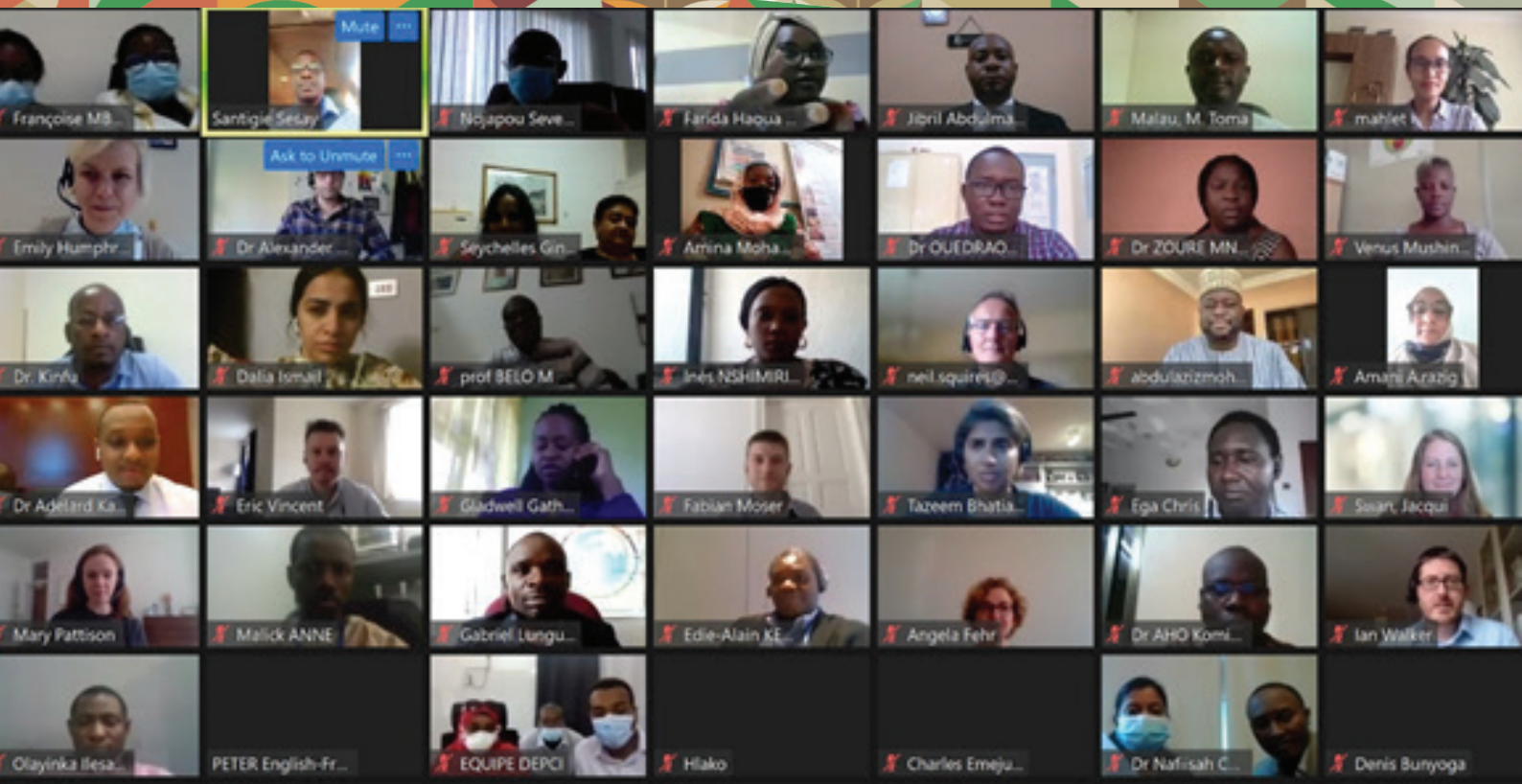


Expert and stakeholder virtual consultation meeting to develop the Africa CDC Non-Communicable Diseases and Mental Health Strategy

MEETING REPORT

27 – 28 April 2021



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0. Executive summary

On 27th and 28th April 2021, the division of Disease Control and Prevention in collaboration with Public Health England, organized a virtual consultative meeting as part of the consultations with Member States and partners for the development of the Africa CDC five-years strategic plan for the prevention and control of Non-communicable Diseases (NCDs) and Mental ill-health on the continent. Around 120 representatives from 40 Member States; experts from academia, international organizations, civil society, etc. participated in the two days meeting.

