools to access and utilize funds in a timely manner.

Solution

To combat these challenges and help countries prioritize preparedness, Resolve to Save Lives (RTSL) has partnered with national public health institutions of or Ministries of Health to install teams of multidisciplinary professionals dedicated to *accelerating* the improvement of epidemic prevention, detection and response at the national and sub-national levels.

Known colloquially as "Acceleration Teams" or "A-Teams," these preparedness experts help organize stakeholders across multiple sectors to develop, cost, implement and monitor NAPHS by facilitating activity prioritization and building mechanisms for accountability.

Since 2018, RTSL has piloted the A-Team model in DRC, Ethiopia, Uganda and Nigeria (whose team has since handed over responsibilities to the Nigeria Centre for Disease Control) with promising results. To provide a blueprint for adoption in the African region and globally, RTSL — through careful evaluation and close collaboration with its pilot teams — has identified five key requirements for successful A-Team deployment.
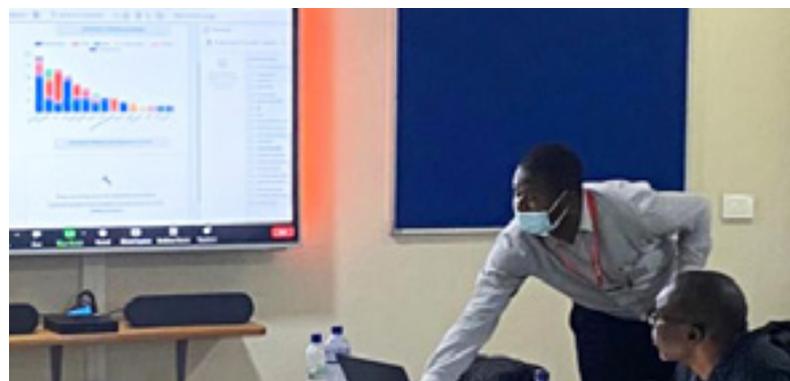
Requirements for successful deployment

1 A-Teams are explicitly dedicated to preparedness and accelerating NAPHS implementation

A-Teams have a well-defined scope of work and a 100% focus on accelerating NAPHS implementation by working hand in hand with governments, ensuring NAPHS governance and accountability, as well as implementing systems that measure and improve existing workflows and processes. This helps team members remain focused on their core mandate, adapt to unforeseen opportunities and threats, and manage partner expectations.

Moreover, as they work across sectors to drive the implementation of NAPHS activities, teams are able to have a bird's eye view of different systems and can uncover bottlenecks that need to be remedied with relevant government units, donors and partners.

2 A-Teams are embedded in government

A-Teams are embedded within existing government NAPHS coordination mechanisms using one of two models. In a centralized model, the team reports as a unit to a high-level government authority, while in a decentralized model, team members report to one entity but sit in different departments within the government. This close integration and collaboration with existing NAPHS coordination mechanisms supports buy-in by helping the A-Team avoid being perceived as a parallel system with its own agenda or one that duplicates existing functions.
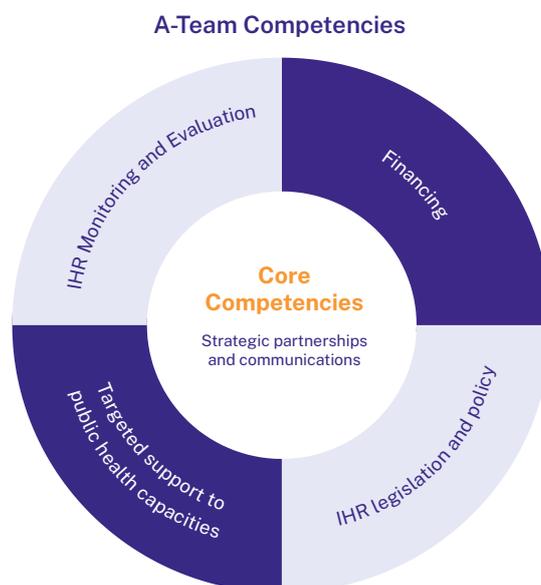
	Centralized model DRC, Uganda, Nigeria	**Decentralized model** Ethiopia
Description	• Report as a unit to a high-level government authority • Team members work with different government entities based on their expertise but are stationed in a common office space	• Each team member is embedded in a different department within the government, based on their area of expertise • Team members are stationed in different locations
Advantages	• Improved priority-setting and coordination within the team and across various sectors • Team members can better support each other and serve as back-up for each other	• Team members can more easily understand the strengths and priorities of the structures they support • Team members may build relationships and earn trust within the departments they support
Disadvantages	• Takes longer for team members to build trust and be seen as part of the structures they support	• Decentralized team members are more likely to confront requests for additional, non–team related work

