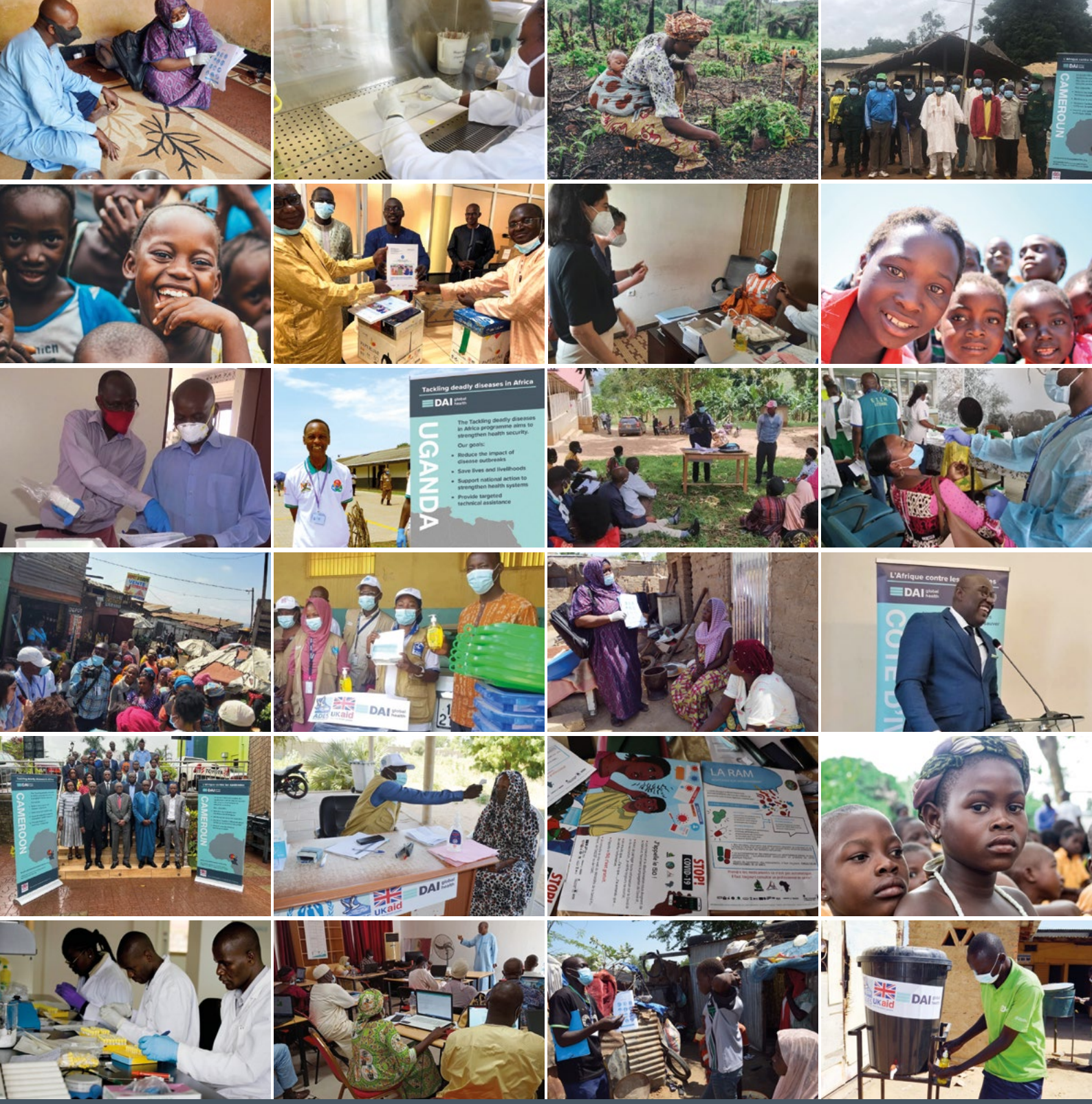

Building trust in uncertain times

Learnings from a four-year health security programme in Cameroon, Chad, Côte d'Ivoire, Mali, Niger and Uganda