The meeting was organized by Africa CDC to bring all stakeholders together to reflect and provide recommendations on the key functional areas of the strategy development framework. The functional areas

in which partnership, collaboration and health systems strengthening are needed for NCDs and mental health are:

- Governance
- Health promotion and protection
- Surveillance
- Healthcare, laboratories and diagnostics
- Workforce
- Research

The table below summarizes the discussion and contributions of Member States and partners during the meeting. The following NCDs and MH health systems strengthening priorities areas of action were recommended to Africa CDC:

Governance	<ul style="list-style-type: none"> ● Support Member States with the improvement of governance structures, guidance, standards, and benchmarks. ● Support Member States address issues of political expediency in policy making and provide funding support. ● Formulate policies and guidance on the role of the private sector in the design and implementation of an NCDs strategy.
Health promotion and protection	<ul style="list-style-type: none"> ● Advocate for the delivery of two separate strategies – one on NCDs and the other on MH. ● Increase capacity at country level in order to allow the ownership of health promotion campaigns and ensure that campaigns can be delivered consistently and be tailored to local cultures and needs. ● More training and research to be delivered in support of better health promotion programmes.
Surveillance	<ul style="list-style-type: none"> ● Critical need to classify NCDs as notifiable and integrate NCDs into routine surveillance. ● To achieve this there is a need for better baseline data.
Healthcare, laboratories and diagnostics	<ul style="list-style-type: none"> ● Provide procurement support, including standardization and the pooling of resources to achieve more equitable access to markets.

Workforce	<ul style="list-style-type: none"> ● Dedicate efforts to addressing the brain-drain, which should be considered as an issue of retention rather than solely skills strengthening. ● The training offer should be suited to the systems clinicians will work in, making use of experiential training.
Research	<ul style="list-style-type: none"> ● Most research is currently funded by external partners and is not suited to the African context. ● There is a critical need to deliver research to provide better baseline data. ● Research needs to be usable by and have the attention of policy makers. ● More MH research is critical.

As next steps in the strategy development, Africa CDC will conclude the country case studies and desktop review on needs assessment reports. These reports with the findings from this consultative meeting will help to design a robust and quantitative survey to have continent wide representative inputs for the strategy development for the prevention and control of NCDs and Mental.

Further to that, a second consultative will be held to present the findings and get further guidance from Member States. Finally, a workshop will be organized for validation of the strategy.



1

Welcome and introductions



Dr John Nkengasong, Director Africa CDC, provided an opening address where he thanked partners and Member States for joining, and the project team for organising the event. He noted that it was a critical moment and the right time for Africa CDC to begin to focus on the topic of NCDs and MH, and that the time is ripe for Africa CDC to take a leadership role in this area of growing public health interest. He ended by saying that he looked forward to moving the agenda forward, making use of strategic partnerships and using the convening power of Africa CDC to initiate these processes, though the true impact lies within the ability of Member States to make this happen.



Dr Mohammed Abdulaziz, Head of Disease Control and Prevention Division, Africa CDC, welcomed participants to the two-day workshop aimed at discussing the development of Africa CDC's Non-Communicable Disease (NCD) and Mental Health (MH) strategy. Participants included representatives from Member States, Africa CDC, Public Health England (PHE), and academia. A full list of participants is provided in annex 1.



Dr Neil Squires, Director, Global Public Health, PHE, offered his congratulations to Africa CDC on coordinating this meeting to discuss NCDs and MH, and to develop a strategy. He noted that PHE have a valued partnership with Africa CDC and have been hugely impressed by the work of the African Union (AU) and Africa CDC in reaching out to Member States across the continent to support the development of public health capacity. He noted that it was timely to have this discussion on NCDs and MH because of the consequences of COVID-19, which reminds us that we need strong systems capable of dealing with all the health challenges that our health systems face. He ended by saying the leadership that Africa CDC has shown towards this is incredible, and PHE are very proud to have been providing some support.

2

Overview



2.1. Background

NCDs are a leading cause of premature deaths worldwide and represent a growing proportion of disease burden in almost all African countries according to the latest Global Burden of Disease study. 71% of all deaths globally are from noncommunicable diseases, and 85% of the premature deaths (30 – 70 years) from NCDs in 2016 were in low- and middle-income countries.

The COVID-19 pandemic has become a serious test for the entire healthcare system globally and has emphasized the importance of NCDs and MH prevention and control. COVID-19 has caused broad disruptions to health services while at the same time drawing attention to countries' NCD burden, as those living with NCDs are at increased risk of becoming severely ill with the virus.

To support African countries to reduce the long-term burden of NCDs and MH, the Africa CDC has established a new Division of Disease Control and Prevention. The division's mission is to strengthen Africa's health system for the control and prevention of Communicable and Non-Communicable Diseases to achieve positive health outcomes, which is built on the African Union continental health agenda (Agenda 2063, Africa Health Strategy, etc.). The division is developing a five-years strategic plan for prevention and control of Non-Communicable Diseases and Mental Health with the technical support of Non-Communicable Disease team of the Global Health Division, PHE.