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Multidisciplinary

A-Teams combine technical and managerial skills to accomplish their mandate. While each team member is recruited to bring a specific skill set or competency to the multidisciplinary team, all are expected to have a deep understanding of existing systems and strong foundational skills in program management, leadership and digital literacy to fulfill their mandate.

A-Team Competencies

Core Competencies — Strategic partnerships and communications — IHR Monitoring and Evaluation — Financing — IHR legislation and policy — Targeted support to public health capacities

Functions	Activities
Strategic partnerships and communications	• Coordination of the development and prioritization of national and subnational (region-specific) plans • Alignment with other political and financing structures • Ensuring well-aligned, consistent, efficient, and quality functionality of the multisectoral coordination • Provide strategic communications support for IHR coordination
IHR monitoring and evaluation	• Assessment of core capacities and integration of various assessments (early action review, SPAR, JEE) • NAPHS implementation data collection, synthesis, reporting and accountability. • Learning, knowledge management and quality improvement of multisectoral coordination
Financing	• Identification of resource requirements and international and domestic funding sources • Advocacy and organizing to finance prioritized national plans • Program management support to effectively utilize existing resources
IHR legislation and policy	• Analysis, revision and development of legal frameworks that enable preparedness and strategic policymaking and advocacy
Targeted support to Public health capacities	• Support critical public health capacities in JEE technical areas, such as laboratory networks, surveillance, risk communications

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Access to flexible funding

Access to flexible funding helps set NAPHS implementation in motion. Dedicated preparedness teams not only link countries to flexible resources, they help capitalize on small early wins by showcasing results, bolstering ownership and interest from government partners and donors.

Flexible funding → Small early wins → Results → More funding and accelerated NAPHS implementation

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Access to learning and capacity development

At the forefront of preparedness work in their countries, A-Teams must stay up to date with the evolving knowledge and practice of global health security and continuously strengthen their technical and managerial skills. Team members learn from the experiences of their peers in other countries to address NAPHS planning and implementation challenges through RTSL's Program Management for Epidemic Preparedness program.

A-Teams in action

Ethiopia

Since its establishment in 2020, Ethiopia's A-Team has revitalized engagement on NAPHS implementation through multisectoral review meetings. The team introduced an online NAPHS Tracker and dashboard to coordinate implementation across sectors. They also initiated the publication of a quarterly, multi-sectoral health security bulletin to elevate visibility of NAPHS progress, as well as IHR and "One Health"-related activities.

Nigeria

Nigeria's A-Team established the foundation for a larger, dedicated preparedness unit at the Nigeria Centre for Disease Control (NCDC). This unit is funded by the Nigerian government and other international partners and housed within the NCDC, allowing them to focus on creating an enabling environment for preparedness at the national and sub-national levels.

Uganda

Since 2019, an A-Team has been supporting the Ugandan Ministry of Health to make improvements in four of five Joint External Evaluation (JEE) technical areas that were originally assessed at zero capacity. The team has led the development of the Public Health Amendment Bill (currently in the final stages of being signed into law), introduced an online NAPHS implementation tracking system and developed a multi-hazard preparedness and response plan for selected districts. They are also supporting the national rollout of Integrated Disease Surveillance and Response 3rd edition.

Democratic Republic of Congo (DRC)

In just one year, DRC's A-Team has significantly increased disbursement of the World Bank's Regional Disease Surveillance Systems Enhancement (REDISSE) funds. They have created a multisectoral consultation framework which will serve as the coordinating body for the NAPHS and socialized the IHR 2005 and the "One Health" approach among government institutions. The team led the development of the annual operational NAPHS and established a regular multisectoral health security newsletter that includes updates on ongoing programs and advancements in epidemic prevention, detection and response.