October 2022

Tackling deadly diseases in Africa

DAI global health

TDDA in brief

- Since 2019, working in six countries that are highly vulnerable to disease outbreaks
- Strengthening systems for health security in Chad, Cameroon, Côte d'Ivoire, Mali, Niger (until 2021) and Uganda
- Helping governments to improve International Health Regulation (IHR) adherence, National Action Plans for Health Security (NAPHS), National One Health Platforms (NOHP) and international border crossings (Points of Entry)
- Improved surveillance of disease outbreaks for faster, more effective responses
- Making civil society stronger so it can play a bigger, wider role in health security interventions and increase social accountability

staff from over 110 CSOs trained in health security, health equity, risk communication and community engagement

people reached by CSO-led sensitization campaigns we funded

99%

of TDDA-trained CSOs support vulnerable communities

officials from border posts trained on infection prevention and control, with TDDA support

TDDA-funded CSO pilot campaigns supported national vaccine rollouts, following our capacity-building work

national and district staff, village and community health workers received TDDA-supported surveillance training

10,000+

people vaccinated against COVID-19 and other infections alongside CSO community sensitization campaigns supported by TDDA

100%

of international partners and CSOs, and 97% of government stakeholders, interviewed (March 2022) said TDDA's work makes a positive difference to health security

Key insights in this report

Introduction

Dr.Richard Brough, BA MSc PhD FFPH, TDDA Team leader

"It's easy to underestimate the value of trust"

"If there's one thing the world learned from COVID-19, it's that it's easy to underestimate the value of trust. Trust in systems, trust in science, trust in each other, to name but a few. We didn't sufficiently factor this in. Like many evidence-based technical assistance programmes, when we embarked on the Tackling deadly diseases in Africa (TDDA) back in 2019, we set off with a rigorous logframe, targets and indicators - numbers of experts trained, procedures developed and so on.

Almost four years on, we look back on how much we achieved in so short a time. What sits at the heart of it all, is that our expert teams were able to build relationships of trust with everyone, from national governments to local Civil Society Organisations (CSOs) delivering vital community services. **We were trusted** because of our technical knowledge, but also because we took the time to understand local realities.

Our programme was designed to support national plans, making sure we added our energies to what were already priorities. Our political engagement strategy wasn't a lobbying drive. It was sitting together with decision-makers and finding practical solutions to unblock progress. Our efforts to 'localize' were not lip service. They included giving 200+ staff from over 100 CSOs and more than 700 health district staff and village health team members more skills and opportunities to step in and deliver on health security.

Our only agenda was to help save lives – and to find practical solutions, collaboratively, and encourage others to play their role, despite insecure contexts and considerable resource constraints.

Trust is both precarious and essential in all of this. This short overview of TDDA's learnings shares the insights we have gathered. We don't shy away from the hard lessons, the things that we hope we and others will do better next time. Our ambition is to ensure momentum is maintained by governments and supported by new programmes in the future that can move forward from where we left off. We all want lasting impact, safer lives, and no one left behind.

Delivering TDDA in a pandemic: every one of us a leader

Elodie Brandamir, TDDA Deputy team leader

“We showed we were prepared to address big issues”

“TDDA compelled all of us to become stronger leaders. Running a technically complex, multi-country health security programme throughout a pandemic, with so many changes globally and at national level and with modest resources - well, it was never going to be a walk in the park.

We showed resilience and creativity in this programme and I am very proud to have played my part in that. We adapted to changing circumstances, to shifting funder priorities, and to political as well as security instability. We led through, pushed forward, turned requests into meaningful action, for greater impact - all the while doing everything in our power to create a safe, reliable, and positive working environment for our team.

TDDA demanded **strategic and focused leadership**. It was essential to keep our eyes firmly on the big picture, while managing the intricacies of complex contractual arrangements and a team based all over the world.

Every bit of knowledge that I had of systems strengthening, governance, diseases prevention, and of protecting the most vulnerable, was translated into action in some way.

It was worth it. The project has done so much **more than play safe** with tightly defined and limited goals. We showed we were prepared to address big issues where success is less certain. We leave behind **better functioning integrated health security systems**, improved adherence to IHR, better relationships across one health country stakeholders, improved **representation for the most vulnerable**; and last, but certainly not least, a team of experts in health security ready to address the next challenge in their countries. I think I speak for all when I say it’s a privilege to have played a part in that and to have grown as leaders in doing so.”

Things we're proud of

"We've shown how resilience can be improved even when resources are limited and contexts challenging. I'm especially proud at how we've enabled governments and civil society to work together to reduce vulnerability to disease outbreaks and launch better responses to them when they occur."