2.2. Meeting objectives

The main purpose of the meeting is to discuss:

- Key challenges African countries face in NCDs and Mental Health prevention and control;
- Current gaps and opportunities for NCDs and Mental health prevention and control in AU Member States;
- Role of Africa CDC to support Member States in prevention and control of NCDs and Mental ill-health to strengthen their health systems;
- Current best practices to be developed to deliver Member States support.

2.3. Expected outcomes

1. Knowledge and commitment to the Africa CDC NCDs and Mental health strategy development process by the stakeholders (Member States).
2. A longlist of possible priorities and evidence-based activities for further refinement to develop the Africa CDC strategic plan on NCDs and Mental health.
3. A plan for further development of the Africa CDC strategic plan for NCDs and Mental health prevention and control.

Dr Adelard Kakunze, Public Health Officer, Disease Control, and Prevention Division, Africa CDC, provided an overview of the meeting agenda. A full agenda can be found in annex 2.

3

Setting the scene: Non-communicable Diseases (NCDs) and mental ill-health in Africa

Dr Mahlet Kifle Habtemariam, Principle Program Manager, Africa CDC, provided a presentation setting the scene for NCDs in Africa. In summary, NCDs cause significant human and economic loss in Africa, projected to increase further as a result of rapid urbanisation, population growth, increasing life expectancy, pollution and unhealthy consumption. Data on NCDs is lacking, and pre painted epidemiological pictures may mask the true nature of the continent's disease burden, which has distinct features and remains blurry in some areas. Both access and utilisation of NCD services are significantly limited, particularly at the level of primary health care, and NCDs have significant impact on out-of-pocket expenditures in Africa, with investment on NCDs low by government and donors alike.

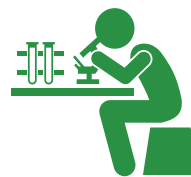
Dr Abdulmalik Jibril, Senior Lecturer Department of Psychiatry, University of Ibadan, provided a presentation

setting the scene for MH in Africa. In summary, there are daunting challenges that hinder the provision of qualitative MH services across the continent. These include, low government prioritisation of mental health, non-existent or poorly implemented mental health policies, legislations and funding, widespread ignorance, shame, stigma, and discrimination, pervasive human rights abuses, insufficient numbers of MH professionals (worsened by brain drain), and a huge treatment gap. Yet there is cautious hope and optimism that it's not all gloom and doom. There is an imperative need for strategic planning and a clear road map that takes local peculiarities, strengths, challenges into consideration. The emphasis should be on governance and mental health systems strengthening for sustainable impact, ultimately culminating in equitable mental health services that are humane, protects the dignity and human rights of affected persons and their families.



4

Africa CDC and mental health strategy development



Emily Humphreys, Specialty Registrar in Public Health, PHE, provided a presentation on the scope and progress of work to date. The project supports the overarching objective of the Division of Disease Control and Prevention to “Strengthen Africa’s health systems for the control and prevention of communicable and non-communicable diseases to achieve positive health outcomes.” This will be achieved through the development of a strategic plan and priorities focused on prevention of NCDs and mental ill-health, considering, population demography, disease burden, mortality and risk factors, public health system capacity, and the NCD and mental health treatment gap.

4.1. Conceptual framework and approach

The functional areas in which partnership, collaboration and health systems strengthening are needed for NCDs and mental health are as follows:

- Governance
- Health promotion and protection
- Surveillance
- Healthcare, laboratories and diagn
- Workforce
- Research

The framework was developed with reference to WHO EMRO’s Essential Public Health Functions framework, Agenda 2063, the Africa Health Strategy, and Africa CDC’s Strategic Plan. All these functions are important, and interrelated.



4.2. Progress and summary of findings

The focus of work in the current phase of the programme has been on evidence gathering, including delivering reviews of epidemiological needs and country capacity, and qualitative research in the form of three pilot case studies in Rwanda, Nigeria and Kenya. This is initial evidence gathering that will act a prelude to wider understanding and consultation. The next phase of the programme will focus on engagement to test findings and understand the priorities of Member States.

NCD burden is associated with poverty: the world’s poorest people have higher mortality rates from NCDs than people in high income countries in every age group. After accounting for differences in the age profiles of the population, DALY rates for NCDs are disproportionately high in African Union countries. The highest age standardised NCD DALY rates in the AU are in the Central African Republic, Lesotho, Guinea-Bissau and Egypt. The total burden of NCDs has increased, largely driven by population growth.

In summary, the NCD burden is associated with poverty, AU countries have seen increases in several key NCDs and risk factors with an epidemiology distinct to NCDs in Africa, and future projections for a “double burden” of disease. The is a potential role for Africa CDC in providing surveillance of Africa’s particular NCD and MH challenges, advocating for the prioritisation and funding of NCD prevention, and supporting capacity building for NCD and MH treatment. All findings subject to further analysis, development, and consultation.



