



July 2023 Newsletter

Welcome....

to our July 2023 news update. CORDS comprises six regional networks:

[APEIR - the Asia Partnership on Emerging Infectious Disease Research](#)

[EAIDSNet - the East African Integrated Disease Surveillance Network](#)

[MBDS - the Mekong Basin Disease Surveillance Foundation](#)

[MECIDS - the Middle East Consortium on Infectious Disease Surveillance](#)

[SACIDS - SACIDS Foundation for One Health](#)

[SECID - the Southeast European Center for Surveillance and Control of Infectious Diseases](#)

The six regional member networks of CORDS have worked since 2007 across 28 countries in Asia (APEIR and MBDS), Africa (EAIDSNet and SACIDS Foundation for One Health), the Middle East (MECIDS) and Europe (SECID) to detect and control the spread of infectious diseases by catalysing exchange and collaboration amongst their regional surveillance networks. Despite differences including culture, finances, and unique regional health priorities, they have worked together on a shared vision of a world united against infectious disease.

Infectious disease remains one of the world's greatest threats to human and animal life, the environment, local communities, and economies. CORDS member networks have been able to harness their regional knowledge and relationships in this increasingly mobile world, to help stop life threatening diseases such as COVID-19, Ebola, and Yellow Fever, through early detection and response.

Over the last 16 years this network of networks has established both friendship and trust. These important connections have enabled projects including those on: Event Based Surveillance, Ebola preparedness, Leishmaniasis in Albania, Jordan, and Pakistan, Strengthening AMR surveillance and using mobile technology for One Health surveillance in Africa. We hope that as they move forwards both individually and as a collective these bonds will continue to thrive.

Read on to discover more about:

The success of MECIDS as a unique and pragmatic mechanism for cross-border collaboration to enhance surveillance and response to infectious diseases of regional and global importance.

How SECID aims to develop and support projects of public interest and health system development initiatives to improve the surveillance and control of communicable diseases and strengthen health security in the countries of the region and beyond.

The establishment of SACIDS One Health Foundation to target Community One Health Security, leading to cost-effective national and global health security.

How MBDS has successfully utilized existing bilateral & multilateral agreements between governments in the region to expand its cross-border initiative; integrated local, national and regional level health officials; effectively covering almost all key border crossing points in the Mekong Region.



The Middle East Consortium for Infectious Disease Surveillance

The Middle East Consortium for Infectious Disease Surveillance (**MECIDS**) was established in 2003 by health professionals from the Ministries of Health and academia of Jordan, the Palestinian Authority and Israel to fulfill the goal of facilitating cross-border cooperation in response to disease outbreaks. With Israel on the one hand, and Jordan and the Palestinian Authority, on the other belonging to different WHO administrative regions, MECIDS emerged as a unique and pragmatic mechanism for cross-border collaboration to enhance surveillance and response to infectious diseases of regional and global importance.

MECIDS has been instrumental in addressing regional emergencies such as H5N1 avian flu (2005), H1N1 pandemic influenza (2009), transmission of foodborne diseases (e.g. salmonellosis) transmission of vector-borne diseases (e.g. West Nile Fever and leishmaniasis), and Middle East Respiratory Syndrome –Corona Virus (MERS-CoV). Throughout the past 20 years, since the establishment of MECIDS, there has been substantial instability and violence in the region, which sometimes hindered collaboration between the Palestinians, Jordanian and Israeli institutions. Despite these forces, the vision of MECIDS has been maintained, and the core ongoing MECIDS activities of training and education have been preserved.

MECIDS has offered its vision and platform to enhance regional collaboration in facing the COVID-19 pandemic, with emphasis on the needs of all partners. Among the many activities the network conducted were: the exchange of knowledge and data sharing of COVID-19 surveillance and laboratory detection methods among public health experts from Jordan, the Palestinian Authority and Israel, ongoing professional updates on the epidemiological situation of each MECIDS country, exchange of experience related to COVID-19 vaccination, the training of health professionals in COVID-19 related epidemiology and laboratory aspects and the education of the general public regarding SARS-CoV-2 and its transmission and preventive measures during the pre and actual vaccination times.

