

# **Estimating burden of foodborne diseases where public health impact is higher and data scarcer: a study in four African countries**

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# Foodborne Diseases in LMIC: Data Gaps and Current Initiative

- Highest public health impact of FBD but limited research and disease surveillance data in LMIC, mainly Africa
  - Contributing factors – range from lack of capacity to lack political commitment, and a focus on priority diseases
- We launched a multi-country project in 2019 - FOCAL
  - Working with Ethiopia, Mozambique, Nigeria, and Tanzania
  - Aims to estimate the burden of, and strengthen surveillance systems for, FBD in Africa



# FOCAL – Studies and Partners



**Population survey**  
(diarrheal incidence  
and distribution)



**Systematic review**  
(agent-specific diarrheal  
proportion)



**Active review of  
available FBD reports**  
(Underreporting rate of  
FBD)



# Lessons Learned To-Date

- We used Larkan et al.'s (2016)<sup>1</sup> framework to help reveal the lessons learned

We highlight applying leadership attributes including

- **Delegation of duties:** Independent roles of partners (country-specific budget allocation), working groups and their leads, clear delineation of roles/responsibilities for the delegated partner(s), the delegation of tasks within local study teams
- **Setting milestones:** shared goals incorporating timeframe, detailed description of strategies and activities to achieving the milestones

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<sup>1</sup>Larkan et al. (2016.) Globalization and Health, 12(1), 17.

# Lessons Learned To-Date...

- **Regular meetings:** bimonthly virtual regular meetings, annual in-person gatherings, one-on-one or group meetings as required (no specific chain)
- **Transparency:** communications (via calls, emails or in-person), decision makings, assigning leads, recruiting trainees, sharing benefits, monitoring and reporting achievements, recognition of differences in values, sharing of working documents, budget allocation/reporting, signed agreements
- **Risk mitigation plans:** proactive list of mitigation strategies for challenging situations, the agreed-upon penalty for failing to achieve milestones

# Lessons Learned To-Date...

- The leading role of experts in this project helps to reduce hurdles
  - Limited practice in the study countries – experts brought in their experiences of doing similar researches in other settings
    - e.g., designing the studies, foreseeing challenges and informing decisions
- The experts further contributed to strengthening the relationship aspects of the collaboration while balancing with the operational features that focus on the project deliverables

# Lessons Learned To-Date...

- Adapted existing data collection tools – for use across our diverse African study populations:
  - Involved item development with contextualizing to local circumstances, translation, and pretesting
  - Our partners being residents and speakers of the local languages in the study sites – facilitated the adaptation
  - Finding specific terms in each language – a challenge

# Lessons Learned To-Date...

- Stakeholders engagement – identified by our local partners and attended our first project inception in-person meeting
- Integrated Knowledge Translation approach – translatable to other settings
  - Credible study designs (used elsewhere), regular communication with the stakeholders, the discussion platform in our annual meeting among stakeholders, monitoring plans and activities – ensure the uptake of our research output
  - Our study findings (including the future methodology for surveillance of FBD) and experience – translatable to LMIC other than our study countries



# Funding

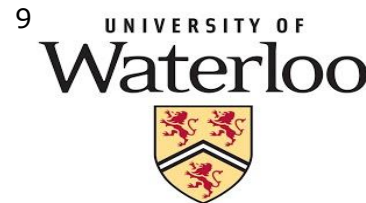
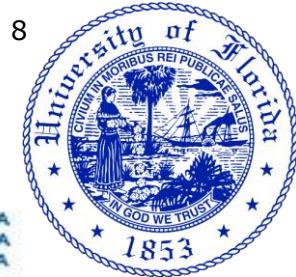
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