

Executive summary

Impact of international public health deployments on national outbreak preparedness and response in Africa Union member states

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“If we apply the same principles that we use in many other contexts, to think about ... I really don’t like the word “deployment” in the first place; nor do I like the phrase “rapid support”; “rapid response”. Because I think it detracts from the intention, hopefully, of the colleagues leading this work. So I think if there’s a recognition that this is not primarily an altruistic effort of one helping the other, but a means of solidarity ... And mutually, we have forged improvement in our collective [long-term] health security.”

Study participant, 2025

Introduction

Between March 2023 and November 2024, the UK-PHRST and Africa CDC undertook a study to evaluate the impact of international deployments¹ on the national capacities of ODA-eligible countries for outbreak preparedness, readiness and response, primarily (but not exclusively) focused on Africa Union Member States. In so doing we sought to uncover any evidence of the difference made in the short and longer term by international deployments to the countries of deployment. The study objectives were threefold:

1. To explore uptake and sustainability of deployments (by international experts/teams) in a country's outbreak response capacities. For practical reasons of access we focused on countries served by Africa CDC and UK-PHRST, in this study mostly from the African region.
2. To assess national perspectives on the value/contribution of deployments of international experts/teams within their countries in their response to and preparedness for outbreaks.
3. To assess the perspectives of other key stakeholders including the deployees, incident managers, deploying organisations on the value of the contributions made through these deployments.

Methods

The study employed a mixed methods approach, involving a review of academic and grey literature; internal documents from both organisations; key-informant interviews, a survey and two case studies in Namibia and Nigeria. Study participants included those who were deployed (i.e. deployees), those involved with deployment management within deploying organisations as well as those in receipt of the deployees.

Findings

Findings suggest that evidence for the impacts of international deployments in academic literature is sparse, with very limited exploration and documentation occurring on the status and growth of long-term and sustainable global health security capabilities within countries of deployment. There is, however, significant evidence from this study on the impact and value derived from international deployments;

alongside great insight into the issues that urgently require attention at the national and international levels, if impact is to be maximised. The study found that short-term deliverables which occurred through international deployments were valued by countries, achieving their objectives in the short run – deployment objectives were achieved in the vast majority of cases and national stakeholders assessed these contributions as useful. While the majority of these deployments are designed to assist countries to deal with immediate emergencies, we also found evidence of longer-term impacts of international deployments, particularly in terms of systems, protocols and processes; physical infrastructure and equipment being in place for other disease outbreaks; knowledge of disease outbreak response being maintained and applied to other outbreaks; and enabling improved ways of working.

Seventy-seven percent (N=110/142) of survey participants (deployees and recipients of deployments) in the study reported that recent international deployments had *fully contributed* to improving the country's or region's public health emergency response system while 22% stated that they had partially contributed. Eighty-four percent (N=120/142) of survey participants believed that international deployments had made contributions to sustainable changes in disease outbreak management in their countries; consolidation of these gains was seen as occurring through ongoing training, retention of personnel skilled in outbreak preparedness, securing greater political buy-in nationally demonstrated through the establishment of more appropriate and agile funding mechanisms to enable more effective preparation and response to outbreaks. The latter points were raised by every stakeholder group in this study – all of them emphasising the intentional approach which member states themselves must adopt to enable effective and sustainable approaches to outbreak management.

Many national (MoH/NPHIs/academia and NGOs) and external (international deploying agencies operating in-country) stakeholders in our case study countries viewed their countries and those with which they worked as better equipped to deal with disease outbreaks than was the case a decade ago. However, it was universally agreed that a need for international deployments, in most countries but in differing scenarios, remains.

The study also explored stakeholders' views and vision for the future of international deployments. A key theme that emerged was the need for receiving countries to be central to the deployment process. The role of receiving

1. For the purpose of this study, we defined an **international deployment** as the placement of multidisciplinary specialist(s) by international organisations to support disease outbreaks occurring in LMICs. We applied a broad definition of the term "impacts" as 'any short-term, intermediate term or long-term contributions of international deployments on enhancing the outbreak response, readiness, preparedness, control or prevention capacities of the LMICs.'

countries in international deployments is often viewed as being limited in the decisions about who is received in their country, and in the direction and approach to carrying out the deployment. Respondents identified several factors that would enhance the future design and delivery of international deployments including having more clearly defined processes and procedures, greater alignment with country needs, greater levels of communication and dialogue amongst all parties to minimise operational challenges pre and during the deployment; and perhaps most importantly, ensuring that deployments are not delivered as discrete, one-off activities with no linkage to addressing areas of related need identified during the deployment itself.

Recommendations

The findings of this study demonstrate significant value added to national outbreak capacities through international deployments. The 15 recommendations that follow are provided to further strengthen deployment impacts. Twelve recommendations address two stakeholder groups – national stakeholders (MoH and NPHI) and deploying agencies. The remaining three recommendations are specifically addressed to national ministries of health/public health institutes but do not directly impact international deployments. Rather, they are designed to impact the national environment enabling them to maximise the impact of international deployments.

Eight recommendations are made to deploying agencies to further strengthen deployments and their impact as follows:

1. Ensure optimal preparation pre-deployment

– the degree of preparation of a deployee was directly linked to the degree of effectiveness of the deployment by both deployment agencies and national governments. Efficient onboarding processes, comprehensive briefings including country, political and cultural contexts, knowledge of national health systems, key focal points (including national NPHI) were among the core subject areas required of deployees.