MECIDS was intensively involved in the exchange of information and joint projects with six similar regional infectious disease surveillance networks through the CORDS partnership. The common scope was to rapidly detect, respond and contain outbreaks and keep communities safe from the spread of infectious diseases in animals and humans. For example, on behalf of CORDS,

addressing the threat of the MERS-CoV, MECIDS partner countries designed a common protocol and conducted a large seroepidemiological study that generated findings of international importance indicating that pilgrimage to Mecca was not associated with an increased risk of MERS-CoV acquisition despite the extremely intensive population 'mixing'. MECIDS also took part in the event-based surveillance (EBS) project at the community level launched by CORDS and led by SECID and worked together with SECID to increase capacities and capabilities on leishmaniasis-related vector surveillance and diagnosis. Recently MECIDS was intensively involved with other CORDS networks in a multi-region Antimicrobial Resistance (AMR) surveillance assessment. Furthermore, MECIDS participated through Tel Aviv University, in the design and piloting of an AMR, one-health-oriented surveillance protocol in Ghana, with findings recently published.

During the COVID-19 pandemic, the experience accumulated by MECIDS from its significant regional engagement was shared with the other CORDS networks. These included monthly joint meetings, reporting, and discussions held by network principals, and supported by Ending Pandemics, as well as a series of topical CORDS webinars such as those organized by MECIDS, APEIR, SACIDS and SECID. These webinars turned out to be extraordinary means of exchange of in-depth expertise acquired during the pandemic by the networks located in different continents, and this was only possible thanks to CORDS vision, structure, and modus operandi.

MECIDS is currently seeking financial support to maintain the precious trilateral collaboration and even expand the network to other countries in the region, with the knowledge that the power and impact of working together are greater than working as individual countries. MECIDS expressed its willingness to continue the invaluable partnership within CORDS and is working together with the other networks to find the most feasible and effective way of collaboration toward the common goal of addressing the emerging infectious diseases threats to come.



Images above from recent meetings in Copenhagen and Vienna.

The Southeast European Network on Infectious Diseases Surveillance and Control and the Southeast European Center of Infectious Diseases Surveillance and Control

Background

The Southeast European Network on Infectious Diseases Surveillance and Control ([SECID](#)) was established in 2001 as a network under the initiative of a Stability Pact in Southeast Europe to

establish bridges of communication and increase region health security. For many years it functioned as a network lead by the Institute of Public Health in Albania. In November 2010, the Regional Health Development Center of Surveillance and Control of Infectious Diseases (RHDC – CDC) was established near the Institute of Public Health, Tirana, Albania following changes in the Southeast European health network.

To improve the management, coordination and strengthening of the implementing capacities and following different consultations SECID was established in February 2013 as an integral part of the RHDC – CDC in Tirana, Albania, and the Southeast European Health Network – SEEHN, as a parent organization to coordinate the network of 10 countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Kosovo*, Moldova, Montenegro, North Macedonia, Romania and Serbia). SECID works closely with the respective national authorities in the region, engaging in routine surveillance and reporting, and supporting their activities based on technical capacities.

SECID aims to develop and support projects of public interest and health system development initiatives to improve the surveillance and control of communicable diseases and strengthen health security in the countries of the region and beyond. Since its inception, the strong nature of the cooperation within SECID has enabled the network to be a reliable partner and supporter for all donors and partners.

Mission and Vision

1. Improvement and building of regional and cross-border capacities, adding new emphases on cross-border work and outputs
2. Building, promoting and implementing regional initiatives related to 'One Health' and 'Health for All' policies
3. Advocacy for policy implementation, change and funding
4. Creation of sustainable initiatives and collaboration with networks and other agencies acting as an intermediary to link experts to policy makers and funders at all levels
5. Innovation promotion and testing in the field. Data and soft information sharing

Network status

The SECID network functions as a collaborative network through the umbrella of the Southeast European Health Network and the political agreement among SEE countries. SECID is established near the Institute of Public Health of Albania based on agreement among SEE countries and a decree of Ministry of Health of Albania. SECID has functioned as an independent organization and bona fide partner of the Institute of Public Health of Albania since 2013.

