



Public Health
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MEDICINE



Bilateral Deployments

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The Official Bits

Many practicalities are explained in the RST Deployees Handbook, e.g.

- RST Core Management Team (CMT) arranges travel and accommodation; *if a reservist, CMT also pays your primary employer for your time*
- PHE can provide cash advance for daily subsistence : *not 'per diem' system - all expenditure has to be receipted & reconciled - or you can cover and claim back*
- RST provides health and travel insurance : *FCO recommended medical facilities + medical/trauma kits + access to PHE on-call medical advisors*
- Medical evacuation via insurance and/or facilitated by CMT with in-country partners
- Security: FCO approval to deploy, risk analysis by CMT: in-country under Embassy security rules or those of other known organisations (e.g. UN, INGOs)
- Transport arranged by FCO, RST logistician or team leader

** To retain flexibility, RST staff are not put on the one-HMG platform and CMT do not discharge duty of care, but all efforts are made to match, where possible, the level of care provided by FCO/one-HMG for UK civil servants overseas.*

How is it different?

- Direct and proximate interaction with national colleagues
- Addressing issues identified as important by national counterparts
- Providing directly-requested support – technical and moral
- More independence : use your technical assessment & skills to prioritise
- Somewhat outside the ‘politics’: internal WHO, WHO/MoH, donors, other UN

BUT crucial not to “go off on a folly of your own”!

- Communication & coordination with other supporting actors is essential
- Dependent on human and logistic resources available to Ministry, but can try to facilitate support from UKG and UN channels

Bilateral Deployments

1. **Sierra Leone** (Aug 2017): Water-borne disease surveillance flood/landslide response
2. **Nigeria** (Feb 2018): Lassa fever
3. **DRC Equateur** (May-Aug 2018): Ebola
4. **Rwanda** (Nov 2018): Ebola
5. **Nigeria** (Feb 2019): Lassa fever
6. **Africa Centres for Disease Control and Prevention, Addis Ababa**: COVID-19
7. **The Gambia** (Sep 2020): COVID-19

Bilateral: Sierra Leone Aug 2017

HOW: Call prompted by Embassy Health Advisor after signal. In country 6 days after landslide & 48 hours after authorisation by UK Health Minister

WHO: 2 epidemiologists, 2 FETPs, 2 laboratory scientists

WHAT:

- Support MoHS provision of diagnostics for water-borne pathogens
- Coordinate import of UKAID laboratory supplies
- Support timely and complete surveillance & alert system for priority diseases, incl. case definitions, daily reporting, active case-finding, data management
- Ensure monitoring and surveillance of IDP camps and IDP-hosting communities
- Help MoHS organise pillar meetings



Bilateral: Nigeria x 2

HOW: Direct request from Nigeria CDC due to previous relationship with PHE. Teams arrived just before and just after the epidemic peak in 2018/2019 respectively

WHO

2018: 2 epidemiologists, 1 clinician, 1 log

2019: 1 reservist epidemiologist, 1 FETP, 1 log

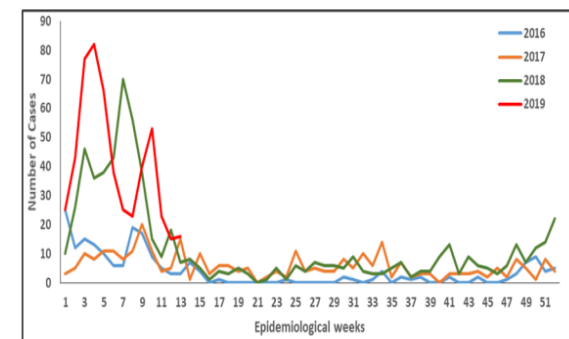
WHAT:

2018

- Support data management & analysis
- Field work to retrieve missing data & improve case investigation
- Case management and health worker protection
- Logistic supply chain discussions

2019

- Help develop standard weekly analysis of relevant variables
- Support development of a public-facing outbreak update
- Exploratory analyses for evidence of clustering & human-human transmission & risk factors for transmission in healthcare workers
- Stock management in outbreaks training



Bilateral: COVID-19 2020

HOW: Early call from Africa CDC Director in February 2020 for support to HQ

WHO: 1 epidemiologist, 1 Social Scientist, 1 IPC expert, 1 laboratory scientist : all initially in Addis, followed by 5 months (and ongoing) remote support, + Clinician/clinical researcher remotely

WHAT:

- Members of Director's Technical and Strategic Group together with Africa CDC Division Heads
- Support development and work of Africa Task Force for Novel Coronavirus Technical Working Groups
- Strategic campaigns (Partnership to Accelerate COVID-19 Testing, Tracing & Treatment in Africa PACT; Partnership for Evidence-based Response to COVID-19 PERC)
- Development of guidelines across all disciplines.
- Initiated Africa CDC rumour tracking and community perception initiative
- Africa CDC continental laboratory support, including assay quality assessment, algorithms
- Training: Webinars (IPC, Surveillance, Laboratory, Risk comms), CHW training module
- Development of SARI/ILI surveillance and serosurvey protocols
- Etc!



Things to think about...

- Be careful of your assumptions/expectations
- Beware of the 'gold standard' : the level you may want to work at may not be acceptable/feasible at first
- Be ready to modify/adapt/find ways that can work in the context
- Translate your skills into the setting
- Trust and confidence can build quite fast if you approach in the right way
- Work alongside ministry colleagues regardless of conditions
- Coordinate but don't be co-opted by international colleagues
- Outbreaks often require rapid action & decision-making > to achieve this read from the top again!