

Newsletter

TACKLING DEADLY DISEASES IN AFRICA PROGRAMME 2 (TDDAP2)

Jan 2025-June 2025

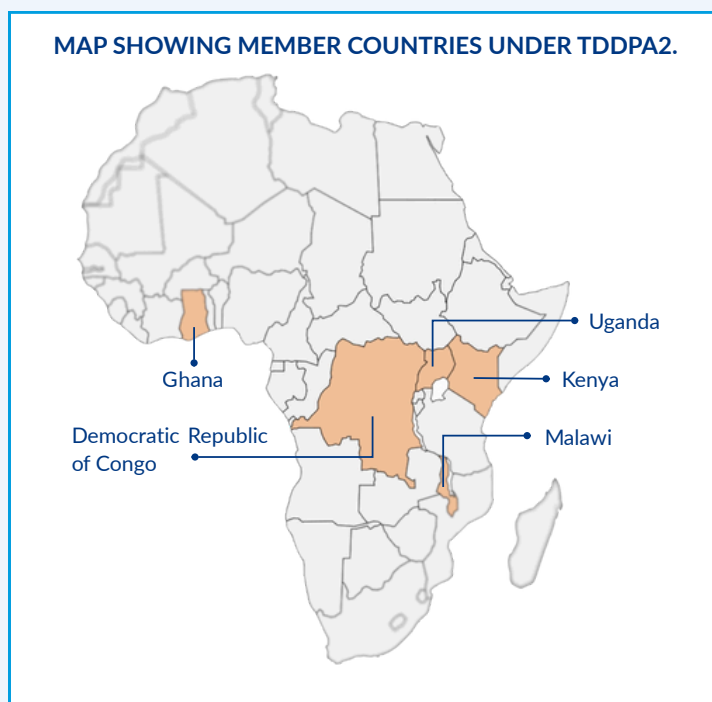


BACKGROUND

Amid escalating global pandemic risks driven by increased international mobility, climate variability, population growth, and antimicrobial resistance, the Tackling Deadly Diseases In Africa Programme 2 (TDDAP2) was launched in Uganda and other TDDAP2 implementing countries. Stakeholders underscored the timeliness of this initiative in strengthening national and regional health security capacities.

The TDDAP2 is a United Kingdom Foreign Commonwealth Development Office (FCDO) funded initiative to enhance health security across Africa. This four-year initiative that started in September 2024, has four main components. The National and Community Technical Assistance Component (1), the Regional Component (2), the Africa Rapid Response To Outbreaks Fund (ARRO) (3) and the Monitoring and Evaluation Component (4).

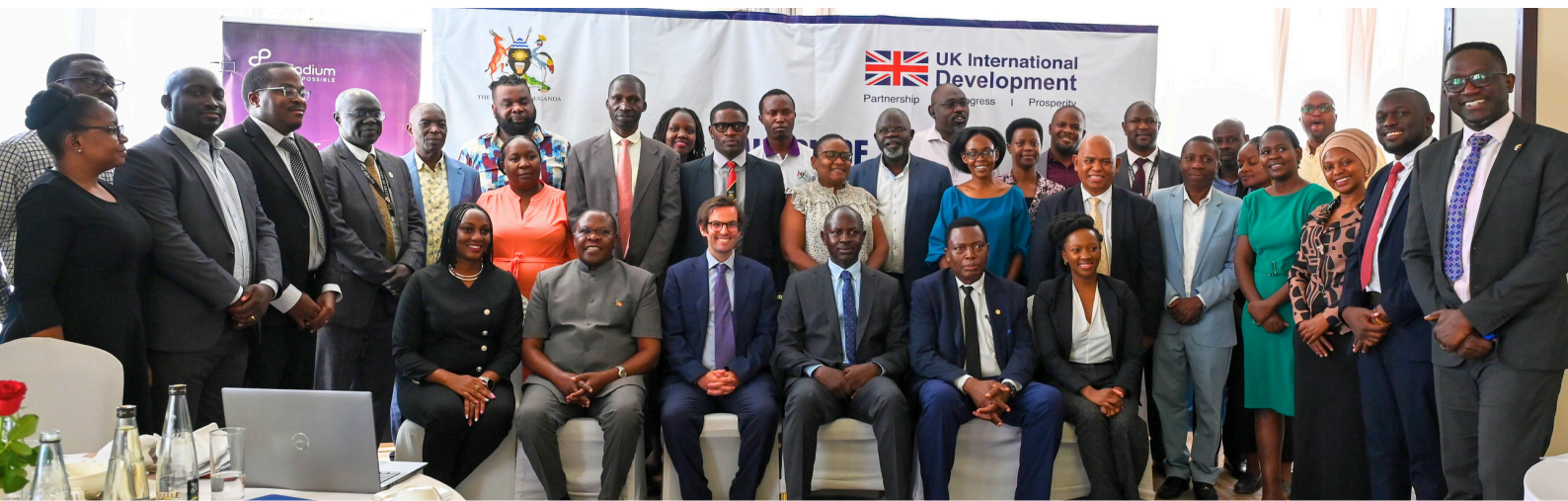
The National and Community component is led by Palladium under the TDDAP2 consortium with other partners including the Infectious Diseases Institute Global Health Security (IDI GHS) Department, AFENET, IQLS, Halycon and RTSL with one health and gender equality and social inclusion consultants