Highlights of the network and CORDS

SECID has worked with projects and initiatives to fulfill its mission and vision and has been focused on pandemic preparedness and response, strengthening One Health surveillance, respiratory virus surveillance, influenza and COVID -19 vaccination and other vaccination initiatives, digital technologies and innovations. CORDS membership significantly helped to create a great community of practice for specific areas related to epidemic intelligence. Networks have been able to collaborate and work together by connecting different specialists and sharing best practice and learnings on many different issues. Through CORDS, SECID partnered with different important organizations and institutions that helped to improve the capacities within the network and its management and leadership.

One important project through CORDS was gap analyses of Leishmaniasis control, a neglected disease in SEE countries, Jordan and Pakistan. It included meetings, field work, reports and promotional materials on cutaneous and visceral leishmaniasis, establishment of a leishmaniasis specialist group, a web based platform for communication and sharing country publishing's and unpublished work and materials in local languages. A training and presentation of the findings was done online with different partners to better share the data and findings.

Another good experience was SECID – MECIDS where entomologists and laboratory specialists of both networks worked together in theory and in the field and helped to increase capacities and capabilities on vector surveillance and Leishmania diagnoses. **One Health and**

Risk Management cross border workshops were organized in three cross border areas in Kosovo, Bulgaria and Croatia in 2016. The workshops helped to identify cross border risks and gaps and prepare a one health risk management approach for different events in Southeast Europe.

The Internetwork project on Digital event information and data collection at community level in cross border areas in 2017 helped to enhance digital event information and data collection at a community level at three cross border areas between Albania, North Macedonia and Kosovo, also including Greece as a EU member state, which increased the capacities for real time detection and one health response and strengthened the health and security in cross border areas.

Priorities and the future of the network

The current main priority is to increase and strengthen the capacities and capabilities for one health response for different emergencies according to disease transmission models and to increase human capacities on analytical skills and epidemic intelligence in the region. The network will continue to focus on its priority areas and use innovative technologies for surveillance, diagnostics, preparedness, and response. The network will continue to nurture the trust, credibility and collaborative approach and will strengthen its organization by revising advisory and management boards and preparing a new strategic plan for the next three years starting in 2024. The network will continue to maintain specialists for different areas and will update the mapping of one health collaborating institutions including universities and other organizations, as well as government structures.

The value of connecting with others in different regions around the world

We would like to continue sharing practices, innovations and data among networks and specialists in a formal and informal way as this proved very helpful and effective during the COVID -19 pandemic, and in establishing disease control programs and improving surveillance and epidemic intelligence and One Health. The network of networks can help to test innovations or have common projects in the field of one health surveillance, epidemic intelligence pandemic preparedness and response. The network of networks is an added value in strengthening global health security.

* This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

The SACIDS Foundation for One Health, Sokoine University of Agriculture, Tanzania

The Genesis of SACIDS

The SACIDS Foundation for One Health (SACIDS) is headquartered at the Sokoine University of Agriculture (SUA), Morogoro Tanzania. It was established in 2008 as part of the continental agenda on '*Infectious diseases- preparing the future-Africa*'^[1], in line with the global Foresight Programme for detection, identification, and monitoring of infectious diseases of humans, animals, and plants. At the end of 2018, SACIDS was transformed from a regional programme to a university-based Institute, part of Sokoine University on behalf of the SACIDS member institutions in Southern and Eastern Africa.

SACIDS as a Research and Research Capacity Development Institute

From the outset SACIDS was set up as a regional research capacity development programme, a university-partnership entity between academia and national research institutions. The SACIDS research strategy and management has been based on 3 principles: (i) theme based; (ii) scientists and students operating as a '[Community of Practice](#)' and (iii) smart partnerships where SACIDS collaborates with scientists from within Africa and other continents to undertake research on a theme/problem that, is of primary interest to the organization's strategic objectives.

