

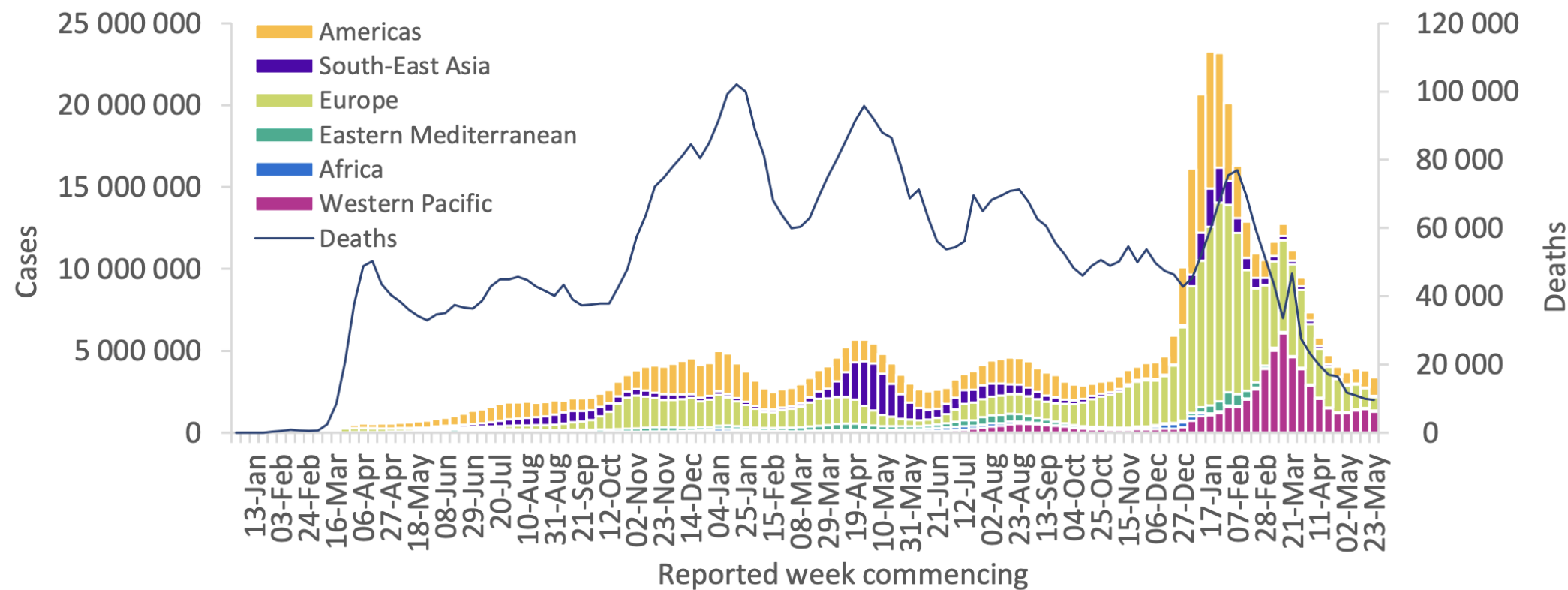
# A new approach to public health surveillance: Embracing Complexity

**Chikwe Ihekweazu**

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WHO Hub for Pandemic and Epidemic Intelligence