The component is designed to offer technical and financial support to strengthen health security at the national and community level in five Africa countries, the Democratic Republic of Congo, Ghana, Kenya, Malawi and Uganda across four main outputs including Planning, Coordination, and Financing, Workforce development (2), Data and Surveillance systems (3) and Community engagement (4 with climate change, gender equity, social inclusion and one health approach considerations).

Under the TDDAP2 consortium, the IDI GHS department offers technical assistance to support the delivery of outputs 1-4 in Uganda and contribute Uganda best practice to the other four TDDAP2 implementing countries.

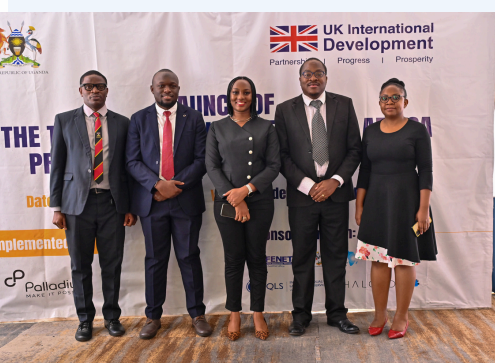
TDDAP2 INCEPTION AND LAUNCH (SEPTEMBER 2024-MARCH 2025)



The Uganda launch convened high-level representatives from the Ministry of Health, British High Commission, WHO Uganda, IDI GHS, and key implementing partners, reaffirming a shared commitment to coordinated, multisectoral preparedness and response.



In November 2024, the IDI GHS team joined the TDDAP2 country teams, Palladium and FCDO leadership and partners in Nairobi, Kenya to do a deep dive into the UK's vision for Global Health Security and to pave the way for planning and implementation of the programme. This inception meeting set the tone for TDDAP2 implementation and alignment to national and global health security priorities and benchmarks. The meeting created a platform for partnerships within the TDDAP2 consortium partners for joint implementation and leveraging on various expertise.



During this period, the IDI team conducted the GHS landscape mapping and situational analysis of the five countries' health security architecture with wider stakeholder and government consultations to inform the annual activity workplan aimed to support government priorities, address the existing gaps and consolidation of the countries' health security capacities accordance with the WHO's International Health Regulations (IHR). The activities were mapped against specific IHR benchmarks and Joint External Evaluation (JEE) targets to ensuring the work being done is measurable, globally relevant, and responsive to national public health priorities.



Uganda



Kenya



DRC



Ghana



Malawi

IMPLEMENTATION ACROSS AFRICA

To ensure all consortium members were well oriented with the NAPHS, IDI co-facilitated an RTSL-led virtual training on health security planning, coordination, and financing. The training equipped TDDAP2 partners with knowledge of the NAPHS development process, including prioritization and costing assumptions, to strengthen their capacity for effective implementation.

Uganda launched the second National Action Plan for Health Security (NAPHS II) in December 2024 as a framework to strengthen systems that prevent, detect, and respond to public health threats. With support from the TDDAP2, the plan is being disseminated across ministries, departments, and agencies to ensure priority activities are integrated into sector budgets. To advance this, TDDAP2 facilitated the first dissemination workshop at the WHO Uganda office, where government and stakeholder representatives were oriented on sector-specific roles, multisectoral coordination, and the integration of climate-resilient initiatives into health security planning.

Under the TDDAP2 consortium, IDI convened Uganda's quarterly IHR coordination meeting to review NAPHS implementation and promote joint accountability across sectors. Feedback from the session informed the finalization of the NAPHS Monitoring & Evaluation (M&E) tracker, which is now available in a more user-friendly format to support consistent tracking of progress.

On the outbreak front, IDI, through the TDDAP2, supported the recovery phase of the Sudan Virus Disease (SVD) 2025 outbreak response. This included facilitating the SVD 2025 After-Action Review and developing a National Post-SVD Recovery Plan to capture best practices, lessons learned, challenges, and recommendations in line with WHO standards, aimed at strengthening future preparedness and response strategies.

In the Democratic Republic of Congo, IDI partnered with Resolve to Save Lives (RTSL) to harmonize efforts towards NAPHS acceleration including the validation of the PANSS 2025-2029. The collaboration with the national NAPHS Acceleration fosters greater cohesion among initiatives and enhances coordination of technical support across sectors.