The original research partners were the London School of Hygiene and Tropical Medicine, the Royal Veterinary College and the London International Development Centre. The smart partnership membership has now extended to other parts of Europe including the University of Ghent, Virginia Tech in the USA and Sophia University in Japan. The 2023-28 SACIDS research strategy focuses on viral epidemics and antimicrobial resistance, delivered through 3 competence-based themes of; (i) Genomics and metagenomics; (ii) Digital and Data Sciences – including climatic analyses; (iii) social sciences and One Health systems analyses

SACIDS and Infectious Disease Surveillance

SACIDS was established to target Community One Health Security, leading to cost-effective national and global health security. This strategy has led to the development of a mobile telephone digital tool for aiding event-based or syndromic disease surveillance from community to national level. [AfyaData](#) was used in Mozambique as their national surveillance tool for COVID -19 epidemic surveillance, developing a One Health early warning and epidemic disease management platform to enable regional coordination of One Health participating Ministries: <https://www.openaccessgovernment.org/?s=SACIDS>

Driven by the same target impact of Community One Health Security, SACIDS scientists have also been exploring **affordable genomics surveillance** from primary diagnosis through to whole genome sequencing based on the Oxford Nanopore technology

[1]

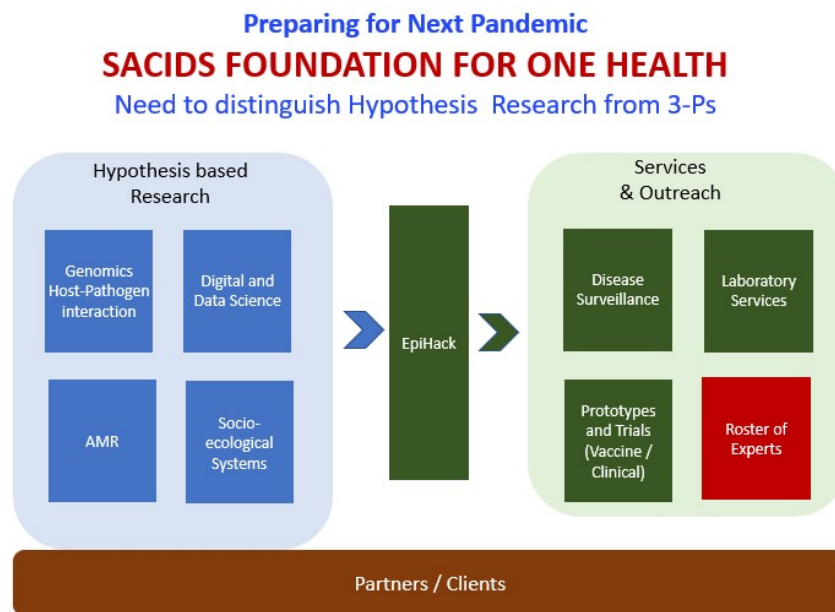
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SACIDS and Service Provision

Provision of expertise and technical services to national authorities has been a key aspect of the SACIDS programs. With time there has been an increasing demand and opportunities for such services. Key lessons learnt so far are: (i) the absolute necessity to have capability in situ in Africa for early detection, identification and provision of context specific One Health expert support to communities, national and regional authorities; (ii) the need to remodel SACIDS to transform into both (a) the ability to undertake quality hypothesis-based research and (b) to conduct research in of support national authorities and Communities in the 3-Ps (Products-Policy-Practices)

<https://www.cordsnetwork.org/wp-content/uploads/2022/07/CORDS-July-2022-Newsletter.pdf>



This proposition has been endorsed by the SACIDS International Scientific Advisory Board and accepted by the SACIDS Governing Board, which has recommended it to the Leadership and Governance of Sokoine University.

SACIDS and CORDS

SACIDS is a founder member of CORDS. The six regional disease surveillance networks have a shared origin in the sense that they had been funded by the Rockefeller Foundation and their evolution was authoritatively described by Bond K.C., Macfarlane S.B., Burke C., Ungchusak K., and Wibulpolprasert S. <https://doi.org/10.3402/ehjt.v6i0.19913>. In the same issue of Emerging Health Threats, Gresham L.S., Smolinski M.S., Suphanchaimat R, Kimball A.M. and Wibulpolprasert S. described the uniqueness of CORDS as information exchange between disease surveillance networks in different areas of the world. By linking regional disease surveillance networks, CORDS builds a trust-based social fabric of experts who share best practices, surveillance tools and strategies, training courses, and innovations <http://dx.doi.org/10.3402/ehjt.v6i0.19912>. This has continued to be the core value of CORDS. It is reflected in the regular meetings of the Network Chairs, for example the recent meeting in Cambodia on participatory epidemiology and disease surveillance. It has also been reflected in meetings where each network take stock of its program of work.