5

Reflection and recommendations on the strategic framework components



The following is a summary of comments provided during the facilitated sessions.

5.1. Governance

The scope of this work covers mobilizing political support and funding for NCDs and mental health (advocacy), ensuring the inclusion of NCDs and MH in key policies, and critically about the structures of institutional responsibilities and accountability for implementation and delivery.

Key findings in this area include limited funding for care or prevention for NCDs in some countries, attempted interference in policy making by commercial interests, examples of good policies being in place but with significant challenges in implementation. The potential role for Africa in this area could include, advocating for political support & funding mechanisms, creating AU level frameworks, standards, regulations, and delivering policy implementation support.

Reflections and recommendations:

- Africa CDC could support Member States with the improvement of governance structures, guidance, standards, and benchmarks.
- Africa CDC should seek to support Member States address issues of political expedience and short-termism in policy making and provide funding support.
- There were numerous questions around the role of the private sector in the design and implementation of an NCD strategy, which requires clarity.

We need to have costed mental health plans as an integral component of resource planning for mental health.

— **Nasri Omar (Kenya)**

There is a need for more specific examples from the African continent to be shared. Governments usually lean on examples of other countries outside of the continent. There needs to be a governance structure and platform to share knowledge.

— **Venus Mushininga (Zimbabwe)**

Right now, it is just left to the decision of the current President or Prime Minister and often matters of health are picked and dropped when new Presidents come into power. There needs to be a stronger system in place to ensure continuity.

— **Jibril Abdulmalik**

We need to have support to laws and regulations that strengthen NCD control.

— **Dr Nazik Ibrahim (Sudan)**

Africa CDC can supply funding support to support governance levels in countries, and advocate for tax sharing and a united tax policy.

— **Dr Toma M. Malau (Nigeria)**

Problems within government when it comes to sustaining supplies for NCDs with many countries using the private sector to provide care. How do we see the experience of using the private sector and how can this be leveraged and cascaded into other countries?

— **Dr Joseph Mogga (South Sudan)**

The impact of mental health problems especially during humanitarian crisis like during conflicts and pandemic like COVID-19 is immense. The fact that we have less resources in terms of logistics, finance and human resource-mental health professionals here in Africa makes the situation worse. The strategy we draft better address such scenarios. Collaborative actions from every stakeholder is important.

— **Dr Kinfu Manzura (Ethiopia)**

5.2. Health promotion and protection

The scope of this work covers prevention programmes targeting specific conditions and risk factors, health in all policies and multisectoral approaches to address social and environmental determinants of health, and community engagement, development and empowerment.

The potential role for Africa CDC in this area could include, sharing approaches for engagement with communities and with other Ministries in government, delivering technical support for regulations to limit advertising and the sale of harmful products and continental surveillance of enforcement, and leading regional awareness campaigns and community of practice to promote early detection of NCD and MH disorders.

Reflections and recommendations:

- There is a need to increase capacity at country level in order to allow the ownership of health promotion campaigns and reduce dependency on WHO and other international partners. This will help ensure that campaigns can be delivered consistently and be tailored to local cultures and needs.
- Several delegates strongly advocated for the delivery of two separate strategies – one on NCDs and the other on MH.
- Several delegates called for more training and research to be delivered in support of better health promotion programmes.

We need to increase capacity at the national level to come up with and maintain our own awareness campaigns, so they are not one-off but constant throughout the year.

— **Venus Mushininga (Zimbabwe)**

We need to take into consideration the stigma that mentally ill patients face, which is related to the capacity building of sub-specialities – can provide more information on how to deal with MH patients at undergraduate or work experience levels.

— **Dr Dalia Ismail (Egypt)**

It would be great if Africa CDC was able to support Member States develop innovative community-based MH models.

— **Dr Yvonne Kayiteshonga (Rwanda)**

We need to involve not for profit and other civil society organizations in mental health promotion.

— **Dr Jibril Abdulmalik**

There is need to build capacity on NCD research in order to understand the burden of disease, identify innovative solutions and evaluate impact of interventions.

— **Dr Gontse Tshisimogo (Botswana)**

There is a need to address Mental Health separate from other NCDs. In the context of Africa, research, development and implementation on mental health is not sufficient.

— **Harriet Mokgethi (South Africa)**

5.3. Surveillance

The scope of this work covers routine data collection, information systems, disease surveillance systems (for NCDs and MH) and disease registries, and surveillance of wider determinants of health.

The potential role for Africa CDC in this area could include, assisting with integration of NCD and MH surveillance into existing systems, supporting with STEPs surveys, standard-setting and shared data platforms for NCD and MH and risk factor surveillance, and creating protocols to ensure data collected across the continent remains in the continent.

Reflections and recommendations:

- There is a critical need to classify NCDs as notifiable and integrate NCDs into routine surveillance.
- To achieve this there is a need for better baseline data.

