



PMAC | PRINCE MAHIDOL
AWARD CONFERENCE **2018**



PARALLEL SESSION 4.3

COMMUNITY SYSTEMS: THE BEDROCK OF RESPONSES TO EID AND AMR



| BACKGROUND

Community preparedness and response to emerging infectious diseases (EID) and antimicrobial Resistance (AMR) is critical to the health outcomes of individuals. In HIV, people both living with and affected by HIV have been at the forefront of providing treatment preparedness to promote health-seeking behavior, improve adherence and other health outcomes, whilst advocating for increased availability, accessibility and uptake of key viral load diagnostics as well as 2nd and 3rd line antiretroviral therapy. In Malaria, civil societies work with other stakeholders to address artemisinin resistance in Southeast Asia via educating communities about the hazards of substandard drugs and organizing public awareness campaigns to complete a 3-day treatment course and on measures to prevent further spread of resistant pathogen strains. Similarly in tuberculosis, community-based outpatient treatment of MDR-TB in resource poor settings yield higher cure rates and facilitated better referrals to other health services required by TB affected communities. Furthermore, lessons learned from the early response to Ebola in West Africa have recognised the problem of sidelining community engagement as a key factor contributing to failure of the early emergency health programs to meet the needs and realities confronting affected populations in the region.

Today, prevention, detection and response to EID relies significantly on an effective surveillance system which starts at the community level with effective mechanisms in place to ensure linkage into national level health systems reporting. The Ebola crisis highlights the importance of integrated community case management (iCCM) and the roles of the network of community health workers and community leaders in early and better case reporting, contact tracing and bringing people into care, whilst reducing stigma and discrimination associated with the virus. Community-based control and preventive behaviours for vector control is recognized as a key pillar in disease response and preparedness for Zika and other mosquito-borne diseases. The use of innovative technologies in the response to EID by communities and community health workers contributed to the prompt control of the outbreak by providing a valuable platform for early warning and guiding early actions.

| OBJECTIVES

The session aims to explore community roles in preparedness and response to EID and AMR, concentrating on lessons and approaches deployed in disease-specific programs, such as HIV, TB, Malaria, Ebola and Zika, whilst underscoring the importance of focusing on people, i.e. ensuring that systems for health involve the affected community and promotes community action as part of the overall health system critical for identifying, reporting and responding to emergency health threats.

The session is designed to generate discussions on commonalities and contexts of community action, and to reflect on emerging challenges that still persist in response to EID and AMR from the community perspectives, as well as to identify practical solutions drawing the lessons learned from community responses to the epidemics of HIV, TB, Malaria and to the most recent outbreaks of Ebola and Zika across the globe.



Panelist

Abdulai Abubakarr Sesay

National Executive Director

Civil Society Movement Against Tuberculosis Sierra Leone (CISMAT-SL)
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Abdulai Abubakarr Sesay started his activism, gender and development work since 2002 during his high school days at the Saint Edward Senior Secondary School at Kingtom Freetown. In order to contribute in addressing violence and gender inequality in school and among youths and women, he founded the first organization called Tangible Academic Youth Forum Organization (TAYFO). During this era, Abdulai joined many organizations to champion human rights and gender issues such as campaign for the enactment of the three gender laws that protect the rights and of women and girls, national youth policy that promote the empowerment of youths and Anti-Corruption Bill called access to information. Abdulai's passion as a Human rights and gender activist led him to an initiative called Men Engage Africa Alliance which he is currently serving as co-chair at country level, and a member of Men Engage Global Alliance. This initiative is geared towards engaging men and boys to promote gender equality and transformation. The initiative has helped to address gender based violence, sexual reproductive health rights and health related issues like HIV prevention and treatment. In late 2008, Abdulai saw himself as a Global TB Activist when he contacted Tuberculosis (TB). He went through a devastated period where he lost his coursin and wife as a result of TB. Abdulai survived from TB in 2009 and then decided to mobilize his former TB colleagues to form a network of TB patients and Civil Society to advocate and champions TB and TB/HIV related issues both at national and international level. Today, Abdulai is the National Executive Director of the Civil Society Movement Against Tuberculosis Sierra Leone (CISMAT-SL) an organization that advocate for the rights of TB patients and promotes access to TB treatment and services for TB and TB/HIV patients. Through the dynamic and transformational leadership of Abdulai, CISMAT-SL is now a house hold name known for TB, TB/HIV advocacy both in country and beyond. Currently, the organizations has established 140 Community TB Animators (CTAs) that monitor TB and TB/HIV service delivery to enhance Community Health System Strengthening. Today the organization is an implementing partner of Global Fund under the National Tuberculosis Control Programme grant. Among the strategies Abdulai used to develop his organization (CISMAT-SL), are partnership, effective coordination, Advocacy and community engagement. Abdulai is an initiator who believed that Community Health System Strengthening is one way to promote effective health service delivery and as such, its stimulate community inclusiveness in service delivery. It was due to this philosophical thinking Abdulai mobilized colleagues working on HIV/AIDS, TB and Malaria to form an organization called Consortium for the Advancement of Rights for Key Affected Population (CARKAP). Over 1 million U.S dollars has been allocated to the organization by the Global Fund to address Community Health System Strengthening in the country. Abdulai is a member of Communities Delegation to the Board of the Global Fund, Global Fund Community Rights and Gender Advisory Group, Africa Coalition on TB (ACT!), member of the Global Advisory Panel on TB HLM Affected Communities and Civil Society of Stop TB Partnership. Abdulai has won the following awards: Effective Community Monitoring for Accountability 2017, Outstanding Youth Entrepreneur for the year 2015 and Human Right Youth of year 2011. Abdulai has a Degree in Business Management and Administration at the Institute of Business Studies and Administration (IBSA) however, Abdulai has acquired several certificates and capacity building trainings ranging from Project Management and Organizational Development, Human Rights and Gender Studies, Monitoring and evaluation, Sexual Reproductive Health Rights and Youth Development.