The development of mobile technology tools for infectious disease surveillance in Asia, Southeast Europe and Africa has benefited from exchanges of expertise and a kind of 'Community of Practice' of software programmers involved in these developments. A recent example is the October 2021 SACIDS-CORDS webinar on COVID-19 (SARS-CoV-2) genomic surveillance: <https://www.youtube.com/watch?v=OYBbxKX6DBA>.



SACIDS-CORDS WEBINAR

The Role of Genomic Epidemiology in COVID-19 Response: CORDS Network Experiences from Africa, Middle East and South East Asia



Wednesday, 6 October, 2021
Time: 17:00 – 18:30 EAT (GMT+3)

Register here <https://bit.ly/3yRgNK3>

KEY SPEAKERS



Dr. Safarina Malik



Dr. Noa Tejman-Yarden



Prof. Gerald Misinzo



Prof. Julius Iutwama



Dr. Placide Mbala

This workshop not only demonstrated the epidemiological genomic diversity between Southeast Asia, the Middle East, and Tropical Africa, but also demonstrated that in parts of Africa the COVID-19 pandemic was concomitant with pre-existing other viral epidemic diseases. The deployment of Nanopore was revealing as it proved to be affordable and could also be incorporated in mobile laboratory field-based activity.

From time-to-time there have also been inter-Network projects. The most recent was the development of surveillance protocols for anti-microbial resistance (AMR).

The Mekong Basin Disease Surveillance Foundation



Mekong Basin Disease Surveillance

MBDS

22nd

Anniversary

MBDS

Build Trust Through Transparency
Collaborate to End Pandemics!








The Mekong Basin Disease Surveillance Foundation ([MBDS](#)) is a self-organized regional network established in 2001, who is celebrating their 22nd anniversary this year. It is a collaboration among six Mekong Basin countries: Cambodia, China, Lao P.D.R, Myanmar, Thailand and Vietnam under The Health Ministerial MOU. It aims to strengthen national and regional capabilities in infectious disease surveillance, inter-regional collaboration, outbreak response and information sharing, to rapidly and effectively control Public Health Threats.

MBDS Collaboration

MBDS has helped to connect member countries that share borders and reside within two separate WHO regions. The Global Outbreak Alert and Response Network (GOARN) also includes MBDS to prevent and control infectious diseases occurring in regions. As a regional surveillance and response network, MBDS has demonstrated the effectiveness and efficiency of a regionally coordinated approach to disease

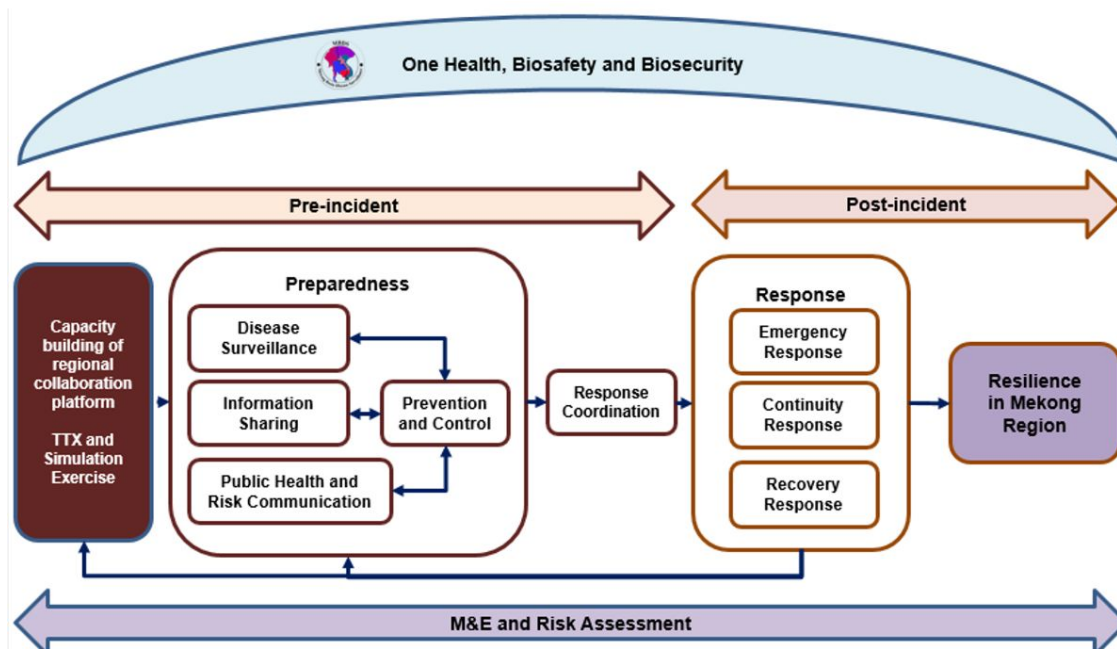
surveillance, preparedness, and response. Below are some images illustrating some of the MBDS activities in close collaboration with the existing regional disease surveillance networks.



