

**S7**

**CAPACITY TO CONTAIN FUTURE PANDEMICS IN COMMUNITIES**

## | BACKGROUND

Since the start of the 21st century, infectious disease outbreaks have increased. The vast majority, 75 percent, of infectious diseases in people originate from animals, at a time when an increasing number of people around the world are living in closer proximity to animals. These threats have manifested themselves over the past two decades in the form of increased frequency and severity of outbreaks, with the ongoing COVID-19 pandemic the most serious in a century. These outbreaks are a sobering reminder of how diseases know no borders, and how every country remains vulnerable to zoonotic diseases reinforcing the importance of global health security efforts in our everyday lives. The COVID-19 pandemic is also a strong reminder of the connection between animals, humans and the environment, and the effect an emerging pathogen can have on global health and economies. Additionally, climate change, land use change, deforestation and other drivers change contact between animals and people in new and risky ways leading to more spillover events

While the global health community has been preparing for large-scale epidemics and pandemics, the COVID-19 pandemic has laid bare the weaknesses and vulnerabilities for a global response. Initially some countries were able to leverage their previous preparedness efforts to implement successful public health responses, however all countries have been overwhelmed by surges, resources stretched thin, at some point during the pandemic. The global community understands that outbreaks begin and end in communities. Experience from previous infectious disease outbreaks and the COVID-19 pandemic has demonstrated that sustained community engagement is critical for early detection and response as well as for establishing trust and social cohesion. We need to invest in communities; leverage academic institutions; support and resource frontline health workers including community health workers; and invest in community-based surveillance and data collection to inform early detection and enable swift action to respond.

This session will explore the resources, trust, data and information needed for communities to better detect and respond to infectious disease events by practitioners, educators, and community leaders. Specifically, the session will explore what we have learned from past infectious disease outbreaks and what we can improve in supporting community-level workers, the role the community can play in detection and surveillance to support early response, and the role of academic institutions in supporting communities.

## | OBJECTIVES

### Key questions

This session will explore what is needed for communities to better detect and respond to infectious disease events from the different perspectives of practitioners and educators.

This session will explore the following topics:

**Front-line/community health (human and animal) worker:** What measures can be taken to strengthen community health (animal and human) investments to better prepare communities for infectious disease threats and also foster trust, cohesion and equity?

**Data and early warning:** What is the role of the community, including clinicians, in surveillance and how can their use of data be facilitated to better detect and respond to infectious disease events? How can technology be used to support data collection and dissemination? How can data from the community be fed into early warning platforms and how does that data flow back to the community level for risk analyses and assessment?

**Role of academia in supporting communities:** What role do academics and universities play in preparing for and supporting responses to infectious diseases events in communities? How can these institutions be leveraged to respond to infectious disease events in communities?



Panelist

## Ramatu Jalloh

*Supervisor, Partner In Health and*

Community Health Worker, CHW Advocates  
Sierra Leone

Ramatu Jalloh was born in 1989 in Kono District, Sierra Leone, where she continues to work to this day. Ramatu started working with Partners In Health Sierra Leone in 2016 as a CHW, and was promoted to supervisor in June 2019. Her current work includes advocacy and accompaniment for TB and HIV patients as well as a district-wide COVID-19 sensitization project with her team of CHWs.

She holds a Higher National Diploma in Project Development Studies from the University of Management & Technology Sierra Leone. In addition, holds a Diploma in Cosmetic from the Institute of Jack Running Skills Technology Nigeria. Training of Trainers (TOT) on positive Dignity Prevention from Management Science for Health in Nigeria. Ramatu is an active advocate for CHWs globally. At the onset of COVID-19, during the Skoll World Forum, she delivered a passionate call to protect frontline health workers with PPE. Sharing a personal story of her own battle with HIV, Ramatu used her voice to advocate for all frontline health workers, in particular those who are immunocompromised. Ramatu's call to action ultimately helped to catalyze a 30+ partner collaboration, the COVID-19 Action Fund for Africa, that has so far raised nearly \$20 M USD to provide PPE to hundreds of thousands of frontline health workers around the world.

Most recently, Ramatu spoke to a global audience of program managers, funders, and researchers about progress in securing PPE for CHWs. "When you protect a CHW, you are protecting the nation." Ramatu's tireless advocacy on behalf of CHWs around the world is inspiring a growing network of CHW Advocates from around the globe who watch her speeches on video and see how advocacy by CHWs for CHWs can be a true catalyst for change, also awarded as Heroine of Health 2021 by Women in Global Health.

At work, Ramatu develop an internal stress management guide to help employees manage stress and work pressure effectively. During the weekend, she likes to go visit her patients and educate them on how to be self - reliance.