



April 2020 | News

Welcome...

to our CORDS April 2020 newsletter. CORDS is a program of Ending Pandemics, comprised of six regional networks, working to reduce and prevent the spread of diseases by exchanging information and best practice. Our vision is a world united against infectious diseases. Early detection of outbreaks helps keep disease transmission to its area of origin, which, in our increasingly mobile world, is vital to stopping life threatening diseases such as Zika, Ebola and Yellow Fever. The collective expertise of the CORDS networks and their close relationships with local communities facilitate timely detection and response to outbreaks.



Pr. Amin Soebandrio and Pr. Wiku Adisasmito of APEIR discussing the COVID-19 pandemic on Indonesian national TV

Networks respond to COVID-19

During this time of global emergency, CORDS member networks have been busy preparing for and responding to the pandemic. [The Asia Partnership on Emerging Infectious Diseases Research](#) (APEIR) has developed a proposal between Indonesia and Vietnam for COVID-19 research that aims to assess the preparedness of the two countries to prevent, detect and respond to the outbreak. Pr. Wiku Adisasmito has been appointed as the Coordinator and spokesperson of the Indonesian COVID-19 Task Force, working alongside the Indonesian National Disaster Management Agency. Pr. Amin Soebandrio as the Chair of the Eijkman Institute and also the foremost microbiology expert in the country is also supporting the Government to provide laboratories for case detection. The central team at APEIR is helping the national effort by providing data such as hospital capacities, writing guidelines for medical personnel and communities to deal with COVID-19, helping to coordinate the local production of PPE and helping to analyse Indonesian COVID-19 data.

[The East African Integrated Disease Surveillance Network](#) (EAIDSNet) is coordinating with cross-border committees at the Busia, Namanga and Mutukula borders to get situational reports. They are also working with the Ministries of Health of their member countries Burundi, Kenya, Rwanda, Tanzania and Uganda to streamline the flow of trucks crossing the borders to prevent transmission. The secretariat is coordinating with fellow CORDS Member network SACIDS One Health Foundation on the use of their *Afyadata* platform for cross-border data acquisition and exploring how virtual training can be carried out between member countries on infection prevention, control, case identification and sample collection.

The member countries of the [Mekong Basin Disease Surveillance Consortium](#) (MBDS) have established national level committees for prevention, containment, control, settlement, information

dissemination, public support and law enforcement during the COVID-19 pandemic. Alongside travel restrictions, facility quarantine, closure of public areas, social distancing and physical distancing, MBDS member countries are responding with individual National Action Plans and public health awareness campaigns as well as border areas quarantine. Hospitals are working on their isolation/quarantine facilities and member countries are strengthening their laboratory testing capacity. COVID-19 updates from MBDS member countries:

Cambodia:

[Ministry of Health](#)

[Communicable Disease Control Department \(CDC\)](#)

[Cambodia CDC Facebook Page](#)

China:

[National Health Commission of the People's Republic](#)

[Chinese Center for Disease Control and Prevention](#)

[China CDC weekly](#)

Lao P.D.R.:

[Ministry of Health](#)

Myanmar:

[Ministry of Health and Sports](#)

[Ministry of Health and Sports Facebook Page](#)

[Myanmar CDC Facebook Page](#)

Thailand:

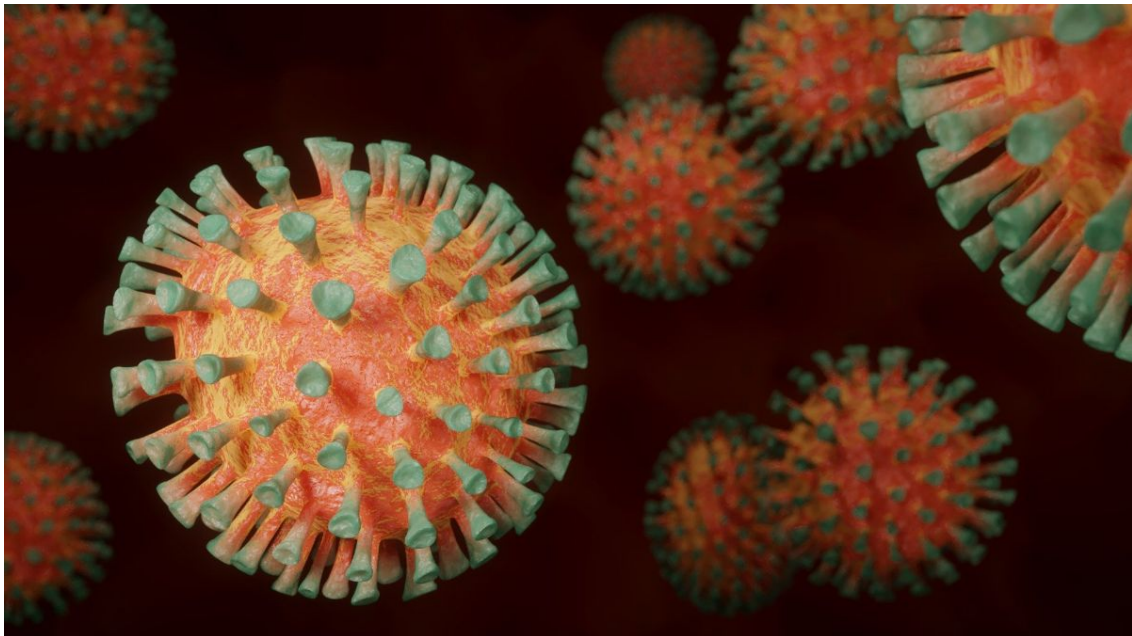
[Ministry of Public Health](#)

[Office of International Cooperation, DDC MOPH Facebook page](#)

Vietnam:

[Ministry of Health](#)

[Vietnam News](#)



EAIDSNet and SACIDS receive COVID-19 grant

We are pleased to share that two of CORDS member networks [the East African Disease Surveillance Network](#) (EAIDSNet) and [SACIDS One Health Foundation](#) have jointly received funding from the [Skoll Foundation](#) for the COVID-19 response in Africa.

The Networks are working together with [the Africa Centres for Disease Control and Prevention](#) (Africa CDC), in response to the call for a continent-wide strategy to counter the pandemic and the establishment of the Africa Taskforce on Coronavirus Preparedness and Response (AFTCOR).

The collaboration between the three organizations is focusing on COVID-19 surveillance and diagnosis as well as sub-typing in the African Union member states of the two Networks (Tanzania, DR Congo, Mozambique, South Africa, Zambia, Burundi, Uganda, Rwanda, Kenya and South Sudan) considered to be most at risk. The plan is to build on existing systems for monitoring influenza-like illnesses and severe acute respiratory infections.

The team at SACIDS HQ in Tanzania, working on COVID19, include:

1. **Leonard Mboera** – assistant coordinator across the SACIDS network and interaction with Africa CDC;
2. **Gerald Misinzo** - leader genomics group and diagnostics coordinator for our work on diagnostics;
3. **Esrn Karimuribo** - leader surveillance programme and member of Tanzania National Surveillance Working Group;
4. **Calvin Sindato** – expert on surveillance and modelling
5. **Eric Beda** - responsible for developing AfyaData and development of point-of-entry surveillance and contact tracing;
6. **Emmy Metta** – expert risk assessment and Africa context specific Mitigation Strategies for COVID-19
7. **Filomena Namuba** – responsible for project operations coordination across institutions.



Challenges to the COVID-19 Pandemic Webinar

On 2nd April 2020, CORDS network member [the Middle Eastern Consortium on Infectious Disease Surveillance](#) (MECIDS) led a webinar to consider the 'Challenges to the COVID-19 Pandemic' in partnership with [Ending Pandemics](#), [the University of Tel Aviv](#) and [the University of San Francisco](#). MECIDS is a trilateral, non-official organization that was formed in 2002 by leading public health officials and academics from Israel, Jordan and the Palestinian Authority. Since its inception it's been a source of expertise for cross-border collaboration and continues to act to use the knowledge and skills of its members to respond to the current COVID-19 threat.