MBDS network images above clockwise:

- One Health Field Visits & XB Meeting: 31 Mar-2 Apr 2010 in Kigali, Republic of Rwanda
- Integrated Disease Surveillance & Disaster Preparedness: 27-29 Mar 2013 in Kigali, Rwanda
- SAARC Countries Observation Tour (Experience Sharing): 2-3 May 2013 in Mukdahan, Thailand
- Mitigating Biosecurity Threats in Southeast Asia: Collaboration with APEIR, MBDS, ASEAN+ 3 FETN

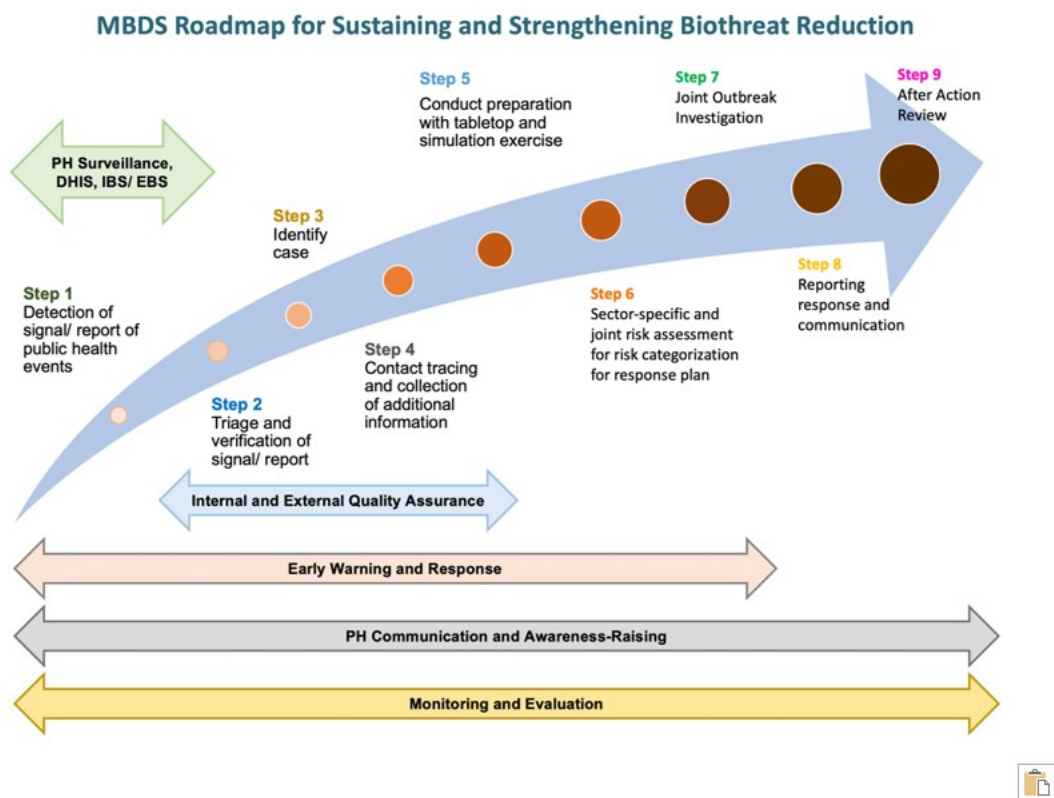
MBDS has successfully utilized existing bilateral & multilateral agreements between governments in the region to expand its cross-border initiative; integrated local, national and regional level health officials; effectively covering almost all key border crossing points in the Mekong Region. MBDS uses a cross-border collaboration model and reporting structure that links countries at the regional, national and sub-national levels to strengthen capabilities in disease surveillance, inter-regional collaboration, outbreak response and information sharing to rapidly and effectively control PHEIC. In line with the WHO Pandemic Hub areas of work it promotes greater sharing of data, information and insights between communities and countries for the public good, decision-making processes, and supporting the implementation of International Health Regulation 2005.