Dr. Charlotte Laurence,
TDDA Programme director

"Health security system performance is consistently low across the African continent, so it's no small thing that we played our part in improving NAPHS performance in Côte d'Ivoire, from 12% at the start of TDDA to 37% as we exit."

Dr. Aristide Dionkounda,
Country coordinator for Côte d'Ivoire

"IHR is part of national security, it cannot depend on donor funding. I am proud to have helped my government understand its significance - and make progress with implementing it."

Prof. Omer Njajou, *Technical lead for IHR and former Cameroon Country coordinator*

"This programme was such a success in Cameroon. We made a real difference, not least because our work was designed to cover actual gaps and needs identified through Joint External Evaluations".

Dr. Yannick Narcisse Kamga,
Country coordinator for Cameroon

"We delivered a complex project on a low budget, in countries with little capacity to make health security a reality. This was made possible by our extraordinary country staff. They've had to operate at the highest level across so many spheres of knowledge, from technical expertise to complex programme management and understanding political drivers in a context of multiple global and regional threats."

Dr. Carmen Camino, *Technical lead for data, surveillance and evidence*

"How could I not be proud that I made life safer for the people of my country, by strengthening health security at such a difficult time of socio-political instability and resource shortages – not to mention the COVID-19 pandemic."

Dr. Souleymane Diarra,
Country coordinator for Mali

"Equipping CSOs to act on health security is truly a leap forward, not only for community engagement in surveillance and better responses to outbreaks, but also for social accountability – something that so many of us would like to encourage and struggle to achieve."

Claude Cafardy, *Governance and accountability manager*

"TDDA developed immense capacity to adapt to challenging times. For example, the training of CSOs in health security and NAPHS monitoring was all done online (virtually on Zoom) in the days of COVID-19 lockdown."

Dr. Winyi Kaboyo,
Country coordinator for Uganda

HOW TO BUILD TRUST AND BRING EVERYBODY ROUND THE TABLE

Pairing technical assistance and operational funding

Technical assistance is important and our expert knowledge was valued consistently by our partners in TDDA focus countries, be they national governments, district and local services or CSOs. Technical assistance works best, however, when it is coupled with sufficient operational funding. This funding can be reasonably modest to provide proof of concept in the local context, and the opportunity for direct implementation that delivers results.

Rather than creating a dynamic of donor and passive recipient, as some might argue, some operational funding demonstrates **responsiveness to local needs at critical moments** and helps in discussion with governments about systemic change needed to achieve IHR. Coupled with political engagement, this can help build the case for national investment to follow. At TDDA, we were conscious of the limits to the power (and usefulness) of advice alone.

"A project needs to bring some operational funds as well as technical assistance – it's fundamental to good design. TDDA came with expectations as a 'flagship' project. Repeated cutbacks may have challenged that perception."

Dr. Rodion Kraus

"...responsiveness to local needs at critical moments..."

Programmatic consistency

A further challenge was presented by changes in funding during the course of the TDDA programme, which led to the closing of our Niger programme in 2021, as well as a stop to our work on early response mechanisms (ERM). While these funding decisions were understandable against the backdrop of the pandemic, the impact on relationships and trust at country level was felt to be significant by our team members embedded with local stakeholders. Our national counterparts trusted us and expected us to uphold our commitments to them. We had to think on our feet about how best to embolden and motivate our partners, despite these disappointments, to make the progress necessary to meet their IHR commitments.

While all funders have to balance priorities and newly emerging challenges, it is precisely because trust is so hard-won and precarious that we hope decision makers will remain mindful of reputational costs when considering mid-project programmatic and budgetary changes.

"Changes in plans led to challenges in credibility",

Dr. Souleymane Diarra

"...we hope decision makers will remain mindful of reputational costs..."

Things we've learned

Gender equality and social inclusion

Gender equality and social inclusion (GESI) became an increasing focus. We had throughout encouraged women to participate in all our activities. For example, in the period April-June 2022, 29% of our workshop participants were female –a substantial proportion in countries that have relatively low female participation in professional positions and public meetings in general. Building on this later in the programme, we prioritised GESI through CSO-led community interventions and training for government officials at all levels. The vast majority of our partner CSOs were selected for their access to vulnerable communities.

