Following four days of lively discussion and brainstorming, participants of Finding Outbreaks Faster: How Do We Measure Progress? have helped refine outbreak timeliness metrics that can help guide progress toward meeting the goals of the Global Health Security Agenda and ensure compliance with the International Health Regulations.

Field epidemiologists, government and intergovernmental officials, NGO leaders, academics, and others working in 16 countries and territories convened at Schloss Leopoldskron, in Salzburg, Austria, for the program held by Salzburg Global Seminar and Ending Pandemics.

Through group work and plenary discussions, participants helped identify key barriers to implementation of the proposed metrics at the national and transboundary levels. They also provided guidance as to how the metrics could be refined to address these challenges.

During initial discussions as a group, the majority of participants felt Ending Pandemics should keep the six timeliness metrics initially proposed. These metrics include outbreak start, outbreak detection, outbreak reporting, outbreak verification, outbreak intervention, and public communication. As these metrics were discussed further, several participants stressed the need to identify how the outbreak was verified. This brainstorm led to a new metric being added, "laboratory confirmation." Further, the group also added a final metric, "outbreak end," bringing the final set of metrics to a total of eight.

On the final day of the program, participants discussed how the metrics could be implemented at a country-level. Participants suggested a level of consideration was required, as synergistic work is taking place within existing systems. The need for countries to have a sense of empowerment was noted as critical to enabling their engagement with the new metrics.

One participant indicated to help move things on the ground quicker, there needed to be a demonstrable impact which could be used to encourage the adoption of the metrics. This impact could be identified through follow-up research where the metrics have been tested and through visibility studies.

As the program came to an end participants concluded there is a need to develop similar animal timeliness metrics as well as forecasting metrics, the latter of which could focus on aspects such as the environment, political instability, and disaster events.

Moving forward, Ending Pandemics will continue to work on these timeliness metrics and build on the ideas which emerged at Schloss Leopoldskron.
Engaging Bodies and People to Help Advance Metrics

What organizations are critical to the global adoption of timeliness metrics? Who are the key leaders to engage? What venues should this work be highlighted at? These were several of the questions participants considered in a discussion titled "Socializing Outbreak Metrics with Key Stakeholders."

In a conversation moderated by Clare Shine, vice president and chief program officer of Salzburg Global Seminar, participants reflected on the importance of talking to the decision-makers. One way to gain attention, participants agreed, is to communicate the incentives and the economic benefits which could stem from implementing the metrics.

Participants in Parker Hall heard political organizations were hungry for this type of information and were looking for reasons to invest. There was a suggestion among some participants that the relevant information wasn’t always fed up to the highest level in government. They agreed information has to be shared outside academic circles with ministries, government officials, and directors of public health agencies.

One participant said three elements had to be considered when discussing indicators in this field. This includes legitimacy and relevance. Credibility, the third, is the repeated used of the two other indicators.

Participants discussed another way to get noticed, which is to highlight the linkages which exist in the metrics and tell stories that show the results of their use. They heard there is a role for strategic storytelling and decision-makers and technical people have to be persuaded and shown the value before system transformation can take place.

Participants also expressed the significance of having champions in leadership positions who could help push this work further forward, while highlighting the potential of involving philanthropic organizations.

Reaching a Definition for Outbreak Timeliness Metrics

Participants consider priority diseases and whether different timeliness targets should exist

Following a morning discussion reviewing the definitions and thresholds of what an outbreak entailed, participants spent Monday afternoon exploring the topic in greater detail. Split into breakout groups named Typhoid, Cholera, Smallpox, Spanish Flu, and Black Death, participants were tasked with several questions.

Working in Schloss Leopoldskron’s Great Hall, participants were asked to consider if specific diseases should be on every country’s priority disease lists. The conversation developed further when participants tried to answer, "How do we consider the inclusion of specific pathogens alongside syndromes (e.g., cholera vs. foodborne illness)?"

Other questions participants considered included "Is there a need to arrive at a consensus for outbreak thresholds so neighboring countries can collaborate and compare? Should we have timeliness targets for different types of pathogens or syndromes?" Graphic facilitator Diana Arsenian captured the various ideas.

These images captured discussions at a high level and do not represent the specific recommendations from the meeting.
The theme for the final day of the program was “Implementation at Scale.” Participants were asked to create an action plan together, which involved creating a timeline as a group and outlining their commitments to advance the outbreak timeliness metrics.