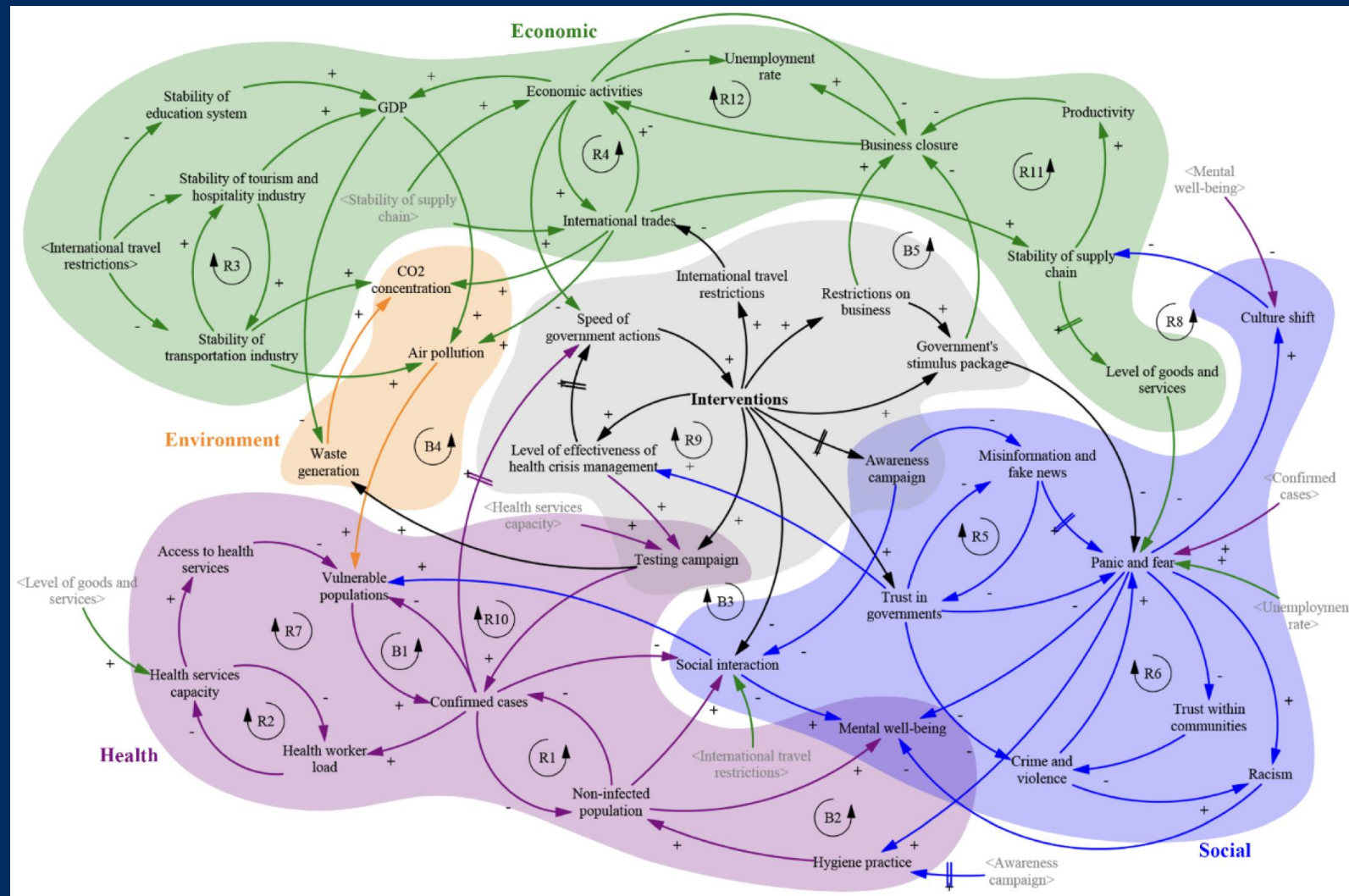
# COVID-19 Surveillance as presented

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 29 May 2022\*\*



\*\*See [Annex 1: Data table and figure notes](#)