It is crucial to give a voice to marginalized people, including people with disabilities, women and youth, and highlight to policy makers the principle of "leaving no-one behind". Important ambitions such as these are best served by being embedded in programme design and delivery and adequately resourced for the duration.

"Our work on gender equality and social inclusion developed late in the programme. We could have done so much more with more time and funding"

Dr. Aristide Dionkounda

"...leaving no-one behind..."

Planning the end - from the beginning

From our work, we are more convinced than ever that focusing on a "responsible exit" from the outset of a programme is the best way to ensure enduring impact. Throughout our years of operation, the TDDA programme has had to mitigate insecurity and political instability, as well as a global pandemic. When countries experience such seismic upheaval, it can be hard to achieve national buy-in. To succeed, it is crucial to maintain our focus on serving the national ambitions of our host countries and demonstrating the desirability, scalability and replicability of our approaches to convince governments to institutionalize and finance them for the long term. We did that best when we integrated our technical support with effective political engagement, to understand and resolve together barriers to progress.

"Political engagement and planning a responsible exit need to be integrated from the start – to avoid brutal exits"

Dr. Salif Samake

"...convince governments to institutionalize and finance interventions for the long term..."

Things we've learned

ONE HEALTH: STRENGTHENING GOVERNANCE AND SYSTEMS FOR HEALTH SECURITY

TDDA was designed to serve the health security ambitions of the focus countries and help them make the improvements that will allow them to meet their obligations under IHR. This is why we made it our priority to continuously consult and check for alignment with national policies and plans, amidst changes and adaptations that were necessary in the context of the COVID-19 pandemic. By investing effort in bringing all stakeholders to the table and securing national endorsement at the highest level, we were able to make a real difference in strengthening multi-sector coordination, a crucial requirement for **strong national One Health coordination**.

"This project was truly successful because it helped to show the importance of multi-sector approach in achieving health security objectives. Strengthening this coordination has been a constant challenge to bring all actors to the table. The process of setting up a real platform is the result of these efforts",

Dr. Yannick Narcisse Kamga

Strengthening systems and equipping governments with tools and procedures to enable health security planning, implementation and monitoring, is painstaking and unglamorous. We've seen it pay off with improvement in scores across our countries between TDDA's inception and time of exit. Monitoring implementation of health security plans is crucial, even more so at the sub-national level. In Uganda, for example, we trained CSOs to carry out district-level monitoring of the NAPHS. This provides granularity to the understanding of implementation barriers on the ground and greater insight into how they may be overcome.

"...strong national One Health coordination..."

IMPROVING INFECTIOUS DISEASE SURVEILLANCE FOR AND WITH COMMUNITIES

Vigilance is required across the whole of society to mount a rapid and effective response to outbreaks of potentially deadly diseases. To facilitate early reporting of outbreaks, TDDA supported its host countries to develop Community-Based Surveillance (CBS) systems, by demonstrating the power of community engagement. CBS strengthens detection, reporting and timely responses by enlisting the help of the community - through existing networks of community health volunteers - to act as an early warning system. CBS also particularly benefits those with more limited access to the health system, such as women, people with disabilities, and the extreme poor, and goes some way in fostering a more participatory approach and addressing the barriers to increasing direct participation of women and other vulnerable groups in surveillance work.

TDDA's results in this important area of work are a source of pride for us. We are seeing the time between alert and response greatly reduced in areas where we have intervened. In our Guélendeng district pilot in Chad, for example, response times were reduced to within 24 hours (down from 48 hours in 2019) to meet WHO standards. Reporting is significantly more frequent, and much more reliable. The regular communication between community health workers (CHWs) and health centres is significantly improved. We see leaps of progress being possible if this approach is rolled out widely, with adequate training and financial support. As always, the challenge is one of investment. TDDA was able to demonstrate what a rigorous, albeit relatively small-scale programme, is able to achieve.

"We worked with a very low budget for the complexities of the project activities in countries with little capacity to make health security a reality. So much more can be done with more resource"

Dr. Carmen Camino

"...the power of community engagement..."

A WHOLE-OF-SOCIETY APPROACH TO HEALTH SECURITY

Our work with CSOs is also a source of pride at TDDA and an area in which we were able to innovate - not least because of the challenges posed by the COVID-19 pandemic.

