

Peer exchange in Uganda kickstarts 7-1-7 in South Sudan

Q&A WITH DR. ANGELO GOUP THON

The Republic of South Sudan has committed to improving the timeliness of its outbreak detection, notification and response systems to effectively contain infectious disease threats before they become epidemics. After joining the 7-1-7 Alliance in May 2023, shortly after the Alliance's inception, the country sent a delegation of Health Ministry officials to neighboring Uganda to learn from their experience—marking the first peer-to-peer visit within the 7-1-7 Alliance.

Under the leadership of Dr. Issa Makumbi, who heads the national Public Health Emergency Operations Center (PHEOC) and chairs the 7-1-7 Alliance's Technical Steering Group, Uganda has leveraged 7-1-7 to optimize its disease detection and response performance since 2021—including during the recent Ebola outbreak.

We spoke with Dr. Angelo Goup Thon, Director of Health Security, Surge Capacity Development and One Health at South Sudan's Ministry of Health, who participated in the visit.



LEFT TO RIGHT, IN THE FRONT: Mabior John Aguto (Operations Manager, Ministry of Health, South Sudan), Dr. Andrew Kambugu (Executive Director, Infectious Diseases Institute), Santino Makuach (Head, Data and ICT, Ministry of Health, South Sudan), Dr. Malek Santo Deng (Director General, International Health & Coordination, Ministry of Health, South Sudan), Dr. Daniel Kyabayinze (Director, Public Health, Kampala Capital City Authority, Uganda), Dr. Issa Makumbi (Chair, Technical Steering Group, 7-1-7 Alliance; Deputy Director, Uganda National Institute of Public Health; Manager, Public Health Emergency Operations Center), Dr. Angelo Goup (Director of Health Security, Ministry of Health, South Sudan).

RIGHT TO LEFT, IN THE BACK: Dr. Henry Kyobe (Incident Commander SUDV and COVID-19, Uganda), Joshua Kayiwa (Information Analyst, Public Health Emergency Operations Center, Uganda); Lydia Nakiire (7-1-7 Country Lead; Senior Technical Advisor, Surveillance, Uganda), Dr. Lunkuse Stella (Senior Epidemiologist, Ministry of Health, Uganda), Dr. Allan Muruta (Commissioner, Integrated Epidemiology Surveillance and Public Health Emergencies, Ministry of Health, Uganda), Sliver Kasigire (Operations Manager, Infectious Diseases Institute).



What prompted South Sudan's decision to join the 7-1-7 Alliance?

Dr. Goup: South Sudan is a country hit by many emergencies. We are among the African countries that are currently facing multiple recurrent outbreaks like cholera, measles, polio and COVID-19 among other infectious diseases. We have a history of taking a long time to detect, notify and respond to emerging outbreaks. We need to be detecting more quickly to contain the spread and save lives. 7-1-7 offers concrete tools, which we believe will be useful to our health security approach, complementing our Integrated Disease Surveillance and Response framework and supporting our national PHEOC. We feel that it will help us beat the timeline.

Why was a peer-to-peer visit important to begin implementation of 7-1-7?

Dr. Goup: Uganda is our direct neighbor—we share a border to the south. Our two countries have a long-lasting relationship that started during the liberation struggle prior to the independence of the Republic of South Sudan in July 2011. Our Minister of Health works hand in hand with his Ugandan counterpart. As part of their collaboration, we have established a joint cross-border committee. We are also members of the East Africa Community.

Uganda was also one of the first countries to adopt 7-1-7 in 2021. We wanted to see how our colleagues did it, learn from them and benefit from their experience.

What were the highlights of the visit? What surprised you?

Dr. Goup: We were very well received. The leadership of the Uganda Ministry of Health not only welcomed us, but also made a point to be available and sit down with us for important discussions. That was extremely valuable.

One of the many highlights of the visit was a tour of the national Public Health Emergency Operations Center. Its director, Dr. Issa Makumbi, shared his team's experience with 7-1-7 and showed us the related data.

We also toured the regional PHEOC of Kampala and had insightful discussions with representatives of the Infectious Diseases Institute (IDI) and the Uganda Virus Research Institute (UVRI), which are both involved in the 7-1-7 approach.

We were impressed by the drones IDI uses to deliver medicine to remote areas—up to 2 kg of medical supplies can go as far as 60 km—which could be helpful to reach a specific area in South Sudan. Finally, we had an opportunity to connect with our Ugandan colleagues on a social level during a delightful evening at the Uganda cultural center.



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- Dr. Angelo Goup Thon





The Ugandan hosts share lessons learned from 7-1-7 implementation with the South Sudanese delegation

What are the key takeaways from the visit? How will they inform your plans in the short and medium term?

Dr. Goup: The visit allowed us to gain a better understanding of what it takes to implement 7-1-7, for instance, in terms of stakeholder engagement. Several departments and entities are supporting 7-1-7 in Uganda, including—but not limited to—the PHEOC, UVRI, IDI and the department responsible for Integrated Disease Surveillance and Response. We also acquired a deeper knowledge of the 7-1-7 tools for data collection, event review and data consolidation.

We started working on our implementation plan for 7-1-7 in early 2023. During our visit to Uganda, we put together a roadmap. We will soon hold advocacy meetings and training at the national level. We will follow with a baseline assessment of our capacities in terms of surveillance and data collection and reporting at the national level and in all 10 states and three administrative areas. The next step will be to integrate 7-1-7 into our workflow.

Finally, we have plans to do a retrospective review of our outbreak responses in the past two years. We want to see how we fared against the 7-1-7 metrics and get ready to apply 7-1-7 to new threats. Our Ugandan colleagues have agreed to continue to work with us in the future through video calls and webinars. We feel fortunate to have their support and collaboration.

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