TEPHINET 15TH ANNIVERSARY REPORT

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OUR GENEROUS SUPPORTERS

Over its history, and with the early leadership of USAID and the continued commitment of CDC, TEPHINET has strengthened global public health capacity in more than 80 countries. Many other organizations and agencies have also contributed to TEPHINET's success. We would like to thank our donors for their generous support.

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While we have made every effort to ensure the accuracy of our donors listing, we apologize for any errors, misspellings, or omissions. In case of error, please email us at secretariat@tephinet.org, so we can update our database.

Fellow crossing a river to retrieve water samples during a Typhoid fever outbreak in Maydolong, Eastern Samar, Philippines. 2012
Greetings from the TEPHINET secretariat and from our network of Field Epidemiology and Laboratory Training Programs, trainees and graduates.

As TEPHINET celebrates its 15th anniversary, it is with great pleasure that we present to you the many milestones of our organization—reflecting on our history, observing our most recent accomplishments and planning for the future of our network.

TEPHINET was established in 1997 as a group of 12 programs. Founded in Veyrier-du-Lac, France, as an initiative of the Centers for Disease Control and Prevention, World Health Organization and the Fondation Merieux, TEPHINET’s original purpose was to serve as a common ground for exchanging information. TEPHINET has since evolved to become a recognized network with 55 member programs.

Today, TEPHINET not only creates opportunities for information sharing among member programs, but it also facilitates the development of projects in various areas of epidemiology, promotes surveillance of communicable and non-communicable diseases, and is soon to have an accrediting body for its member programs.

TEPHINET is a corps of talented and committed public health practitioners who respond to the challenges of epidemiology. They analyze the health risks and develop preventive measures to ensure better futures for people from all over the world, and by doing so, they are saving hundreds of thousands of lives.

The trained members of the TEPHINET programs are similar to firefighters converging on the same target with a combined effort to control and eventually eliminate the flames. Like firefighters, these trained members display the same dedication when targeting public health threats. Even though they represent differing areas of science and medicine—some as doctors, veterinarians, environmentalists, epidemiologists, psychologists, sociologists, nurses, microbiologists and social workers—the corp shares a common goal: To fight for better global health conditions and to save as many lives as possible.

Faced with new challenges of sustainability and diversification of the network, we are more committed than ever to continue building. We know that we cannot do this alone and for this reason, we invite you to learn more about TEPHINET, what we do and who we serve. We welcome your suggestions and innovative ideas.

On behalf of TEPHINET, I would like to thank you for your support during our first 15 years. It is with your continued support that we hope to celebrate many more accomplishments in years to come.

Dr. Dionisio Herrera Guibert, MD, MAE, BFM, PhD
TEPHINET Program Director
Advisory Board Member
My first experience of TEPHINET was six years ago at the 5th Global Scientific Conference in Brasilia, Brazil. During that conference, I felt welcomed into the global family of field epidemiologists that is TEPHINET. It was a wonderful conference, with excellent presentations by students from many programs.

TEPHINET is a global network of people and programs with a common purpose. In every continent except Antarctica, member program directors and staff strive to provide the best training in field epidemiology in over 50 countries. TEPHINET members are colleagues who support each other and share experiences and resources, meeting every two years at the Global Scientific Conference, and at other occasions such as regional conferences and program director meetings.

The TEPHINET Advisory Board is made up of regional representatives from Africa, South East Asia, the Americas, Europe and the Western Pacific, as well as key partners including the WHO, US CDC and European CDC. The board, as the name suggests, advises the TEPHINET director on strategic directions and on particular projects, as required. It has a central role in the organization of the Global Conferences. The chair, in particular, has a key role in providing advice to the director and during my time as chair, I have enjoyed a close working relationship with Professor Dionisio Herrera and staff at the Atlanta office.

TEPHINET continues to face a number of challenges and opportunities. The Network relies very heavily on funding from the US CDC, for which we are very grateful, but a single donor makes TEPHINET vulnerable to changes in policy.