In response to the urgent needs for vaccines, governments, foundations and donors had invested in COVAX to prevent COVID's spread and protect vulnerable people everywhere. Yet Africa lagged behind the rest of the world in terms of COVID-19 vaccination coverage and our host countries faced complex challenges in getting the vaccine to the people who needed it most.

The impact of our efforts to strengthen CSOs can be described in simple terms. Across all TDDA focus countries, we were able to bring an effective new actor into health security interventions and boost resources in support of vaccination campaigns. Civil society involvement in vaccination efforts had been weak. Yet recent experience across Africa provided evidence of CSO potential. Many CSOs were well established in efforts to improve maternal and child health care, WASH and HIV/AIDS related services, where they are often a trusted source of help and advice. Their potential had yet to be realized in integrated health security.

Against the backdrop of COVID-19, we focused our efforts on strengthening CSO skills. We equipped them to assist with community-level health security interventions, including awareness-raising and vaccination campaigns related to COVID-19. Because they are trusted by their communities, CSOs demonstrated significantly better access and impact than health services with weaker community links. As a result, the role of CSOs in health security interventions is being institutionalized across all of the countries, as governments recognise the unique benefits that they bring. CSOs now participate in routine national One Health discussions, which means community voices are heard by all stakeholders whose work touches health security.

Finally, we invested effort in encouraging CSOs to form self-managed, self-sustaining networks that allow them better impact in their relationship with governments and other partners, as well as the dissemination of important knowledge and skills. In some cases, such as Uganda, larger CSOs have taken a leading role in cascading knowledge and organising smaller affiliate CSOs. This work requires further support from funders and governments, which is why we recommend **continuing investment in CSO networks** to make progress sustainable.

"One of the initiatives of which I am most proud is the creation of the Network of One Health CSOs of Cameroon (ROOHCAM) to improve the participation and visibility of civil society organizations in health security. TDDA is an honorary member".

Dr. Yannick Narcisse Kamga

"CSO involvement is a positive thing at all levels"

Dr. Rodion Kraus

"...an effective new actor in health security..."

OPERATIONAL AND IMPLEMENTATION INSIGHTS IN A MULTI-COUNTRY PROGRAMME

After almost four years of delivery, we have been reflecting on some of the operational challenges TDDA has faced, how we overcame them, and how similar challenges might be mitigated by designers of health security programmes in future. These insights distil what we have learned works best in terms of programmatic approach and implementation in a multi-country programme.

A solid start-up, appropriately resourced

Successful programmes need solid foundations. A well-managed inception period provides the essential foundation for delivering results on behalf of the funder, based on a well-defined logframe and plan. Starting a multi-country programme is naturally more complex than single-country projects. For sustainability of impact, all programmes need to align with partner governments' priorities and ambitions, and adjust for specific local challenges and opportunities. On this basis, we would encourage a **six-month minimum inception period** to ensure a sound technical basis, compliant and efficient operations, and to build trust. Extra resources, such as a start-up manager, are required in this phase.

"Engaging to build trust during the inception phase takes time but reaps significant rewards during the implementation phase."

Dr. Rodion Kraus

Human resources

Our team's expertise, dedication, and collaborative spirit are the key factors behind TDDA's achievements. The in-country teams need to be sufficiently staffed to deliver their technical, operational, financial and administrative tasks. This was consistently a challenge for our programme, due to the volume and diversity of deliverables expected from very small country teams of usually no more than two staff-members.

"If I were designing TDDA now, I would invest in significantly bigger delivery teams on the ground to deliver both technical assistance and population-based work".

Prof. Omer Njajou

Technical assignments to establish up-to-date baselines

Funders design programmes on the basis of a range of information sources, including technical research, insights from past programmes and country-specific diplomatic advice. These can sometimes be out of date by the time the programme is ready to start. The inception phase allows scope to update this technical information. In TDDA, for example, we needed an inception report, an Environment and Social Impact Assessment report, and political economy analyses.

Adaptive management for resilient programming and results

Being adaptive is essential for any programme to remain relevant and deliver meaningful results, especially in the case of global health security. There can be tension between the programme's original design, plans and logframe, and the need to evolve when contexts change. It is key for implementers and funders to come to a common understanding of the need for adaptability (especially on targets), while maintaining accountability and stability. In TDDA, we developed an adaptive management approach to support agile, proactive, collaborative management to help manage expectations, while providing flexibility for vital changes to happen without undue delays.