The webinar was attended virtually by 278 participants from over 23 countries, who listened to a panel of infectious diseases experts present on MECIDS as a platform to address emerging infectious diseases, the Israeli, Jordanian and Palestinian experience of the COVID-19 pandemic, rapid response in diagnostics/detection- laboratory preparedness, and the non-medical burden of the pandemic.

The expert panellists included:

- Prof. Daniel Cohen, Chair of MECIDS and acting head of School of Public Health, Tel Aviv University, Israel
- Dr. Sami Sheikh Ali, The Communicable Diseases Directorate, Ministry of Health, Jordan

- Prof. Ziad Abdeen, Al Quds University, East Jerusalem
- Dr. Yaniv Lustig, PhD (The Central Virology Laboratory, MOH, Israel)
- Dr. Dorit Nitzan, Coordinator of Health Emergencies at World Health Organization Regional Office for Europe
- Dr. Silvia Bino, Southeast European Center for Surveillance and Control of Infectious Diseases South (SECID)
- Prof. Manfred Green, School of Public Health, University of Haifa, Israel

The webinar finished with a Q&A session. Questions included 'how far are we from a vaccine?', 'can the differences in health care systems explain the differences in fatalities between countries?', 'what is the role of communications in a pandemic?' and 'how do we manage cultural aspects related to public adherence to government instructions?'.

Overall feedback was excellent. Participants reported that they appreciated the opportunity to converge and share during a time of crisis and that the webinar had increased their knowledge and learning and would be useful to them and their organizations.

Listen to the webinar here:

<https://youtu.be/B-S9NRkq9GM>



The Partnership for Antimicrobial Resistance Surveillance

The CORDS project addressing antimicrobial resistance surveillance (AMR) in Africa and Asia, with support from the Fleming Fund, is now called PARSE – the Partnership for Antimicrobial Resistance Surveillance Excellence. PARSE brings together CORDS networks (APEIR, EAIDSNet, MBDS, MECIDS, SACIDS, and SECID) and trusted partners from the Eastern Mediterranean Public Health Network (EMPHNET), Pakistan One Health Alliance (POHA), the South Asia One Health Disease Surveillance Network (SAOH-Net) and the Center for One Health Research and Promotion in Nepal.

They are currently conducting a mapping and gap analysis in 18 countries to better understand existing AMR surveillance and opportunities to develop common, One Health surveillance protocols. PARSE partners have shown impressive creativity and adaptability in their efforts to keep this work moving despite the COVID-19 pandemic, employing strategies such as conducting interviews virtually and working with local experts rather than going on field visits.

PARSE is fortunate to have infectious diseases experts from ministries of health, universities, and international organizations on its technical working groups and steering committee. In the past weeks, some partners have been called upon by national governments to support or lead responses to the COVID-19 pandemic. However, the COVID-19 response and PARSE do not have conflicting agendas. They are both part of CORDS' mission to detect and control the spread of infectious diseases by catalyzing exchange and collaboration among regional surveillance networks.

PARSE has the potential to further strengthen cross-border relationships and enhance infectious disease capacity. Although funding and programming are often segregated by disease, building strong, high-quality, resilient health systems is at the core of this work. AMR surveillance does not exist in a vacuum, but is part of comprehensive infectious disease surveillance systems. By conducting mapping and gap analyses about AMR surveillance, the Networks can identify intervention points to improve infectious disease surveillance generally. When Networks develop and pilot standardized AMR surveillance protocols, we also strengthen infectious disease surveillance at large, whether through capacity building of healthcare or laboratory personnel to use them, improving data collection and analysis, or advocating for the use of data for decision-making.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) is showing us what can happen when people around the globe are infected with a virus for which there is neither a treatment nor a vaccine – as is also the case with AMR. This should make us all take heed, because although AMR has developed and proliferated more slowly, its impact can be devastating. In AMR, like in COVID-19, the most vulnerable among us are most at risk for negative outcomes. Without robust infectious disease surveillance systems, we cannot know when a risk emerges, changes, or where a response is needed to contain the threat.

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