

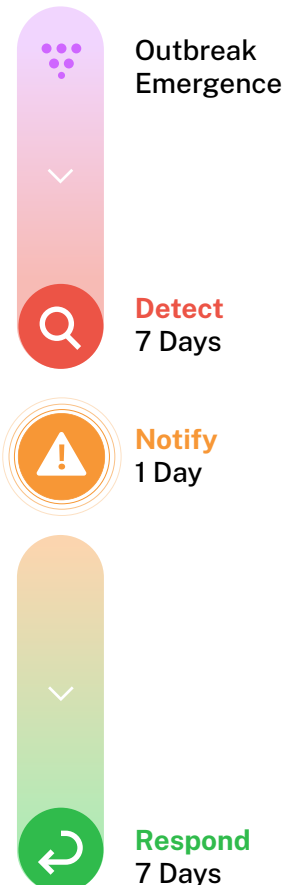
🔍 CASE STUDY

# OPERATIONAL PLANNING AND PRIORITY-SETTING USING 7-1-7 TO STRENGTHEN UGANDA'S HEALTH SECURITY

How the 7-1-7 approach bolsters National Action Plans for Health Security

## SUMMARY

- Implementing a National Action Plan for Health Security (NAPHS), with its numerous activities, can be challenging. Effective prioritization via a one-year operational plan makes plans more manageable and more actionable.
- In Uganda, stakeholders reviewed implementation data on NAPHS activities from the previous year and recommendations from various International Health Regulations (IHR) assessments — and the 7-1-7 approach — and cross-referenced them with actions recommended by the WHO Benchmarks.
- This methodology served as a filter to help prioritize the key activities per technical area based on feasibility and projected impact. The prioritization process and tools were designed to encourage stakeholders to identify only two priority activities per technical area in order to maintain a streamlined and implementable plan. Achieving this level of lean, strategic prioritization required critical thinking driven by multisectoral collaboration.





## THE CHALLENGE

Uganda completed a Joint External Evaluation (JEE) in 2017 and launched a five-year strategic NAPHS in 2019: a blueprint used to identify and plan priority activities to “step up” epidemic preparedness. But it’s not uncommon for a NAPHS to have more than 500 activities, which can make prioritization and action laborious. Despite strong political support, in Uganda (as in many other countries) operationalizing the NAPHS with clear annual priorities and stakeholder accountability proved challenging. After three years, little of the strategic NAPHS had been implemented. Most activities were only partially funded; many were not funded at all. Uganda’s health officials wanted to address barriers to implementation and better prioritize resources to improve the country’s health security.

## Key Innovation: Data-driven and actionable annual plans

Beginning in September 2021, Uganda’s officials began breaking the five-year strategic NAPHS into more practical and action-oriented one-year operational plans (Figure 1). In September 2022, the Office of the Prime Minister, which is responsible for high-level NAPHS coordination, led the 2022-2023 planning exercise with technical support from Uganda’s Infectious Disease Institute, Resolve to Save Lives and the U.S. Centers for Disease Control and Prevention. To launch the annual process, the teams reviewed implementation progress of the 2021-2022 NAPHS operational plan through monitoring visits to Ministries, Departments and Agencies involved in NAPHS implementation.





As part of the planning exercise, Uganda utilized data collected from ongoing reviews of early responses to 45 health security events that took place from January to August 2022. These reviews used the 7-1-7 approach to evaluate early detection, notification and response. Where the targets were not met, stakeholders identified the delay-causing bottlenecks along with remedial actions to address them. The bottlenecks and remedial actions identified from the 7-1-7 review provided tangible data for Uganda's inaugural integration of the 7-1-7 approach into NAPHS planning, which ultimately improved prioritization (Table 1).