Logframe consistency

Our teams on the ground were highly adaptable and the programme has consistently scored highly on delivery despite challenging external contexts. Repeated adaptation of the logframe (sometimes because of shifting contexts) added burden at country team level. This is something future projects would benefit from mitigating, through dialogue between country teams, senior project management and funders to ensure efforts are well aimed and meaningful.

"Frequent logframe changes shifted the goalposts and made delivery challenging"

Dr. Salif Samake

Small steps, Grand Bargain

Dr. Rodion Kraus, TDDA Senior technical advisor

"...we contributed substantively to the participation revolution..."

TDDA was designed as a flagship health security programme, to show that progress in **establishing resilient health systems** is possible, even in regions that are beset by a multitude of political and security challenges. We're so proud to show how far a relatively small investment can go. So much more is possible in the future, if the momentum we have established can be maintained with additional technical assistance and operational funding to **take key activities to scale** at country level.

We've achieved notable gains in NAPHS implementation and monitoring, giving shape and direction to National One Health Platforms, transforming the role of civil society in health security and improving surveillance skills and practice so that community-based surveillance can be rolled out widely. All of that – and it seems incredible to even say it – was made possible by very small teams in each country.

This is what courageous people can do. Barely four years on, our success offers tangible, specific examples of progress across three of the 10 workstreams of the Grand Bargain, the collective commitment made six years ago by the governments who contribute the bulk of Official Development Assistance. We're also responding directly to four of the nine recommendations of the 2021 independent review of the Grand Bargain at five years.

There can be no **localization** if local partners don't have the governance structures that enable them to receive funds. That's precisely why we trained over 100 CSOs across our five countries, so they can be viable, reliable delivery partners in health security interventions. Working with CSOs also meant we contributed substantively to the participation revolution. In Uganda, for example, we helped bring the voices of the most marginalized, for instance people with disabilities, into decision-making that impacts community health. By multiplying the number and type of actors able to step in when crisis hits, we reduced vulnerability for the future, and helped ensure that humanitarian responses to crises build on without destabilising broader development progress - an ambition at the heart of the **humanitarian-development nexus**.

Programmes of the future can go further, be more daring, be even better attuned to the voices and needs of the people they serve.

What we would like to see happen next

TDDA was an ambitious multi-country programme undertaken during a global pandemic. This document can help designers of future programmes who seek to learn from TDDA's challenges and to build on its successes as we all press for greater global health security.

By necessity - because of the COVID-19 pandemic - and also by design, TDDA was a test case for new approaches that **build resilience into fragile health systems**. Strengthening CSO capacity to participate in health security interventions is one of the best examples of this. By **working in support of national priorities** and maximising the skills and potential available in-country, we helped to bring about significant improvements and innovation with a relatively small investment.

Despite the shock of COVID-19, health security remains an under-resourced field, and one that is insufficiently embedded into wider development and humanitarian approaches. The progress we achieved in TDDA can only be maintained with **continued investment** from funders and national partners. This will sustain coordination and functioning of National One Health platforms, it will increase technical skills in crucial fields such as disease surveillance, and it will strengthen the capacity of civil society.

Civil society, particularly in fragile contexts, provides community knowledge and access via bonds of trust that can be of crucial importance in detecting and responding to disease outbreaks. This capacity, under-recognised by governments and by CSOs themselves, was one of TDDA's most important and impactful learnings. Helping CSOs improve their governance structures so they can access donor support and become sustainable, and supporting them to build networks for greater influence can offer durability of impact into the future.

Finally, a difficult realisation. We live in an unstable world, beset by multiple serious threats, some of which have significant and global health impacts. With this comes a high degree of uncertainty around future interventions and the reliability of funding streams. We experienced this impact directly during the course of TDDA. We managed this with openness and a constructive attitude – and learned useful lessons about the importance of **being reliable partners, especially in troubled times**. We cannot stress strongly enough the importance of making ambitious commitments – and sticking to them as much as we possibly can, even in times of crisis. Our collective safety depends on it.

"...One Health: integrated health security remains an under-resourced field..."

DAI Global Health leads a consortium of partners who work together to deliver the TDDA programme.

Principal partners

Resource partners

Tackling deadly diseases in Africa

DAI global health

UKaid from the British people

Funded by UK aid and led by DAI Global Health