# COVID-19 Reality



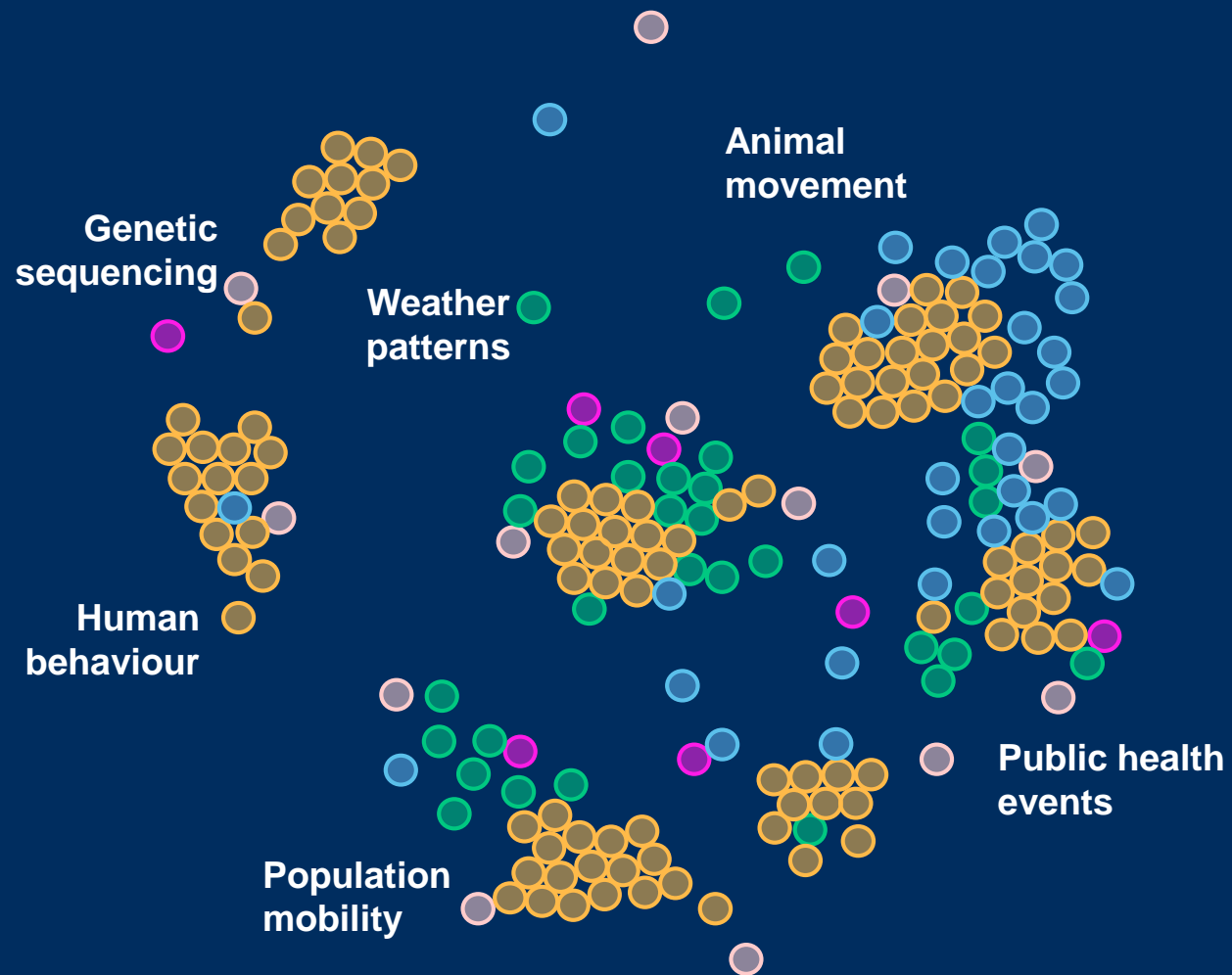
# Surveillance

Public health surveillance is “the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.”

*Adapted from Alexander Langmuir*

# Data related challenges during pandemic

Data Access	Data Analytics	Actionable Insights	Decisions
Data access & sharing	Data linkage to assess health threats	Limited contextual information	Varying country capacity for appropriate action
Data fragmentation	Need for new tools and methods	Delays in analysis	Data for policy making
Data sharing delays	Data accessibility in real-time	Delays/lack of insight dissemination	Evidence-based leadership



# A new approach

- » Embracing complexity.
- » Dealing with uncertainty.
- » Building learning systems.