NCDs have not been on the agenda for surveillance as no NCDs have been classified as notifiable diseases. So that is one of the first things we need to do – classify NCDs as notifiable diseases so it becomes mandatory for reporting to be done.

— **Venus Mushininga (Zimbabwe)**

Africa CDC can play a role in supporting Member States to generate mortality data.

— **Dr Toma M. Malau (Nigeria)**

NCDs should be integrated into routine surveillance, though it should be noted that many countries do not have routine surveillance for MH.

— **Dr Jibril Abdulmalik**

The best way to improve NCDs surveillance is to start with baseline survey for countries which doesn't have. From there we should put in place registries for major NCDs and an online system to capture morbidity and mortality.

— **Dr Clarisse Mapa (Cameroon)**

Africa CDC needs to strengthen the Integrated Disease Surveillance & Responses and integrate to NCDs.

— **Mubarak Isse (Somalia)**

I recommend that Africa CDC respond to need, putting politics and geographies aside, and encourage south-to-south dialogue and collaboration – this will also help with skill sharing.

— **Abdikarim Abdi Adan (Somaliland)**

We need to develop indigenous protocols on NCD's and have a strong focus on outcome evaluation at facility level.

— **Natalie Mayet**



5.4. Healthcare, and laboratories and diagnostics

The scope of this work covers equitable access to NCD and MH diagnosis, treatment, technologies and medicines, secondary prevention through screening and early intervention, and quality and safety.

The potential role for Africa CDC in this area could include, pooling procurement and local manufacture of essential NCD and MH medicines and diagnostics, delivering health technology assessments and identification of cost-effective essential NCD and MH services at the continental level, delivering “vertical” programmes for high-burden NCDs and MH disorders, providing technical support for systematic screening programmes, and supporting the decentralization of NCD screening services, including increased availability of NCD POCT.

Reflections and recommendations:

- Africa CDC could provide procurement support, including standardisation and the pooling of resources to achieve more equitable access to markets.

Strongly favour supply chain right from procurement and to support countries to adequately make use of what they have and properly identify their needs.

— **Dr Gladwell Gathecha (Kenya)**

Screening programmes are too generally only supported by external partners/donors and there is a challenge is in the supporting treatment post diagnostics (following through the care cascade) – we need to reflect on where in the strategy we will seek to fill this gap.

— **Venus Mushininga (Zimbabwe)**

Need to prioritise the weakest link in the healthcare setting which is usually primary healthcare settings.

— **Dr Toma M. Malau (Nigeria)**

We need to change our health financing, increasing contributions to health (in alignment with the Abuja declaration) and reducing dependency on donors.

— **Mubarak Abdinur Isse (Somalia)**

Africa CDC can help identify and define priorities.

— **Dr Djamila Nadir (Algeria)**

Diagnostics are really expensive for most Africans. e.g. organ function tests. We lack standards, too many substandard products in the market. CDC could support Member States on regulation and central sourcing.

— **Dr Joseph Mogga (South Sudan)**



5.5. Workforce

The scope of this work covers education and training for public health and healthcare workforce, and peer learning and networking.

The potential role for Africa CDC in this area could include, delivering continental NCD and MH training schemes for specific skills, providing a platform for community of practice to share experiences, and training NCD and MH specialists and addressing brain drain.

Reflections and recommendations:

- Africa CDC should dedicate efforts to addressing the brain-drain, which should be considered as an issue of retention rather than solely skills strengthening.
- The training offer should be suited to the systems clinicians will work in, making use of experiential training.

It would be good for ACDC to advocate at leadership levels of Member States and create and enabling environment to minimise brain drain.

— **Dr Toma M. Malau (Nigeria)**

Delivering continental NCD and MH training schemes for specific skills and training NCD and MH specialists and addressing brain drain sound like the same points, only expressed differently. Perhaps addressing the brain drain should be approached as retention rather than the strengthening of skills already present.

— **Venus Mushininga (Zimbabwe)**

The emphasises should be on in-service training. Work with public health institutions in Member States to develop curriculums, and standards for in service training, e.g. STEPs Survey training.

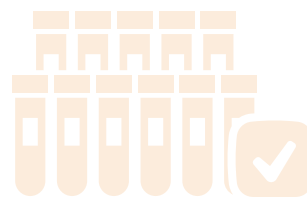
— **Dr Joseph Mogga (South Sudan)**

It is important to have the experiential form of training post-university, like the success of the Field Epidemiology training, which has improved epidemiology across the continent. By providing this form of training we can ensure that we are providing skillsets that are required. We should explore how we can provide experiential training for NCDs.

— **Dr Mohammed Abdulaziz (Africa CDC)**

There is a lack of programme managers to manage and lead training. We need people to manage the new training sessions to ensure the trainings continue.