In the first exercise, participants were asked to consider progress markers which could be pinpointed on an action plan for the year ahead and beyond. Suggested activities included creating a public website featuring data from past projects and case studies. In the immediate future, meanwhile, the metrics refined in Salzburg could be finalized and published. The metrics could also be tested in new pilot studies. An ongoing communications strategy and training plan for non-technical stakeholders could also be developed.

Looking ahead one year from now, the metrics could be extended to the concept of “One Health,” a strategy for expanding interdisciplinary collaborations and communications in all aspects of health care for humans, animals and the environment.

In total, participants put forward more than 35 actionable steps. As one participant remarked, “This was the work of a collective saying we are going to make the world better.”

As the program came to an end, each participant was asked to make a personal commitment, which they would speak and tape to a wall for all to see.

One participant committed to working with all his heart to change mindsets of public health specialists towards outbreak timeliness metrics. Another, meanwhile, said they would continue to use timeliness metrics and promote their use in IHR evaluations and assessments as important indicators.

In a bid to build excitement around the metrics, one participant said they would advocate for a strategic and comprehensive communication approach and urged Ending Pandemics to invest in resources in this area.

Mark Smolinski, president of Ending Pandemics, revealed his organization was committed to providing up to $50,000 of matching funds to country partners in up to 10 countries in 2019 to test and implement prospective measurement of timeliness metrics.

Salzburg Global Seminar has committed to sharing the outcomes from this program to its network. It will also bring this topic to the attention of a couple of its high-level annual multi-year series, including Philanthropy and Social Investment, and the Public Sector Strategy Network.

Salzburg Global has also committed to working with Ending Pandemics and other interested partners to advance this program further in the years ahead.
**Hot Topic:**

“Who are the key stakeholders we need to work with to improve outbreak timeliness metrics?”

Anna Rawe

“I think the obvious stakeholders here are the World Health Organization, as the UN agency for global health... who are supposed to be doing global governance for disease and the national level ministries of health. Ministries of health at the national level as well as the intermediate local public health officials. These are the folks you actually have to do the work, and therefore they’re the ones who will be officially collecting data and therefore they’re the ones we need to coordinate with if we want data collected in a certain way.”

Rebecca Katz

Associate professor and director of the Center for Global Health Science and Security at Georgetown University

“I think that national level epidemiologists who work with... responses to outbreaks would probably be [those] responsible to implement that in the country level, and then [that] cascade[s] to regional and local [levels], and of course, you also need some political support.”

Vladimir Mikij

Epidemiologist at the Institute of Public Health of Macedonia

“I think each group has [its] importance. Community groups are important, stakeholders are important, [and] health workers are important because ending outbreaks requires the involvement of each other... The most important thing is to reduce timelines of the metrics.”

Aïcha-Marceline Sarr

Project manager for Senegal and West Africa projects at Foundation Merieux

“I would say the key stakeholders would be public health authorities at multiple geographic levels, so at the local, regional, country and international level. But then there is an important stakeholder that is our communities who may identify, help to report, [and] seek clinical care. So, those also are key stakeholders for these timeliness metrics. Then within those infrastructures, you have not only the clinician and healthcare workers, but you have epidemiologists and public health [officials]. Then you have technologists who are really important as we think about advancing our ability to find dates and find notifications, and so being able to comb and curate that data from systems so we can more efficiently and practically employ these metrics.”

Amy Kirchner

Co-director of the Collaboratory of the University of Minnesota and director of the Food Protection and Defense Institute

“You need the people from the front line up. I really like the saying ‘Nothing about us without us,’ and that goes down to community level of citizens, but it also talks about frontline workers. You’re never going to get anything in a system to work unless people who are all the way through the system have buy-in, and part of the way to have buy-in is to have ownership, and part of the way to have [that] is to have a say in what the thing is about. If you want something to be sustainable, you’ve got to have ownership.”

Melinda Moore

Senior physician policy researcher at the RAND Corporation

“[Our initiative] is a fairly new initiative in the space. It’s only a year old... I used to work in migration... this health security space is pretty new to me... It used to be easier to answer that question [of what inspire me] because when I was working on migration and forced migration issues everything was compelled by human rights and now that sort of work has expanded to the health systems and trying to keep people healthy and their governments doing their jobs. I think it’s sort of an optimism that there might be a model making change in the world that can actually percolate down to everybody - citizens improving their lives. It sounds hopelessly aspirational, but it’s really being able to use my very specific small set of tools that I have to save lives where we can [and] prevent catastrophes where we can.”

Christopher Lee

Senior technical officer for preventing epidemics at Resolve to Save Lives

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