Diversification of funding sources remains a priority, though this is difficult in the current global funding environment. On the other hand, TEPHINET is uniquely placed to provide access to a vital workforce in a variety of settings and this stands the network in good stead when bidding for project funding.

As TEPHINET continues to expand, there is a need to embrace a diversity of program delivery modes whilst maintaining quality of field epidemiology training. This has led in recent years to a range of quality improvement and quality assurance activities. The pilot phase of the accreditation scheme, which has been several years in development, is being rolled out to the test sites this year. The evaluation of this project in coming months will hold valuable lessons for any accreditation scheme which may be adopted in the future.

It has been a great privilege to be chair of the board for the past three years. As I end my term as chair, I wish to thank the board members, program directors and the TEPHINET director and staff who all do such hard work for the benefit of TEPHINET. The next chair will be elected at the Global Conference in Jordan in November, and I invite all network members to consider applying for this important, challenging still very rewarding role.

Dr. Paul Kelly, MBBS, DTM&H, PhD, FAFPHM
Advisory Board Chairman
The TEPHINET Advisory Board of Directors represents the six regions of the world and includes liaisons from WHO, US CDC, and the European Centre for Disease Prevention and Control (ECDC). Their expertise guides TEPHINET activities and informs member programs about key objectives and accomplishments.

**Dr. Mohammad A. AlMazroa, MD, DFE, MPH (Eastern Mediterranean Regional Representative).** Dr. AlMazroa, a physician, first joined the Saudi FETP in 1996. Currently, he is the general supervisor of Saudi FETP.

**Dr. Brigitte Helynck, MD, MPH (European Regional Representative).** Dr. Helynck received her medical degree in 1982 and public health degree in 1986 from Johns Hopkins School of Public Health. She joined the French Public Health Service in 1996 and has worked at the French Institute for Public Health Surveillance (InVS) since 2000. In 2002, she started the French Field Epidemiology Training Program. She was the EPIET scientific coordinator from 2007-2010 and is now in charge of training in the Scientific Department.

**Dr. Xiomara Badilla Vargas, Mqc, MSc (Americas Regional Representative).**

**Prof. Mufuta Tshimanga, MD (African Regional Representative).** Mufuta Tshimanga is a public health physician with extensive experience in both clinical and public health practice. He has served as the director/coordiurator of the MPH Program, a joint training program of the Ministry of Health and Child Welfare and the Department of Community Medicine at the University of Zimbabwe. He has guided the development of curricula for the establishment of a CDC-supported Field Epidemiology and Laboratory Training Program (FELTP) in 12 African countries.

**Dr. Fadzilah Kamaludin, MBBS, DLR, ITM, MMEDPH, IFETP (Western Pacific Regional Representative).** Dr. Kamaludin has been the director of Epidemic Intelligence Program (EIP) Malaysia since its inception in 2002. For the last 28 years, Dr. Kamaludin has spent most of her career in public health and initiated the concept of public health laboratories in Malaysia before spearheading the EIP program.

**Dr. Chuleeporn Jiraphongsa, MD, PhD (Southeast Asia Regional Representative).** Dr. Jiraphongsa has over 20 years of experience in epidemiology and is a faculty member of the International Field Epidemiology Training Program in Thailand. She is also vice president of the Field Epidemiologist Association of Thailand.

**Dr. Peter Bloland, DVM, MPVM (CDC Liaison).** Dr. Bloland is the director of the Division of Public Health Systems and Workforce Development (DPHSWD) at the CDC’s Center for Global Health. Prior to his appointment, he served as DPHSWD’s associate director for Science and Program from 2009-2011. In all, Dr. Bloland has over 23 years of experience working at CDC in epidemiology, malaria case management and treatment, and other areas of global health.