— **Dr Djamila Nadir (Algeria)**



5.6. Research

The scope of this work covers the promotion of the epidemiological evidence base for NCD and MH prevention and control.

Key findings in this area include, inadequate data to adequately describe epidemiology for NCDs in many countries, which links with challenges around surveillance and the inconsistencies found in data systems. Data does not always remain in the country where it is generated – it is often undertaken by academics and research groups and is often exported and not utilised in-country. Poor cost effectiveness evidence for interventions in LICs – many interventions are based on studies carried out for HICs and there is no exact translation to other contexts and settings. There are opportunities to deliver similar research for the African context or translate existing research.

The potential role for Africa CDC in this area could include, developing continental NCD and MH research priorities, supporting cross-country research and data governance standards, establishing NCD and MH research programmes, and investing in studies to identify African-specific risk factors.

Reflections and recommendations:

- Most research is currently funded by external partners and is not suited to the African context.
- There is a critical need to deliver research to provide better baseline data.
- Research needs to be usable by and have the attention of policy makers.
- More MH research is critical.

By investing in studies, the CDC could more easily orient research according to its priorities and have the data for the implementation of strategies adapted to the African context.

— **Sonia Kanekatou Agbolo**

In order to effectively address the growing burden of NCDs and Mental Health, there is a need for adequate country level data, which are currently lacking.

— **Olabanji Mikail**

Most research findings do not get the attention of the appropriate policy makers. Africa CDC can play a vital role in ensuring that research priorities are developed – some can be tailored to country-specific needs while we develop a generic research template for the continent.

— **Dr Toma M. Malau (Nigeria)**

Ownership of data is a problem across the continent and Africa CDC should strengthen protocols to ensure data is kept within the region.

— **Venus Mushininga (Zimbabwe)**

Most NCD data or reporting is funded by external partners, even the creation of registries relies on the support of external partners. Due to this the structure of, and the type of data collected, is designed around non-African risk factors. Data collection needs to be designed from the onset of the African context.

— **Baffour Awuah**

CDC Africa could further not only support research in general for NCDs but especially offer scholarships to motivate researchers.

— **Sansan Hien**

5.7. Analysis of survey responses from the facilitated sessions

To complement the discussions, we administered a Zoom poll in English to all participants at the end of each facilitated session. Translators helped in translation to French where needed. There were 6 polls each consisting of 3 questions. Across the polls there were 41 - 49 responders.

The first question asked, “How important do you feel this function for NCD&MH disorders is to your context, (not at all = 1, very = 10)”. **The median score for each function ranged from 9-10.**

➔ **This suggests stakeholders felt these functions were very important to their contexts.**

The second question asked, “Are the emerging findings consistent with your experience? (Not consistent = 1, Very consistent = 10)”. The median score for each function ranged from 7-8.

➔ **This suggests that stakeholders felt emerging findings were consistent with their experience, but not very consistent.**

The final question asked, “Which role do you feel is most important for Africa CDC to take forward in supporting (the named function)?”. Participants were given 3-5 options to select from for each function. **Of the suggested roles in their respective functions, the highest proportion of respondents found the following most important for Africa CDC to take forward:**

➔ **Governance - Advocate for political support and funding mechanisms (63%)**

➔ **Research – Invest studies to identify African-specific risk factors (60%)**

➔ **Health Promotion - Lead awareness campaigns and community practice to promote early detection of NCD&MH disorders (54%)**

➔ **Surveillance - Assist with integration of NCD&MH surveillance into existing systems (41%)**

➔ **Healthcare/laboratories & diagnostics - Pooled procurement, local manufacture and quality assurance of essential NCD&MH medicines and diagnostics (37%)**

➔ **Workforce: Training NCD&MH specialists and addressing brain drain (44%)**



6

Conclusion of the meeting and next steps

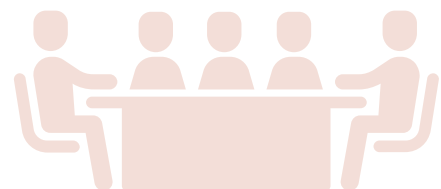
Dr Mohammed Abdulaziz thanked participants for joining – over 100 in total, including representation from 40 Member States, academia, civil society, professional bodies and private organisations, which clearly shows the interest there is in developing this strategy.

Dr Ahmed E. Ogwell Ouma, Deputy Director, Africa CDC, highlighted that there is a clear need to address the syndemic of infectious disease, NCDs and mental illness by leveraging and expanding on public health assets on the continent; Creating a new public health order, where NCDs will be at the core, enabling Africa to address its real priorities based on evidence and by building the capacity of our workforce and systems.