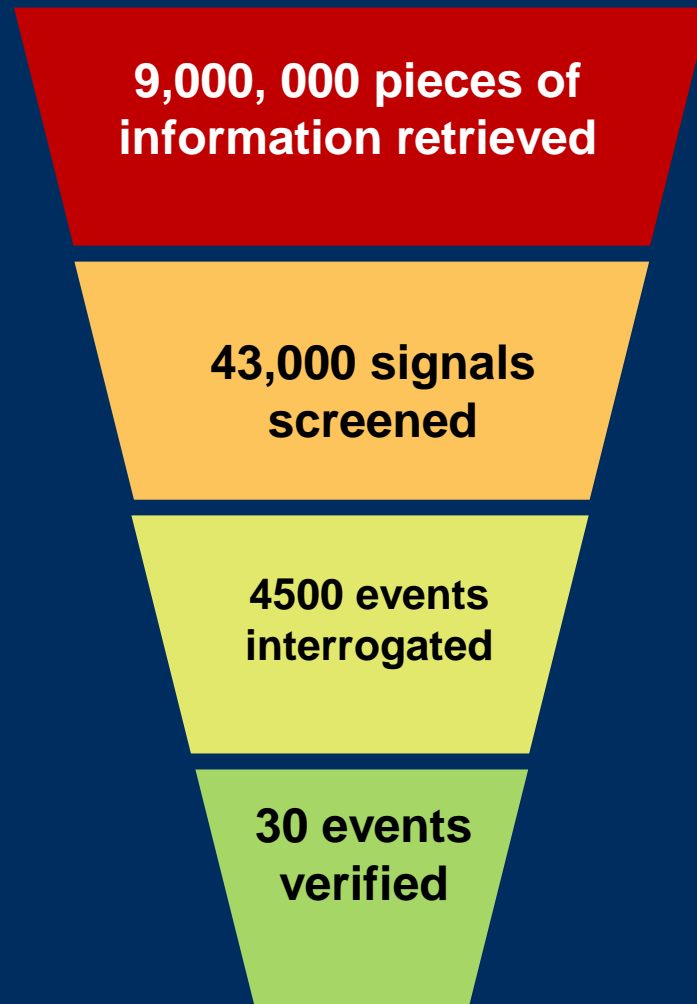
- » Collaborative approach vs. competitive approach
- » Collaborative methods development vs. centralizing expertise
- » Collaborative adaptive systems vs. singular problem focus





# Public Health Intelligence in WHO

## Monthly PHI Activity Level





# Mission and strategic objectives of the Hub

To support countries and regional and global actors to avert and manage public health threats through collaborative problem solving informed by better data and analytics.

## Connect



- 1 **Create** a multi-disciplinary collaborative intelligence environment
- 2 **Build** a global system to connect data from a wide range of sources

## Innovate



- 3 **Facilitate** the development and wide availability of robust analytic tools
- 4 **Drive** a global agenda for responsible R&D in pandemic & epidemic intelligence

## Strengthen



- 5 **Provide** advice, training, and capacity-building services
- 6 **Support** timely, effective decision making and policies

# A new approach: Collaboration



**Pandemic Prevention Institute**

\$150 million (Rockefeller Foundation)



**US CDC Center for Forecasting and Outbreak Analytics**

\$26 million (US Government) / initial funding of \$200 million from the American Rescue Plan Act



**Health Emergency Preparedness & Response Authority (HERA)**

€140 million for 'threat assessments and intelligence gathering'