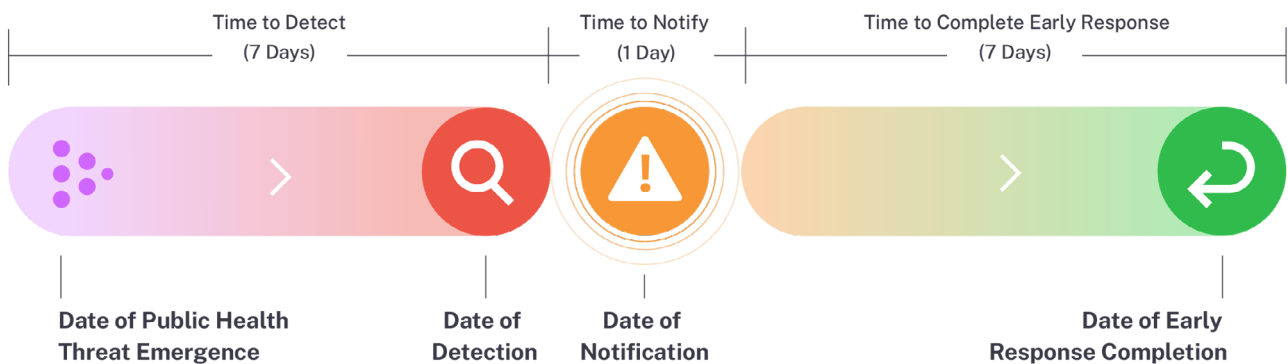
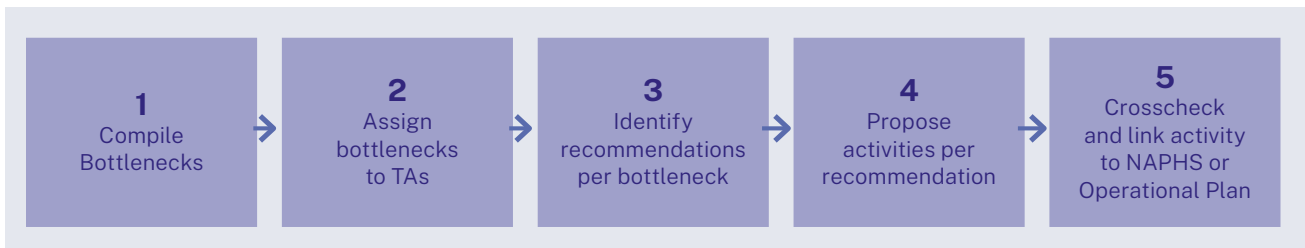


Table 1: How bottlenecks surfaced from 7-1-7 are integrated into the NAPHS: step-by-step crosswalk



Dr. Issa Makumbi, Chair of the 7-1-7 Alliance's Technical Steering Group and Director of Ministry of Health Uganda's Public Health Emergency Operations Center

### Using 7-1-7 in a real-time outbreak response

The 7-1-7 approach also helped officials improve response efforts to the Sudan Ebola Virus Disease Outbreak (declared on September 20, 2022) in real time. To coordinate efforts, officials implemented a rapid performance improvement approach. Using a template to review performance against the 7-1-7 target, stakeholders discussed bottlenecks and enablers and took immediate remedial actions, including identifying funding partners for contact tracing and designating better facilities for isolations. Longer-term actions to be incorporated in national planning included increasing nationwide Integrated Disease Surveillance and Response (IDSR) training for providers at private facilities.



To facilitate this integration, technical leads analyzed the current strategic NAPHS and operational plan against the bottlenecks and recommendations from the 7-1-7 review to identify: 1) activities within the NAPHS that would address the bottlenecks identified; 2) where recommended activities from the 7-1-7 review aligned with existing activities and 3) which recommendations from 7-1-7 should be included in the strategic NAPHS or operational plan. Applying the 7-1-7 approach to the current strategic NAPHS or operational plan helped prioritize the most urgent activities of the 5-year strategic NAPHS activities for inclusion in the 2022-2023 one-year operational plan. For example, lack of medical supplies was identified as a bottleneck to Uganda’s response efforts, so officials added “conducting a stockpile needs assessment regionally and nationally” as a priority activity for the upcoming year (Table 2).

**Table 2: How bottlenecks surfaced from 7-1-7 are integrated into activities for the one-year operational plan: format**

7-1-7 bottleneck	Technical area	7-1-7 recommendation to address bottleneck	Existing activity in prior strategic NAPHS or operational plan?	Result – Updated activities
Inability to apply case definitions in public and private health facilities	Surveillance	Enhance health worker knowledge in Integrated Disease Surveillance and Response (IDSR)	Yes	Existing activity reprioritized into new one-year operational plan:  Training and mentorship at national, regional and district and community levels
Shortage of medical countermeasures for response to specific events	Medical countermeasures	Medical countermeasures Ensure adequate and appropriate MCMs are available at all response levels in a timely manner	No	New activities developed and incorporated into one-year operational plan:  Conduct a stockpile needs assessment regionally and nationally  Ensure rapid procurement and prepositioning of supplies and commodities at nodes response levels per event by developing and executing framework contracts with national and regional suppliers and governments.



## Other Success Factors

**HAVING AN A-TEAM (A NAPHS SECRETARIAT):** In many countries, the burden of managing the national preparedness agenda falls on people who are also trying to balance important response-related activities. RTSL has helped embed an acceleration team, or “A-team”, a multidisciplinary team dedicated to accelerating epidemic preparedness, within the Uganda Ministry of Health to work with various ministries to accelerate the development, prioritization, implementation and monitoring of NAPHS activities.<sup>1</sup> Having a dedicated team to engage such a diverse set of stakeholders helped ensure that no activity would fall through the cracks. These team members combine technical and soft power skills such as change management and negotiation.

**DELIBERATE STAKEHOLDER ENGAGEMENT AND PREPARATION:** Successful implementation of NAPHS that yields improved national preparedness requires strong multisectoral collaboration. During the 2022-2023 planning cycle, the A-team made deliberate outreach efforts to a range of government offices across sectors to engage them in making national preparedness a high-level priority. The A-team, in partnership with the Office of the Prime Minister, visited each relevant MDA to work through their priorities, discuss progress from the previous year and offer a timely and substantial opportunity for dialogue. This strategic advocacy, trust-building and preparation allowed larger collaborative group decisions about prioritization and accountability to be productive.