**Dr. Arnold Bosman, MD (European CDC Liaison).** Arnold Bosman is trained in field epidemiology, surveillance, field research and teaching. Before becoming head of the Public Health Training division at ECDC, Dr. Bosman served as a scientific coordinator at EPIET and a project leader at the National Institute for Public Health and the Environment (RIVM).
ABOUT TEPHINET

BACKGROUND
Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) is a professional alliance of more than 55 Field Epidemiology (and Laboratory) Training Programs (FE(L)TPs) with participants from over 80 countries. TEPHINET was founded in June 1997 with support from WHO, CDC and the Fondation Merieux. The network was a result of a global initiative to establish a more formal network of FETPs. Most of the programs are patterned after the Epidemic Intelligence Service (EIS), a successful training methodology in applied epidemiology for leadership developed by CDC. In 2008, TEPHINET merged with the Task Force for Global Health to strengthen support for its global activities and to promote more effective collaboration throughout the network.

Currently 8,400 public health professionals have received training though FETPs globally, including the EIS program in the U.S. The FETPs train approximately 1,050 people every year and have graduated nearly 6,950 field epidemiologists worldwide.

WHAT WE DO
TEPHINET’s credo is that public health policy should be based on good science, and that good science is embodied in the training of field epidemiologists required to master a set of core competencies during a two-year apprenticeship program. FETPs are located in the host countries. As part of the program, trainees investigate actual outbreaks and tackle other issues of public health concern, providing a valuable public health service as they acquire new skills. In most situations, the training program is 70 percent field-based and 30 percent didactic.

The greatest value of the program is the long-term application of the training over time as the graduates move into career positions as epidemiologists, substantially adding to their countries’ public health capacity. It is not uncommon for program graduates to rise within their national government and influence health policy, strengthening the evidence-based public health system.

Unlike many other programs that focus on global health issues, FETPs are sustained by local resources after the initial external investment. Capacity is developed and infrastructure is enhanced with host country buy-in and ownership. To date, most programs have been sustained for more than 10 years.

TEPHINET SECRETARIAT
Dr. Dionisio Herrera Guibert, MD, PhD
TEPHINET Program Director
Renee Subramanian, MPH, MHA
Associate Director
Daniela Salas, MPH
Program Associate
Tonya Duhart, MPA
Program Coordinator
Julia Rankine, MBA
Administrative Coordinator
TEPHINET PARTNERS

TEPHINET program members are affiliated with local, national and regional organizations including research institutes, institutes of public health, universities, ministries of health and other non-governmental organizations.

The TEPHINET secretariat collaborates with the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) to support the development of field epidemiology programs and regional networks around the world. These networks include the African Field Epidemiology Network (AFENET) in Kampala, Uganda, the Association of Southeast Asian Nations (ASEAN+3) in Bangkok, Thailand, the Eastern Mediterranean Public Health Network (EMPHNET) in Amman, Jordan, the South Asia Field Epidemiology and Technology Network (SAFETYNET) in Manila, Philippines, and the Central and South Americas Network projects that are currently being formalized in collaboration with TEPHINET in Latin America.

The South American Network of Field Epidemiology Programs (REDSUR) project is a strategic mechanism for TEPHINET to support South American FETPs (Argentina, Brazil, Colombia, Paraguay and Peru). The project also allows TEPHINET to explore opportunities to assist other countries in the region with their field epidemiology activities. As a part of the REDSUR project, we anticipate developing activities with a common goal of increasing the quality of interaction among the programs in South America and among the other member programs of the network. Additionally, the REDSUR project is expected to support an alumni network and stimulate a graduate association, with the use of mini grants and other prospective methods to support regional and sub-regional activities.

TEPHINET also participates in WHO’s Global Outbreak and Response Network, the Pacific Public Health Surveillance Network, and the American Network of Chronic Disease Surveillance Officers and works with private donors to support activities that offer extensive opportunities for networking and collaborating.

TEPHINET Key Accomplishments

EXPANDED
from the initial 12 programs to include 55 member programs, which have trained 8,400 field epidemiologists from 82 countries

CONVENED
24 regional and global TEPHINET scientific conferences with 3,900 poster and oral presentations

DEVELOPED
criteria and processes in 2012 for accrediting programs to further improve the quality of the FETPs

SUPPORTED
an average of 40 public health projects involving 80 consultants in over 20 countries since 2009

ESTABLISHED
a TEPHINET website that now hosts over 2,400 registered users and 3,000 visitors per month, and provides valuable resources such as case studies, publications, presentations and online training

TEPHINET became a program of the Task Force for Global Health in 2008. The Task Force for Global Health is a nonprofit organization based in the US, focused on improving health and wellbeing. This was a significant accomplishment for the global network.
Our Vision

TEPHINET’S VISION IS TO IMPROVE PEOPLE’S HEALTH THROUGH A GLOBAL NETWORK DEDICATED TO QUALITY TRAINING IN APPLIED EPIDEMIOLOGY AND PUBLIC HEALTH PRACTICE.