In terms of next steps, engagement with stakeholders will continue. To inform an understanding of what is happening at country-level a survey will be delivered on country priorities. This will ensure that Africa CDC

can provide the correct support to each Member State. A high-level situational analysis will then be delivered to understand existing capacity and further stakeholder engagement consultations will be planned for later in 2021. Work will then begin to develop the strategy into a proper document and then take it through the validation processes within Africa CDC and the AU. To support this process, a governance model will be established, including clear targets and indicators, and a monitoring and evaluation plan. This effort will only be successful if it is given the time, attention, and dedication it requires. Africa CDC is fully committed to seeing this through, and with the power and the reach of the AU we will be able to do a lot together.

Dr Mohammed Abdulaziz closed the meeting by thanking the programme team, Member States, and other participants for their contributions.



ANNEXES



ANNEX 1:

List of participants

Africa CDC

Dr John Nkengasong, Director, Africa CDC

Dr Ahmed E. Ogwell Ouma, Deputy Director, Africa CDC

Dr Mohammed Abdulaziz, Head of DCP Division, Africa CDC

Dr Adelard Kakunze, Public Health Officer, DCP Division, Africa CDC

Dr Mahlet Kifle Habtemariam, Principal Program Manager, Africa CDC

Dr Nafiisah Chotun, Public Health Officer, Africa CDC

Dr Lul Riek, Africa CDC, Southern Africa RCC, Lusaka, Zambia

Dr Ndjapou Séverin Gervais, Africa CDC (Regional Collaborating Center for Central Africa)

Dr Fabian Moser, Charité Universitätsmedizin Berlin

Betty Kabarega, AU Youth Volunteer, DCP Division, Africa CDC

Public Health England

Prof Neil Squires, Director of Global Public Health, Public Health England

Emily Humphreys, Specialty Registrar in Public Health, Public Health England

Dr Tazeem Bhatia, Consultant in Global Public Health, Public Health England

Ian Walker, Consultant in Global Public Health, Public Health England

Datapwa Mujong, Technical officer, Public Health England

Mary Pattison, UK Overseas Territories Programme Officer, Public Health England

Eric Vincent, Global Programmes Project Officer, Public Health England

Tara Piasetski, Public Health England

Member States

Algeria:

Pr Tarfani Youcef, Director, NCDs Department, Ministry of Health

Pr Chakali Mohammed, Deputy Director, Mental health Division, Ministry of Health

Dr Nadir Djamila, Deputy Director, NCDs Division, Ministry of Health

Dr Bensemmane Bestandji Radia, Head of Nutrition, Ministry of Health

Mrs Zuzana Jankechova, Head of Programmes, IOM

Botswana:

Dr Gontse Tshisimogo, National NCDs Program Manager, Ministry of Health and Wellness

Mr Patrick Zibochwa, Head of Rehabilitation and Mental Health, Ministry of Health

Burkina-Faso:

Dr Ouedraogo Saidou, Department for NCDs prevention and control, Ministry of Health

Hien Sansan, Head of unit, Mental health, Ministry of health

Dr Zoure Marie Emmanuelle Lamoussa, Director NCDs Department, Ministry of Health

Burundi:

Dr Joslyne NSANZERUGEZE, Director, NCDs Directorate, Ministry of Health

Mr Evrard Ndayishimiye, Head, Mental health department, Ministry of Health

Dr Ines NSHIMIRIMANA, Head, Prevention of NCDs and their risk factors Department, Ministry of Health

Dr Jonas Nsengiyumva, Cancer Focal Person/Head of Oncology Department, Ministry of Health

Cameroon:

Dr Metogo Mbarga Bernard, Head of service for prevention and control of Cardiovascular, Metabolic, Cancer, Kidney and respiratory diseases, Ministry of Health

Dr Clarisse MAPA, Technical officer, Ministry of Health

Dr Haoua Farida, Ministry of Public Health, Cameroon

Cabo Verde:

Dr Elizabete Barros, Focal point for NCDs, Ministry of Health

Comoros:

Dr.Chamsoudine Mohamed, Director, Disease Control and Prevention Department, Ministry of Health

Aynia Ali Soilihi, Republic of Comoros

Republic of Congo:

Mr Elion Eljose, Head of Department, NCDs and Mental health, Ministry of Health

Democratic Republic of Congo:

Dr Gaston Tshapenda, Head of NCDs Division, Ministry of Health

Justus Nsio M, Epidemiologist - Rapid Responder, Ministry of Health

Dr Dorothee Bulemfu, NCDs Division, Ministry of Health

Djibouti:

Mr Said Houssein Dirir, Head of department, NCDs, Ministry of Health

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Selamawit Teshome, Mental Health Nurse, Ethiopia

Tamirat Tulu, Field Data Use Officer, Ethiopia

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Ms Thully, National Mental Health Program coordinator, Ministry of Health

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Mrs Amina Mohammed, Epidemiologist, Nigeria CDC