Effective deployees were identified as those who are flexible, have a capacity and willingness to be readily integrated into existing systems as required, and a collaborative spirit that recognises the value of and need for mutual, peer-to-peer learning on the job.

2. Ensure deployees match country requirements

– all stakeholders wanted deploying agencies to deploy individuals whose skills, knowledge and experience align closely with the country's needs.

Areas of particular emphasis included relevant skills and experience, knowledge of country, culture and overall context, flexibility and willingness to integrate within the existing system, support for on-the-job peer-to-peer learning, connections with relevant stakeholders including national agencies. They also called for deployees who had broader, relevant skills and experiences that would enable them to effectively pivot should the need arise.

3. Institute or strengthen existing knowledge management systems

– this reinforces the need to retain, within deploying organisations, the capacity to capture, coordinate, share and apply knowledge and learning from the deployment exercises to enable sustainable benefits for their practice.

4. Create learning exchange opportunities between countries

– a strong recommendation from stakeholders was to promote an exchange of skills and learning by enabling staff from countries of deployment (where limited opportunities exist) to themselves become deployees to other countries thereby opening up greater opportunities for shared learning and contribution.

5. Advocate for the leveraging of national institutions

– the engagement of national institutions, beyond the standard public health institutions such as academic, research institutes and NGOs/civil society groups was seen as pivotal to any long-term and sustainable capacity strengthening national efforts. While this was seen as falling largely under the jurisdiction of the MoH/NPHI, deploying agencies were also seen as having a role to address this need – most likely through an advocacy and/or funding role to national governments to broaden the scope of national resources brought to bear on the management of outbreaks.

6. Ensure that capacity strengthening and knowledge exchange are formally embedded in deployments wherever possible

– all stakeholders felt that during the deployment itself presented a good opportunity to share knowledge and skills and promote learning; and this needed to be included in the ToR or other formal documentation between the deploying agency and the country of deployment.

7. Consider more flexible and longer deployment periods

– in line with matching the country's requirement, a strong recommendation was that deploying agencies be more flexible about the duration of deployment according to the outbreak severity and need.

8. Develop deployment impact evaluation framework

– the need for a framework to allow for the systematic assessment of deployments

that promote sustainable outbreak management capacities within countries to be developed collaboratively by both stakeholder groups was voiced by both national and deploying agency stakeholders.

For National Ministries of Health/National Public Health Institutes, there were four recommendations related to effective execution of international deployments and their potential long-term impact:

1. **Assume a central role in the deployment** – across all stakeholders the need was emphasised for national governments to continue to assume greater levels of leadership and indeed the central role in the management of disease outbreaks, and specifically in the deployment process.
2. **Develop tailored deployment plans for the use of international deployees in outbreak response** – stakeholder groups were in agreement that the roles, responsibilities and objectives of the deployment all needed to be clearer than they sometimes are, while recognising the need for flexibility should priorities change once in country.

The study advocated for the development of “personnel deployment plans”. These are plans for receiving deploying personnel and would include details of when and how to trigger timely and effective mobilisation of technical assistance during emergencies, specifically outlining clear protocols, communication channels, training requirements, and logistical arrangements. This was seen as enhancing preparedness, coordination, and response capabilities, ultimately contributing to a more efficient, effective and well coordinated emergency response.

3. **Leverage national institutions** – the engagement of national institutions was seen as pivotal to any long-term and sustainable capacity strengthening national efforts. Respondents recommended that national bodies actively engage with existing national capacities within the country, particularly from academia, research institutes and civil society/ NGOs to ensure that they are maximising internal capacities in the management of outbreaks both for the duration of the deployment and/or in addressing follow-up activities at the conclusion of the deployment.

4. **Establish formal performance frameworks on what is expected through the deployment** – stakeholders advocated for the development of frameworks that include measurable Key Performance Indicators (KPIs) to evaluate the effectiveness of deployments and ensure alignment with national MoH goals. This would bring greater clarity and accountability to deployment outcomes and create a mechanism to specify and agree mutual expectations and results from the deployment. This is over and beyond the normal Terms of Reference.

The last three recommendations are addressed to MoH/NPHIs to further strengthen national outbreak responses and ensure sustainable impact. While they do not pertain specifically to international deployments, they nevertheless have a significant bearing on national capacities and a country’s readiness to receive and work, in the most efficient and effective manner, with international deployees.

1. **Institute rolling budgets to support outbreak management in and out of emergency situations** – all stakeholders identified the need for flexible and adequate rolling budgets (regularly updated by adding new budget periods and additional funds) that are easily accessible for national emergency response teams without having to navigate challenging bureaucratic processes.
2. **Identify key specialist roles required, increase the rate of human resource development and provide financial incentives to staff** – the single most unifying recommendation was an urgent call to national governments to address the human resource crisis in many countries. Stakeholders called for countries to identify skills gaps and provide an accelerated training programme to develop these skill sets. This was seen as particularly urgent given the slow rate at which different skill sets are being produced nationally, the lack of financial incentive for these highly trained staff to remain in many countries, and the rapidity at which these staff are recruited by international agencies.
3. **Institute/strengthen existing knowledge management systems across the outbreak management process** – the goal of knowledge management is to enable an organisation to retain valuable information on its practice for it to learn from and grow. Embedding an effective knowledge management system was seen as crucial in enabling national institutions to capture, store, retrieve, share, manage, learn from and apply their collective knowledge.

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