Our Mission

TEPHINET is a unique global network of field epidemiology training programs (FETPs) working to improve people’s health through quality training in applied epidemiology and public health practice. TEPHINET assists the FETPs to strengthen international public health capacity by supporting well-qualified professionals in field epidemiology training, service and networking.

Our Strategic Statement

The directors of the FE(L)TPs, in collaboration with the TEPHINET secretariat and global health partners, developed a strategic plan in the fall of 2011 and defined the following strategic priorities, activities and outcomes for the global network.

STRATEGIC PRIORITIES

• Assure the Quality of Training Programs (FE(L)TPs)
• Accreditation of Programs and Certification of Graduates
• Build a Global Community of Field Epidemiologists and Laboratorians
• Facilitate Information Sharing and Knowledge Development
• Build Organizational Capacity and Sustainability at Global, Regional and Program Levels

TEPHINET ACTIVITIES

• Continuous Quality Improvement (CQI) Process
• Criteria and Process for Accreditation, Online Training for Graduates
• Social Networking Website, Regional Network Development, TEPHINET Epidemiology Projects
• Regional and Global Scientific Conferences, Training Materials and Case Studies
• Donor Liaison, Technical Experts to Countries
• Support Project Implementation at Regional, National and Global Level

OUTCOMES

• Improve the Quality of the FE(L)TPs
• Increase the Number of FE(L)TP Graduates
• Increase the Number of FE(L)TP Member Programs

FETP resident examining a female primary school student for cutaneous leishmaniasis in Erbil, North Iraq. 2011
Initially, in 1997, a dozen FETP programs were members of the global field epidemiology network—now 53 programs offer field epidemiology training to public health professionals from 82 countries around the world.

The FETPs have expanded to meet emerging public health challenges in recent years. Twenty-four percent of programs now report offering a laboratory track for resident fellows, while 14 percent offer a veterinary track. Because many programs have close affiliations with universities (36 percent report a university as a primary host of the program), about 60 percent of the programs now offer a master’s degree in public health or epidemiology to residents completing the program.

On average, the training currently offered by the programs is 76 percent field-based and 24 percent didactic.

To date, approximately 5,000 trainees have been enrolled in an international TEPHINET field training program. There have been 3,650 graduates and 1,240 are currently enrolled. This does not include the EIS program in the U.S., started in 1951, which has graduated an additional 3,302 residents.

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**NUMBER OF KEY OUTPUTS FROM PROGRAMS IN THE LAST THREE YEARS**

- Peer-reviewed articles published
- Surveillance systems established or evaluated
- Oral or poster presentations delivered
- Investigations of acute health events

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Iraq FETP resident collecting data during Hepatitis E outbreak investigation. Babylon Province, Iraq. 2011

Collecting water sample for an FELTP study on diarrhea prevalence in children under 5 years of age. Murree, Pakistan.
MEMBER PROGRAMS

AFRICAN REGION
Burkina Faso
Ethiopia
Ghana
Kenya
Nigeria
Rwanda
South Africa
Tanzania
Uganda
Zimbabwe

AMERICAS REGION
Argentina
Brazil
Canada
Colombia
Costa Rica
Dominican Republic
El Salvador
Guatemala
Honduras
Mexico
Nicaragua
Panama
Paraguay
Peru
United States

EUROPEAN REGION
Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, Turkmenistan)
European Programme for Intervention Epidemiology Training (EPIET)
France
Germany
Italy
South Caucasus (Georgia, Azerbaijan, Armenia)
Spain
United Kingdom

EASTERN MEDITERRANEAN REGION
Egypt
Iraq
Jordan
Morocco
Pakistan
Saudi Arabia
Yemen