**“The strong collaboration among ministries and Office of the Prime Minister has made implementation of health security in Uganda possible. The resources generated by the funders, implementation partners and the government have contributed tremendously to the change in capacity in various technical areas.”**

— Dr. Immaculate Nabukenya, Team Leader, A-Team, Uganda

<sup>1</sup> The A-Team is formally referred to as the “in-country multisectoral secretariat” or “NAPHS secretariat” in the WHO Strategy for the NAPHS (2022-2026) and the “NAPHS coordination team” in the WHO AFRO NAPHS Implementation Toolkit.

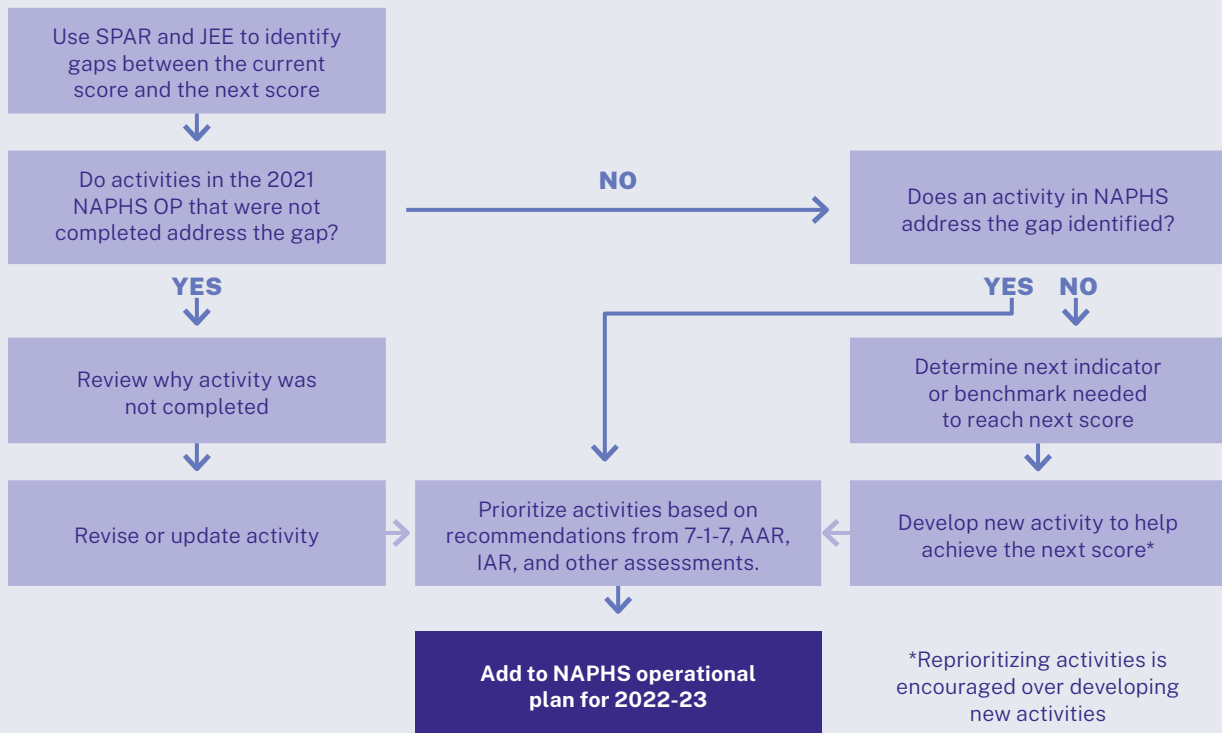


# OUTCOMES

Uganda created an NAPHS operational plan for 2022-2023, with each activity targeting priority gaps, including those surfaced through the 7-1-7 review. Every step of the drafting process included and engaged the different ministries involved in global health security in Uganda. Together, these ministries determined a timeline for implementation within a year, identified points of contact responsible for activity implementation and determined funding sources. Such an intensive and multisectoral NAPHS process benefitted from the establishment and coordination of the A-team.

This systematic approach demonstrates an ability to use real-world learning for rapid quality improvement. The lessons learned from this exercise can be leveraged by other countries seeking to make meaningful progress towards improving their global health security capacities.

**FIGURE 1: Workflow to develop the one-year operational plan for 2022-2023**



**“Uganda’s systematic approach to operational planning, which involves stakeholder engagement and synthesis of various assessments, demonstrates the country’s adaptability and dedication to making preparedness a priority. Lessons learned from this country-led exercise can be leveraged by other countries struggling to make meaningful progress towards improving their national health security.”**

— Dr. Issa Makumbi, Deputy Director, Uganda National Institute of Public Health and Director of the Public Health Emergency Operations Centre