

**CENTRAL AFRICA REGIONAL ADVOCACY WORKSHOP FOR CROSS BORDER SURVEILLANCE AND INFORMATION SHARING IN YAOUNDE, CAMEROON.**

**SUBMITTED BY:** Mallion Kangume

**DATE:** 3<sup>rd</sup> June 2025

**MISSION TEAM:**

1. Mallion Kangume- Program Coordinator
2. Severin G. Ndjapou-Project Officer Emergency Preparedness and Response, Central RCC
3. Glory Onyeugo - Technical Officer, Country Program Epidemiologist, Rwanda
4. Amadou Cisse- Regional EBS Analyst Central RCC
5. Lengane Drissa- Technical Officer Country Programmes – Epidemiologist Central RCC

*Country Team:*

6. Adejoke Akano- Technical Officer, Country Program Epidemiologist, Cameroon
7. Mahamat Nadjib Abderahim- Senior Country representative, Cameroon

**MISSION DATES (INCLUSIVE OF TRAVEL DATES):** 25<sup>th</sup> – 30<sup>th</sup> June 2025

**OVERALL, PURPOSE/OBJECTIVES OF MISSION:**

The overall goal/objective of the workshop is to raise awareness among key high-level actors from Member States, Regional Economic Committees and other partners involved in the region on the relevance of institutionalizing cross-border coordination, collaboration and timely information sharing for timely public health response.

**Specific objectives**

- Provide an overview of Africa CDC's continental strategic framework for cross-border surveillance and information sharing in Africa.
- Conduct regional prioritization of public health events amongst MS in the Central Africa region
- Identify gaps in the cross-border surveillance system of Member States in the region
- Establish a mechanism for coordination, collaboration and information sharing between member States in the region
- Establish a roadmap for Cross-border surveillance in Central Africa region.

**BACKGROUND:**

The Central Africa region has witnessed a growing threat of recurrent public health events, including cholera, measles, and Mpox, across multiple Member States. These outbreaks have highlighted the urgent need for a functional and institutionalized cross-border surveillance strategy to enable timely detection, coordination, and response.

Considering these challenges, Africa CDC launched the Cross-Border Coordination, Collaboration, and Information Sharing Strategy to enhance regional disease surveillance and response capacity. However, the effective implementation of this strategy requires its adoption, contextualization, and integration into national disease surveillance frameworks.

The urgency of this need is further compounded by factors such as increased cross-border movement of people, animals, and goods; rapid urbanization and population growth; environmental degradation; and strong community-level interconnections. All of which contribute to the seamless spread of diseases across borders, some of which are porous. Despite these realities, mechanisms for cross-border coordination and timely information exchange remain limited or inadequate across countries in the region, particularly in the wake of a data-sharing agreement protocol between Member States.

To advance the operationalization of the strategy and foster regional alignment, Africa CDC convened a four-day high-level sensitization and advocacy workshop in Central Africa. The workshop brought together technical experts from Member States, Regional Economic Communities, and key partners to build consensus, promote ownership of the strategy, develop actionable roadmaps and strengthen collaborative efforts for effective cross-border public health surveillance in the region.

#### **BRIEF SUMMARY OF MISSION:**

##### **OFFICIAL SESSION:**

The official opening of this Regional Workshop for Experts from the nine countries of the region (Equatorial Guinea was absent) was chaired by the Secretary General of the Ministry of Health of Cameroon, representing the Minister who was unable to attend, alongside representatives from Africa CDC, IOM, OCEAC, and ECCAS. He thanked Africa CDC for the initiative and for choosing his country to host the event, before wishing the meeting every success. Attendees included national experts on surveillance, PoEs, and RCCE from Burundi, Cameroon, Congo, CAR, Gabon, DRC, Sao Tome and Principe, and Chad.

##### **Presentations of Sub-regional institutions working in the health sector in Central Africa supporting Member States (MS)**

- **Organization for the Coordination of Endemic Disease Control in Central Africa (OCEAC):**

The Organization for the Coordination of Endemic Disease Control in Central Africa (OCEAC) presented its mission, which includes *(i) public health actions, (ii) research activities, (iii) health promotion, (iv) expert missions, and (v) humanitarian actions*. As for its actions, OCEAC carries out actions at the land PoEs of CEMAC countries. Finally, OCEAC also implements cross-border surveillance, coordination and information-sharing activities (strengthening cross-border surveillance through logistical support to PoE health posts in targeted CEMAC countries, communication and awareness-raising at the borders of targeted points of entry, etc.)

- **CEEAC/ECCAS:**

ECCAS, an entity of REC for Central Africa, whose role is to support health initiatives at regional level, gave a presentation on the regional coordination and information-sharing mechanism for integrated disease surveillance in the ECCAS area. In terms of actions carried out, we can list *(i) the Strategy for cross-border surveillance of human and animal diseases with epidemic potential, with data sharing, (ii) the Regional Health Security Strategy, (iii) activities at borders within the framework of COVID 19 since 2020 with the REDISSE IV project, GiZ, (iv) the project to set up a regional DATA warehouse, (vi) the carrying out of JEEs in*

5 countries. In conclusion, he shared the Regional Strategic Plan for Cross-Border Surveillance of Diseases with Epidemic Potential under the One Health Approach in Central Africa (2025 - 2029) and the RCCE Operational Plan (2025 - 2029) for ECCAS Member States.