SOUTHEAST ASIA REGION
India—Chennai
India—Delhi
Indonesia
Thailand

WESTERN PACIFIC REGION
Australia
China
Hong Kong
Japan
South Korea
Malaysia
Mongolia
Philippines
Singapore
Taiwan
Vietnam

TEPHINET BRANCH OFFICES

Central America
Guatemala City, Guatemala

Latin America
Bogota, Colombia

South Asia
Islamabad, Pakistan

KEY

- Joined by 1997
- Joined 1998 - 2002
- Joined 2003 - 2007
- Joined 2008 - 2012
SELECTED PROGRAM HIGHLIGHTS

Although the TEPHINET global network includes numerous programs which all have significant accomplishments, the following program achievements have been highlighted to represent each of the regions.

AFRICAN REGION

- In 2011, Ethiopia FETP conducted 44 outbreak investigations, 22 disease surveillances and 44 health profile descriptions and evaluations of surveillance health systems. The Ethiopia FETP has trained over 2,150 health professionals since 2009.
- From January-September 2011, the Ghana FE(L)TP conducted outbreak investigations of herpes B, yellow fever, diarrhea, measles, cholera and rabies. This GFE(L)TP also had 18 residents selected for poster and oral presentations for the 4th AFENET Regional Scientific Conference.
- In 2011, South African FE(L)TP residents investigated 17 outbreaks, presented seven papers at national conferences and 18 papers at international conferences. They also carried out 10 large data analyses and 10 surveillance system evaluations.

AMERICAS REGION

- During the last three years, the Canadian FEP has mobilized 44 field epidemiologists to respond to 31 requests for assistance from regions across Canada. Since 2010, the CFEP has successfully hired and placed 27 field epidemiologists at provincial and local organizations across Canada. CFEP co-led the development and delivery of the Field Service Training Institute in 2010 and 2011 which hosted over 100 public health participants and facilitators from across Canada.
- The Costa Rica FETP has 30 advanced level graduates, more than 150 intermediate level graduates and 1,200 basic level graduates. CRFETP graduates are distributed throughout 109 health facilities and 29 hospitals in Costa Rica. Program graduates have had over 50 national and international publications.
- 33% of national program managers or general managers are led by Dominican Republic FETP graduates. Almost 200 health workers have been trained at the basic level, 20 are trained at the intermediate level, and 13 have graduated from the advanced level. One hundred percent of managerial positions related to epidemiology and country leads for International Health Regulations (IHR) are DRFETP graduates.
- During October 2011-May 2012, Epidemic Intelligence Service officers assigned to state and local health departments conducted 209 epidemiological investigations. The epidemiology training provided to EIS officers also provides a benefit to the global community. There are 13 international EIS officers in the Class of 2011 and 13 in the Class of 2012 (16 percent). For the Haiti response, 49 EIS officers deployed or served in the Emergency Operations Center (EOC).

EASTERN MEDITERRANEAN REGION

- Since the program began in September 2010, residents of the Iraq FETP have conducted 15 outbreak investigations and IFETP has trained approximately 100 physicians on outbreak investigation. IFETP has also established a new surveillance system for chronic renal failure and is upgrading many other systems in hepatitis, meningitis, kala azar, pertussis and typhoid fever.
- Jordan FETP implemented field studies in environmental health which included an epidemiological study of workers at the Al aekedr solid waste landfill and a study of populations living in selected risk areas around steel factories. The JFETP 9th cohort is in its second year with six residents: four Jordanian and two Syrian physicians. JFETP has participated in national surveys such as the BRFSS and nutritional survey.
- Pakistan FELTP launched the National Stop Transmission of Polio (N-STOP) in March 2011 as a collaborative initiative of the Pakistan FELTP, EPI, WHO, CDC and Pakistani provincial departments of health. As a result of N-STOP, 53 additional polio high-risk areas have been identified in Pakistan and 5,360 unvaccinated children and 2,781 religious/tribal refusals were found and immunized.
- From 2009-2011, Saudi Arabia FETP played a major role in introducing and establishing electronic surveillance systems, with special emphasis on Hajjes. SA/FETP has had a major role in designing special national surveillance systems for influenza and hemorrhagic fevers. The FETP is also responsible for the quarterly Saudi Epidemiology Bulletin (SEP) which is considered a
main literature resource on Saudi Arabian health topics. By 2011, SA/FETP had more than 130 graduates, and many are key people in various Saudi and Omani public health programs.