**Africa CDC Pathogen Genomics Initiative (PGI)**

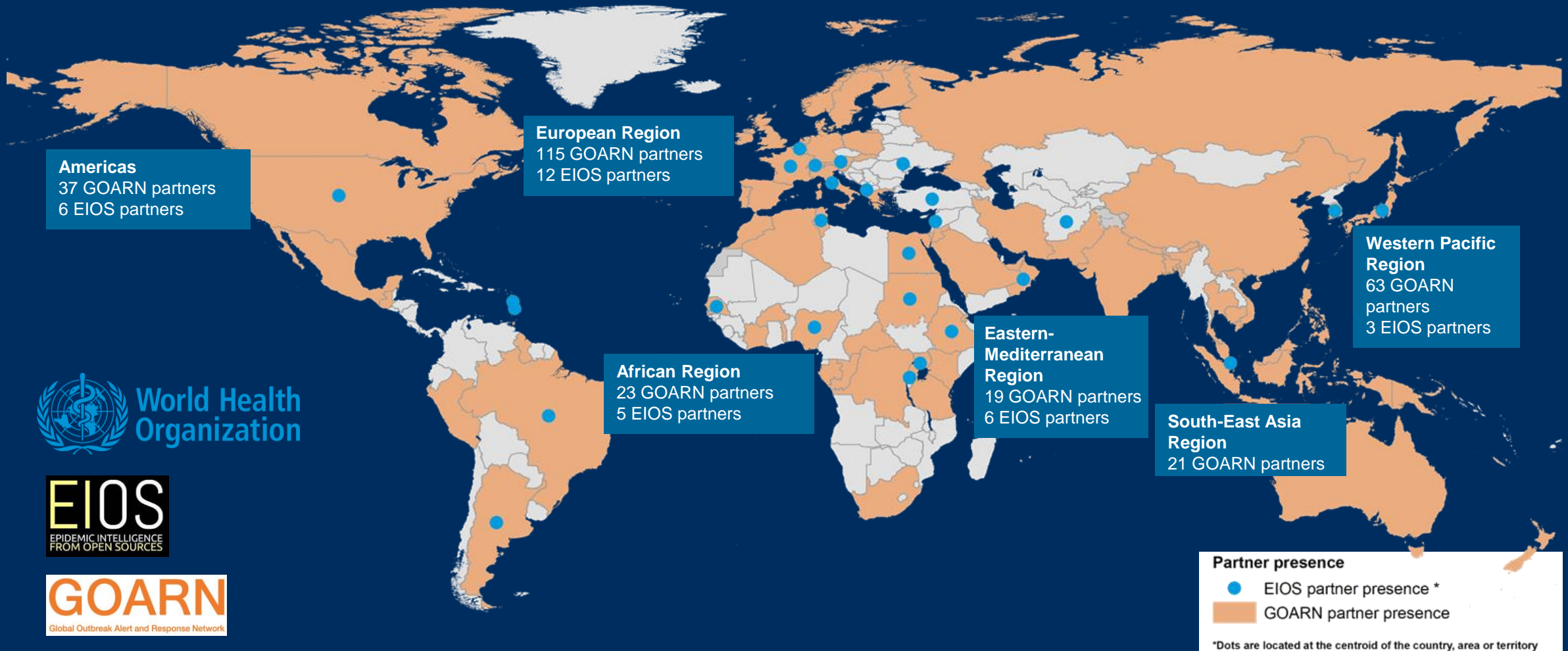
€100 million



**International Pathogen Surveillance Network (IPSN)**

Unknown

# A new approach: Connection



# A new approach: Communities

## THE LANCET

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COMMENT | VOLUME 397, ISSUE 10292, P2317-2319, JUNE 19, 2021

### Disease surveillance for the COVID-19 era: time for bold changes

Oliver W Morgan • Ximena Aguilera • Andrea Ammon • John Amuasi • Ibrahima Socé Fall • Tom Frieden • David Heymann • Chikwe Ihekweazu • Eun-kyeong Jeong • Gabriel M Leung • Barbara Mahon • John Nkengasong • Farah Naz Coker

Published: May 14, 2021 • DOI: 10.1016/S0140-6736(21)00302-2

### Innovations in public health surveillance: updates from a forum convened by the WHO Hub for Pandemic and Epidemic Intelligence, 2 and 3 February 2022

**Technical contributors to the Pandemic and Epidemic Intelligence Innovation Forum February meeting and report<sup>1</sup>**  
1. The members of this group are listed under Collaborators.