#### **TECHNICAL SESSIONS:**

The workshop was 80% hands-on and participatory as participants were grouped into groups based on geographic proximity and made to work individually on specific focus areas. The groups were tasked to work on the following areas during the training;

- i. Sub-regional institutions working in the health sector in Central Africa supporting MS
- ii. The regional hazard/risk prioritization, based on the prevailing public health threat in the member state
- iii. The situation analysis (best practices and critical gaps) of cross border coordination and collaboration by the different member states
- iv. Remedial actions and action plan to sustain best practices and address gaps
- v. Population mobility exercise

#### **The regional hazard/risk prioritization of diseases and public health events**

Key highlight:

- Prioritizing risks is essential to build a resilient health system in Africa, which allows resources to be allocated efficiently.
- The inclusion of non-communicable diseases in the list of diseases and events to be prioritized in the context of cross-border surveillance
- Framework to be utilized for risk prioritization was shared to participants to grade the risk of prevailing public health events in their member states – [Find Annex link to the prioritization of the different MS](#)

#### **Identified best practices and critical gaps of cross border collaboration by MS**

Key highlights:

- Each country highlighted the status of cross-border surveillance. It was noted that most Member States share certain challenges which includes the following:
  - The existence of non-designated ports of entry
  - The existence of porous borders
  - Population mobility
  - Inadequate staffing and staff attrition at the border post
  - Possession of vaccination record card by unvaccinated persons
- Information-sharing mechanisms were also highlighted as some countries do not have a formal data-sharing mechanism. They highlighted that data is shared between technicians only.

- Level of collaboration with other sectors in the context of "One Health" However, Burundi's structure for one-health is still underway of initializing
- Data digitization needs to be adopted for countries implementing paper-based reporting. A call for transitioning from paper-based reporting to digitalized platforms
- Sustainability of good practices amongst the member state in the region, and adoption of best practices of other countries for countries that do not have the system in place

### **Introduction to Population Mobility Mapping (PMM)**

#### **Key highlights:**

- There is a complex relationship between public health and mobility. Thus, mobility is considered to be a contributing factor to the spread of disease.
- Currently, more than 11 million migrants have been identified, with a high concentration in Côte d'Ivoire, Nigeria and Chad.
- Better understanding of the mobility continuum helps guide public health actions as this activity is not limited to borders
- Participatory mapping goes from the evaluation of sites to supervisory visits and the monitoring of the flow of identified points
- Interventions such as capacity building of community actors on CREC at IDP sites; conduct of community meeting in cross-border communities; educational talk with specific groups and mass awareness creation geared towards mobile populations, host communities and migrants.
- IOM highlighted their support for screening, referral of suspected cases and community-based surveillance to Points of Entry (PoEs).

#### **Group work:**

Group work to produce the mapping of a case of cholera in southwestern Cameroon.

- Group A composed of Sao Tome and Principe, Chad, CAR and Cameroon: mapped the mobility routes, entry points and assembly points of the populations of interest to mitigate the spread of the cholera outbreak
- Group B composed of DRC, Burundi, Republic of Congo, and Gabon: mapped key posts, health checkpoints, and mobility characteristics

### **SWOT ANALYSIS OF CROSS-BORDER COORDINATION, COLLABORATION AND INFORMATION SHARING BY MEMBER STATES.**

#### **Key highlights:**

- The work consisted of each member state doing a SWOT analysis and presenting it to the plenary. The representatives of each country presented the work in plenary with exchanges and proposals for improvement.

- The results will allow the Central African region to measure its strengths, weaknesses, opportunities and threats

### **Key recommendations and action plans**

Participants in the respective groups were tasked to develop action plans based on the identified gaps and challenges. [See link/attachment for consolidated action plans -Feuille de route Surev trans\[1\].docx](#)

### **OUTCOMES OF THE WORKSHOP:**

At the end of the 4 days' workshop the following outcome was obtained:

- Developed regional 3year action plan for cross-border surveillance in the central region
- Each member state developed the risk prioritization of diseases and public health events, except for Gabon which is yet to conduct their SPAR
- Developed SWOT analysis of the cross-border surveillance by the different member states.

### **Attached Links:**

#### [Regional Prioritization for Central Africa](#)

Consolidated action plan

[Feuille de route Surev trans\[1\].docx](#)

### **KEY NEXT STEPS:**

No	Recommendations	Responsible
1	Present the initial the roadmap at the national level	Respective MS
2	Develop emergency plans for each country	Respective MS
3	Develop protocols and procedures for intervention by each country	Respective MS

**PHOTOS:**



**Figure 1: Group photo of Participants in the Workshop**



• **Figure 2: Group work on mapped key posts, health checkpoints, and mobility characteristics**



**Photo 3: Speeches from some of participants**

**APPROVED BY:**

**DATE:**