Dr Abubakar Ahmed Tijani, Epidemiologist, Nigeria CDC

Dr Emmanuel Agogo, Country representative, Resolve to save lives

Dr Chris Ega, Assistant Director, Ministry of Health

Dr Aniekeme Uwah, Epidemiologist, Nigeria CDC

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Dr Margaret Ravhengani, Acting Chief Director, Human Resources for Health Planning, Development & Management, Ministry of Health

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Dr Germana Leyna, Director General, Tanzania Food and Nutrition Centre

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Dr Samuel Likindikoki, Sen. Lecturer - Psychiatrist & Mental Health Specialist, Muhimbili University of Health and Allied Sciences

Dr Sylvia Kaaya, Prof. of Psychiatry and Mental Health, Muhimbili University of Health and Allied Sciences

Ms Arafa Said, Sickle Cell Patient

Prof Kaushik Ramaiya, Secretary General, Tanzania NCD Alliance

Dr Harrison Chuwa, Oncologist, Aga Khan Hospital

Togo:

Dr Aho Komivi Mawusi, Coordinator - National program for addictions to psychoactive products, Ministry of Health

Pr Dassa Kolou, Psychiatrist, Head of Department, Teaching hospital, CAMPUS

Pr Belo Mofou, Head of Division, NCD surveillance, Ministry of health

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International organisations

Bashier Enoos, Technical Officer NCDs, WHO, HQ Geneva

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Dr Joseph Mogga, WHO South Sudan

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Dr Alexander Rommel, Robert Koch Institute, Germany

Dr Angela Fehr, Robert Koch Institute, Germany

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Other participants

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Dr Anebonam Uchenna, Epidemiologist, Ogun State, Nigeria

Abdikarim Abdi Adan, Republic of Somaliland

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Alicia Clark, Center for Global Africa, USA Delaware

Hanna Baldwin, StrongMinds working in mental health in Africa.

Olabanji Mikail, Patient Safety/Psychological First Aider

Dr Wenkourama Damega, Psychiatrist Addictologist, Togo



ANNEX 2:

Agenda

  		
<small>Protecting and improving the nation</small>		
EXPERT AND STAKEHOLDER VIRTUAL CONSULTATION MEETING TO DEVELOP THE AFRICA CDC NON COMMUNICABLE DISEASES AND MENTAL HEALTH STRATEGY 27 – 28 APRIL 2021		
Tuesday 27th April 2021	Session title	Speakers
	1. Welcome and introductions: <ul style="list-style-type: none"> Welcome remarks Remarks Overview of the meeting and intended outcomes 	Dr John Nkengasong Director, Africa CDC Public Health England (PHE) Dr Mohammed Abdulaziz Head of DCP Division, Africa CDC
02:00 - 02:15 pm EAT		
02:15 - 02: 20 pm EAT	2. Meeting logistics and group photo	Dr Adelard Kakunze Public Health Officer, DCP Division, Africa CDC Dr Mahlet Kifle Habtemariam Principal Program Manager, Africa CDC
02:20 - 02:40 pm EAT	3. Setting the scene: Non-communicable Diseases (NCDs) and mental ill-health in Africa	Dr Abdulmalik Jibril Senior Lecturer Department of Psychiatry University of Ibadan Dr Mohammed Abdulaziz Head of DCP Division, Africa CDC
02:40 - 03:00 pm EAT	4. Africa CDC's NCDs and mental health strategy development <ul style="list-style-type: none"> Conceptual framework and approach Progress and summary of findings Q&A session 	Emily Humphreys PHE Emily Humphreys PHE All

  		
<small>Protecting and improving the nation</small>		
03:00 - 03:45 pm EAT	<ul style="list-style-type: none"> Reflection and recommendations on the strategic framework components: <ul style="list-style-type: none"> Governance (15 min) Health promotion and protection (30 min) 	Facilitated session
03:45 - 04:00 pm EAT	<ul style="list-style-type: none"> Conclusion of Day 1 	Dr Mohammed Abdulaziz Head of DCP Division, Africa CDC
Wednesday 28th April 2021		
02:00 - 02:10 pm EAT	<ul style="list-style-type: none"> Overview of discussion from Day 1 	Dr Adelard Kakunze Public Health Officer, DCP Division, Africa CDC
02:10 - 03:25 pm EAT	<ul style="list-style-type: none"> Reflection and recommendations on the strategic framework components: <ul style="list-style-type: none"> Surveillance (15 min) Healthcare (15 min) Laboratories and diagnostics (15 min) Workforce (15 min) Research (15 min) 	Facilitated session
03: 25 - 03: 50 pm EAT	<ul style="list-style-type: none"> Overall reflection and recommendations and moderated discussion on findings from the two days 	Dr Mohammed Abdulaziz Head of DCP Division, Africa CDC
03:50 - 04:00 pm EAT	<ul style="list-style-type: none"> Next steps and conclusion of the meeting 	Dr Ahmed E. Ogwell Ouma Deputy Director, Africa CDC