**Correspondence:** Oliver Morgan (omorgan@who.int)

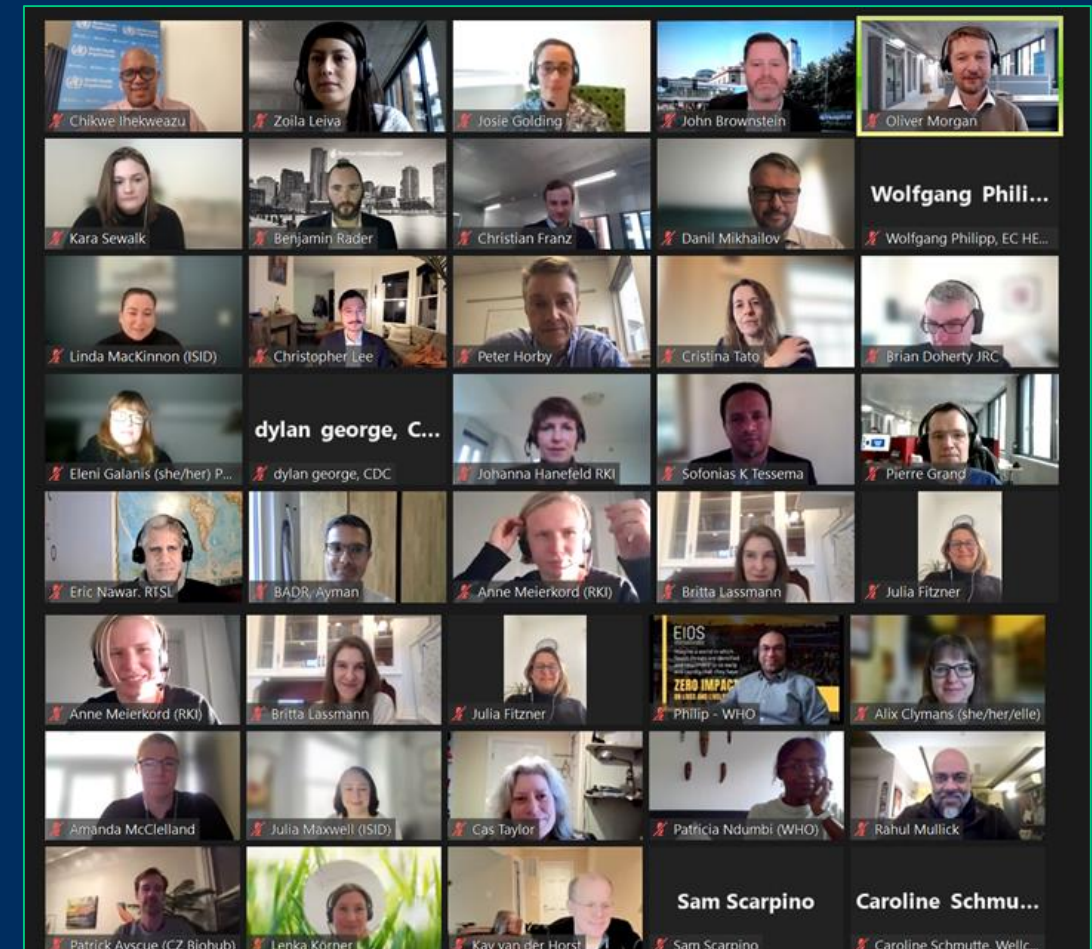
Citation style for this article:  
Technical contributors to the Pandemic and Epidemic Intelligence Innovation Forum February meeting and report. Innovations in public health surveillance: updates from a forum convened by the WHO Hub for Pandemic and Epidemic Intelligence, 2 and 3 February 2022. Euro Surveill. 2022;27(15):pii=2200302. <https://doi.org/10.2807/1560-7917.ES.2022.27.15.2200302>

Article submitted on 07 Apr 2022 / accepted on 13 Apr 2022 / published on 14 Apr 2022