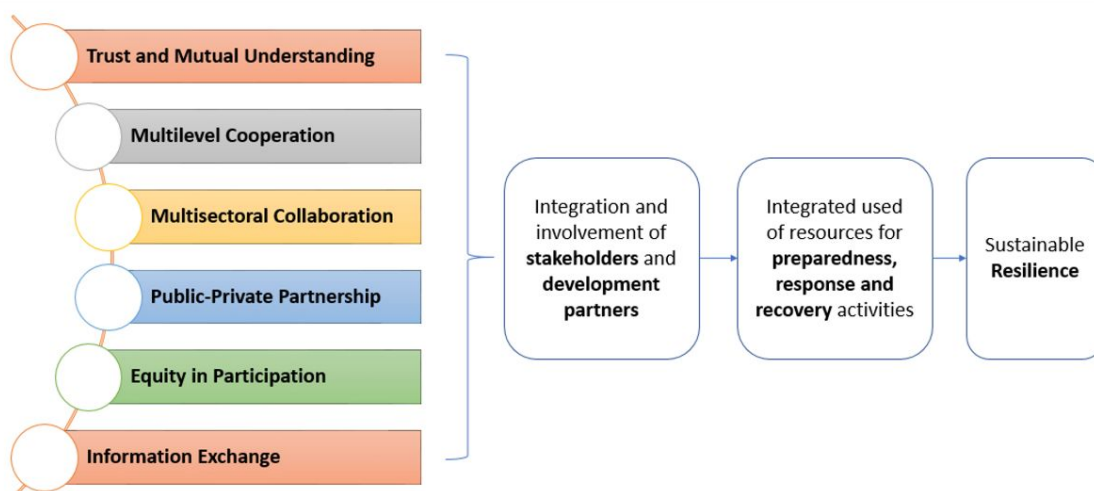
In line with GHSA, SDGs, ASEAN Charter [including ASEAN Post-2015 Health Development Agenda, Initiative for ASEAN Integration (IAI) Work Plan IV (2021-2025), and ASCC Blueprint 2025, MBDS collaborative activities [figure above] are expected to contribute to responding to the potential hazards and emerging threats (i.e., strengthening disease prevention and control, regional preparedness and response to PHE, laboratory capacity, AMR containment, and disaster health management) as well as to contribute to strengthening health systems i.e., human resources for health and digital and health information system) as well as raising awareness of disease outbreaks, pandemics and disasters.

Roadmap of MBDS

The MBDS network operates based on its core values of mutual respect and trust, and has been working together to progressively build local capacity, share information, and cooperate in regional cross-border collaboration. Best practice and lessons learned among MBDS countries are important to continue strengthening national and sub-regional capabilities for rapidly and effectively control PHEIC. The MBDS current and future agenda is covered by the following MBDS roadmap:



CORDS cultivates networks who have collective strength to translate information into near- real-time action during emergency situations, generating and managing knowledge, and contributing to global participatory policy reform. Building on its members' shared commitment to trust and transparency, MBDS developed a set of standard operating procedures and protocols for sharing information that has proved critical to its success. MBDS values below are in line with the MBDS roadmap and the Health Emergency Preparedness, Response & Resilience strategic framework.



On the [MBDS website](#), MBDS Secretariat and Member Countries have published documents, posters, e-newsletters (including collaboration, outbreak response & information sharing for rapidly and effectively controlling Public Health Threats and the issuance of regional alerts related to public health events), and reports, and on public health emergency preparedness and response.

MBDS activities and all related videos are also available at the [MBDS YouTube](#) channel. Biosafety and

Biosecurity related documents, multimedia and other resources, including the EQA Webpage can be found here: [MBDS Biosafety](#).



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Email

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CORDS

Ending Pandemics

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