National Action Plan for Health Security (NAPHS) Development

IDI has supported the NAPHS development in both Kenya and Malawi. Under the TDDAP2 consortium, IDI partnered with NAPHS Secretariats to support the ongoing development of their health security plans. These workshops brought together experts from the Ministry of Health, WHO, and National Public Health Institutes of Malawi and Kenya. The teams aim to ensure climate resilient initiatives are incorporated in the NAPHS development process, as well as prioritising gender equity and social inclusion, with active participation from Civil Society Organisations (CSOs) and private sector stakeholders.

In Ghana, preparations under the TDDAP2 are underway with a focus on developing a robust NAPHS. IDI and Palladium have been supporting the orientation of government stakeholders on how to prioritise and cost activities based on global health security assessments. Orientation sessions and costing exercises are scheduled to take place in line with the NAPHS development roadmap, ensuring alignment with national timelines and allowing for a more strategic and coordinated approach to health security planning.



IDI Technical team and stakeholders during the NAPHS development meetings in Kenya (L) and in Malawi (R)

Data, Surveillance and Innovation

IDI's teams conducted situational analyses in all five countries to understand each country's disease surveillance architecture and to prioritise TDDAP2-supported activities. These reviews included desk studies and consultations with Ministries, agencies, and partners to identify gaps and opportunities, utilising tools such as the JEE, NAPHS II, and SPAR results.

In Uganda, an epidemiologist was deployed to the MoH's National Public Health Emergency Operations Centre (NPHEOC) to support outbreak alert management, roll out the IDSR framework, and complete the 7-1-7 evaluation matrix in the Kampala Metropolitan Area.

In Kenya, IDI supported mapping of case management needs for diseases prioritized under the Integrated Disease Surveillance and Response (IDSR) framework. This exercise set the stage for interventions that will bridge existing service gaps.

The team assessed the customization scope, level of effort estimates, and production-server access needs in collaboration with NPHEOC and WHO. The development of the ePHEM HR module, which incorporates Rapid Responder and SME registries, is also underway. Upon completion, the team will deliver a comprehensive technical requirement report and a prototype, modular EOC management system capable of seamless integration into MoH information architectures.

The teams collaborated with the WHO and NPHEOC to develop a prototype electronic Public Health Emergency Management (ePHEM) system. This included a new human resource module for managing rapid responders and subject matter experts, with a full report and prototype expected in the coming months.



Risk Communication

Through collaborative meetings in Malawi, Uganda, and Kenya, IDI assessed each country's needs around risk communication and community engagement.

In Uganda, IDI and Palladium met with the Commissioner for Health Promotion under the MoH to align communication strategies with national priorities to ensure that communities are not just protected but also informed and involved.



Tackling deadly diseases in Africa requires more than just emergency response, it demands systemic investment: Stronger disease surveillance & early detection, local vaccine & drug manufacturing to reduce reliance on imports, better healthcare infrastructure & trained personnel (UHC, community-based care), combatting misinformation to improve vaccine uptake & treatment access. A One Health approach—climate, animals, and humans.



**Ryan Umar Muhumuza,
Public Health Specialist**



SUCCESS STORY: STRENGTHENING OUTBREAK PREPAREDNESS THROUGH THE SUDAN VIRUS DISEASE AFTER ACTION REVIEW

TDDAP2 provided financial and technical support to conduct the 2025 Sudan Virus Disease (SVD) After Action Review (AAR). AARs are a critical component of evaluating IHR capacities and capabilities and developing key corrective actions following a response to a disease outbreak. The AAR was attended by 236 participants from six government agencies and 16 national and international partner organizations. The international organizations included: WHO, the US Centres for Disease Control (CDC), Africa centers for Disease Control, United Nations Children’s Fund (UNICEF), among others.

The AAR highlighted best practices that contributed to a successful SVD response, such as rapid genomic sequencing, effective risk communication, and mobile laboratory deployment. However, some gaps were identified in the lack of digitisation of the supply chain and limited surge capacity. Challenges faced during the response included: gaps in the supply chain system, e.g. lack of linkage to NMS, challenges in health information.

The main output of the AAR was the development of context-specific recommendations to enhance preparedness. Key recommendations included: developing an integrated EOC management system to enhance coordination and operational workflows. Developing protocols for coordination, surveillance strengthening, and health system resilience, contributing to national and regional health security.

TDDAP 2 has mapped functionality across key platforms supporting the EOC (ePHEM, Go.Data, DHIS2, Result Dispatch System, NOMAD, Odo) supporting the EoC as part of a phased plan to address this gap in information management systems for outbreak preparedness and response. Funding of this activity was provided through the TDDAP2 pivot for EVD response.



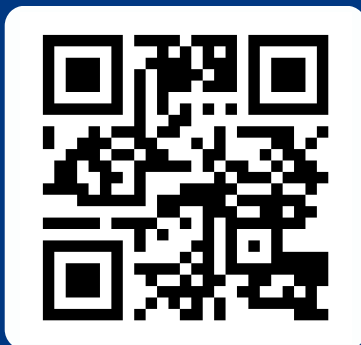


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