- The Yemen FETP 1st cohort led several high priority outbreaks in Yemen which included cholera, dengue and the first reported chikungunya outbreak. The 1st cohort, of three officers, graduated the FETP in December 2011. These three officers have been selected by the Ministry of Public Health and Population to serve as directors for the schistomiassis program and tuberculosis program and as manager of the malaria program. In November 2011, the 2nd Yemen FETP cohort, and first cohort to receive in-country training, was selected. Twelve candidates were chosen from a group of 32 trainees representing 22 governorates and 10 national programs.

**EUROPEAN REGION**

- From 2009-2011, Central Asia Regional FETP trainees completed 55 outbreak investigations and 27 planned studies. Between 2009 and 2012, the program had 51 trainees, of whom 38 graduated. All of these graduates continue working in their government health system. In 2011, the CAR FETP was invited by the World Health Organization European Office to participate in monitoring polio activities in Kazakhstan and Uzbekistan.

- Spain FETP conducted studies on maternal mortality focusing on the increase in maternal mortality associated with change in the reproductive pattern in Spain 1996-2005 and the excess in maternal mortality among women of foreign nationality in Spain during 1999-2006. SFETP also developed Epidemiologic Surveillance System Design in Guinea Equatorial in 2010.

**SOUTHEAST ASIAN REGION**

- India (Chennai) FETP trainees investigated 37 outbreaks in the last three years. Trainees and graduates are contributing to national priority health projects in maternal and child health, vaccine cold, chain and non-communicable diseases. Since 2009, 40 papers have been published in peer-reviewed journals.

- The FETP Thailand gained prompt control of the 2010 cholera outbreak among a community of migrant workers in Samut Sakorn, where the FETP team worked collaboratively with local health agencies to identify the contaminated water source. During Thailand’s 2011 severe flood disaster, the FETP established the event-based surveillance system and syndromic surveillance system in shelters.

**WESTERN PACIFIC REGION**

- From 2009-2011, the FETP Australia has graduated three cohorts totaling 20 FETP fellows. The FETP has also trained indigenous scholars which has been a key strength of the FETP. Of the 171 graduates (since 1991), 18 percent have been indigenous Australians.

- In 2011, the China FETP reached 111 program graduates. Chronic disease training was added to the FETP curriculum in 2010 and with support of CFETP, the Department of Agriculture established a Veterinarian FETP.

- Established in October 2004, with two full-time trainees per cohort, the Hong Kong FETP now has six graduates. Since 2009, HKFETP trainees have published four peer-reviewed journal articles.

- Since its inception in 2002, the Epidemic Intelligence Program (EIP) Malaysia has graduated 40 public health professionals. In 2012, EIP Malaysia and Thailand FETP participated in a joint surveillance evaluation where trainees conducted evaluations of tuberculosis and HIV surveillance systems at the border states. EIP Malaysia alumni and graduates also provide a training program for district health officers and state epidemiologists called “EIP Gives Back Program” which is a short course-training program that focuses on outbreak management and surveillance.

- Since 2009, the Philippines FETP has conducted 56 investigations of acute health events. The PFETP began in 1987 and has had a total of 92 graduates. In the past three years, PFETP has delivered 27 oral and poster presentations.

- Singapore FETP is pioneering epidemiological training for non-medical graduates to overcome the shortage of medical manpower and to ensure that they have equivalent standard skills. In 2011, S-FETP conducted a Joint Workshop on the development of case studies on infectious disease outbreaks with WHO and the EIP Malaysia.
TEPHINET supports over 40 projects with nearly 80 consultants in more than 20 countries worldwide. These projects range from FETP strengthening and capacity building in countries to supporting the development and implementation of public health interventions and surveillance projects. Some topics of focus include HIV/AIDS, influenza, ethics, polio and non-communicable diseases.