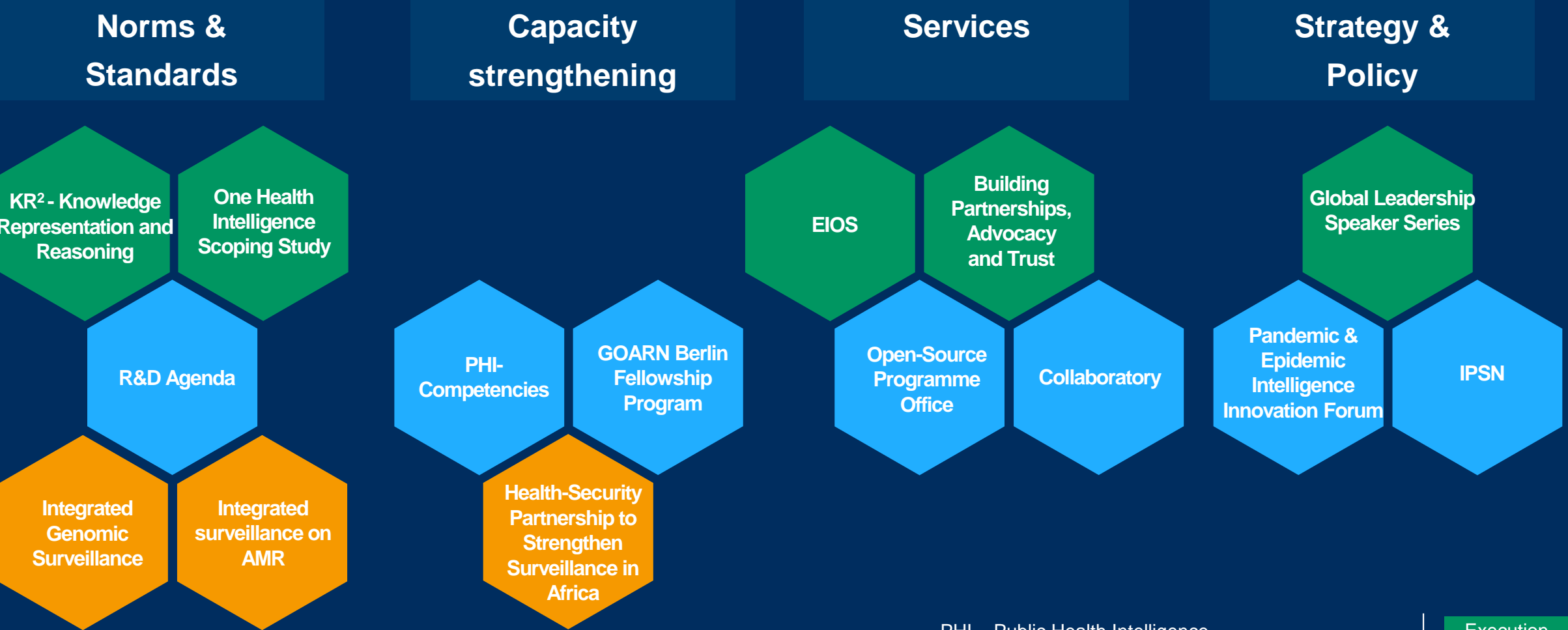
The COVID-19 pandemic has highlighted the need for early identification of COVID-19 and the importance of inadequate diagnostic capacity. Data insights for public health surveillance of SARS-CoV-2 became widespread but were undermined by weak surveillance systems and timely adjustment of public health measures.

In the 2 years since the emergence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) there has been an unprecedented collective effort from the academic, public, and private sectors to advance surveillance for pandemic preparedness and response. The coronavirus disease (COVID-19) pandemic has created momentum that will define the future of public health intelligence. On 2 and 3 February 2022, the World Health Organization (WHO) Hub for Pandemic and Epidemic Intelligence convened a meeting of a small group of surveillance innovators to share insights

organisations) is strongly associated with implementation of public health guidance, which can lead to better containment of outbreaks [1-5]. Therefore, there is an urgent need to build a trust architecture [6] between individuals, governments, the private sector, academia and non-governmental organisations (NGOs) that allows for meaningful collaboration. This trust architecture can, in turn, enhance the transparent exchange of information. However, the latter will be achieved only if information exchange results in resourceful collective action and global solidarity instead of restrictive meas-



# Collaborative PH Intelligence Work plan 2022



PHI = Public Health Intelligence  
IPSN = International Pathogen Surveillance Network  
EIOS = Epidemic Intelligence from Open Sources

Execution

Planning

Ideation



# Expansion of Epidemic Intelligence from Open Sources (EIOS)

Global initiative led by WHO to strengthen public health intelligence offering integrated services to Member States and organisations, collaboration, capacity building and innovative solutions



## Activities

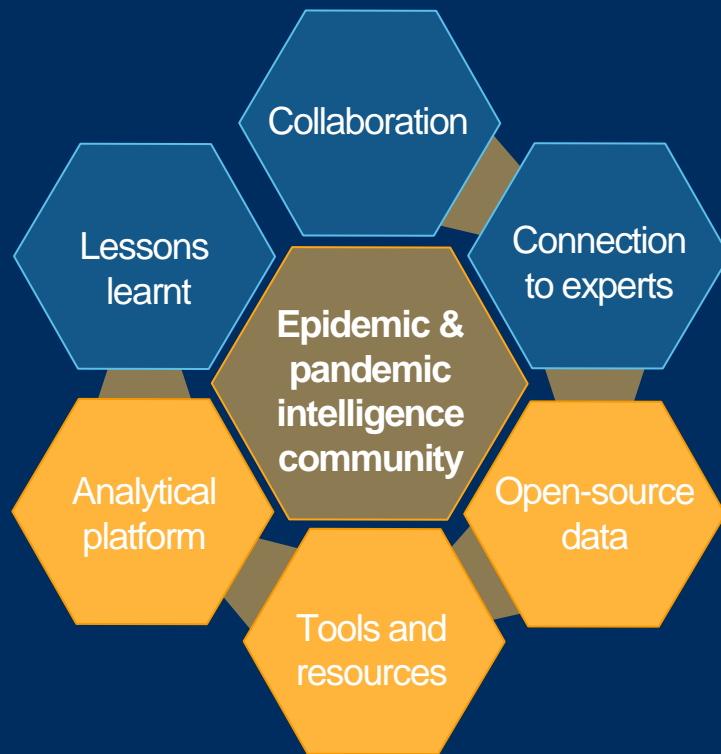
- Connecting experts around the world,
- Providing tools to detect, contextualise, analyse, assess and share information
- Building and strengthening capacity and competencies for public health intelligence

## Outputs

- More colleagues using EIOS around the world
- Better ability to detect and respond locally
- Better ability to share globally

# Development of the “Collaboratory”

**A laboratory for collaboration: moderated interactive digital environment** where subject matter experts and the epidemic intelligence community converge to collaborate, communicate, cultivate ideas, rapidly generate, improve, and share actionable insights to respond to public health risks.



## Activities

- Leveraging subject matter and local knowledge experts to create a sandbox for maximizing R&D
- Creating an environment to compare analytics and capability to communicate the results
- 

## Outputs

- Faster sharing of actionable insights, based on decision needs



# Development of Open-source Programme Office (OSPO)

Establishment of the function and of a multi-disciplinary team within the WHO Hub for the **collaborative development of sustainable and innovative open-source software solutions**.



## Activities

- Provision of legal, procurement, technical, programmatic, capacity building & community management advice to projects that use or provide open-source software & open data.
- Support for open innovation projects within and beyond WHO
- Building on open innovation principles established in the EOS community

## Outputs

- Sustainable open source software

# Highlights to date

1 Sep 2021



Inauguration in Berlin



Dr. Ihekweazu appointed



Strategic vision formulated

Oct 2021



WHS session on ecosystem

Nov 2021



Start-up team in place

Dec 2021



Engagements in EURO



EIOS GTM

'21

'22

WHO Hub office



Jan 2022

Engagements in EMRO



Convening leaders in epidemic intelligence



Feb 2022

Engagements in AFRO



Mar 2022

Engagements in PAHO (Brazil)



# The new WHO Pandemic Hub in Berlin