THE GLOBAL NETWORK OF FIELD EPIDEMIOLOGY (LABORATORY) TRAINING PROGRAMS (FE(L)TPS)

TEPHINET provides administrative, managerial and logistical support to over 10 FE(L)TPs, enabling residents, faculty and graduates to participate in outbreak investigations, travel to conferences and meetings and conduct individual studies. With the support of TEPHINET, these FE(L)TPs have selected lead technical advisors and a few have established local offices.

TEPHINET also supports the network of FETPs through regional and global initiatives such as the development of the regional networks, global networking projects, scientific conferences and the accreditation of programs. TEPHINET works closely with Latin America FETPs to formalize the regional networks in Central and South America. The network and monitoring projects are designed to enhance collaboration and foster scientific exchange among public health professionals on a regional and international level throughout the year. The accreditation project focuses on the quality of the FETP training and recognition of the programs in country to support outbreak, surveillance and response activities. In order to be eligible for accreditation, the program must focus on field training, have established core competencies that are integrated with country priorities, and have graduated at least one cohort.

NON-COMMUNICABLE DISEASES (NCDS)

NCDs, which typically encompasses many chronic diseases, have become a leading priority in public health globally. From 2009-2012, TEPHINET has managed 11 NCD projects. It is through these projects that three FETPs have established NCD coordinators to assist in the development of new curricula, support fellows to attend NCD meetings and workshops, and complete surveillance studies on nutrition and school violence. In 2011, 11 mini-grants, from various countries, were selected to analyze topics such as low birth weight, early mortality, smoke free environment policies, occupational injuries, obstetrics programs and diabetes mellitus.

GLOBAL AIDS AND INFLUENZA PROJECTS (CENTRAL AMERICA)

The Global AIDS Program in Central America’s overall purpose is to strengthen strategic information in HIV/AIDS surveillance. Through the years, GAP/CAP has successfully developed and implemented assessments to identify needs for STI & HIV integrated services, performed sentinel epidemiological surveillance (VICITS) in Panama, Honduras and El Salvador, and conducted a behavioral surveillance survey in Honduras. GAP/CAP also developed a national system for monitoring the care of patients living with HIV/AIDS in Panama.

The Central America Influenza Project has conducted activities including Avian Influenza, H1N1 surveillance in Costa Rica and Nicaragua, flu vaccine surveillance in El Salvador, and sentinel surveillance in Costa Rica and the Dominican Republic. Through these activities, the Influenza Project has been able to build capacities, standardize surveillance procedures and investigate numerous outbreaks as well as new cases.
Presentations were delivered at national, regional and global conferences (including TEPHINET-sponsored conferences), to local government officials and decision-makers, and as part of outreach or training to the community or other public health practitioners. The trainings and training materials were most often for FETP program residents. The questionnaires were most often for outbreak investigations. Technical assistance was delivered to the FETP for outbreak investigations, presentations and publications, but also to the public during outbreak investigations and to local organizations such as hospitals for development of emergency plans and the like. Other activities included data analysis, collection, reporting, or pilot testing for public health projects, review of abstracts submitted to conferences or the selection of residents.

TEPHINET invites all members of the network to view presentation and publication content in the online library at www.tephinet.org.
TEPHINET SCIENTIFIC CONFERENCES
The first Global TEPHINET Scientific Conference was held in Canada in 2000. Since then TEPHINET has co-sponsored a global conference every two years in various countries (Spain, Brazil, Malaysia and South Africa). In 2012, TEPHINET will host the 7th Global Scientific Conference in Amman, Jordan. Global scientific conferences are essential to TEPHINET as they allow FETP residents, graduates, mentors, directors and other public health professionals to share information, develop professional relationships and share their program achievements with the FETP community.

The first global conference had a few hundred abstracts submitted for presentation; however, the most recent global conference had 670 abstracts submitted from all regions of the world, one-third of which were selected for presentation.

Regional conferences are held during odd years in each of the six regions. These regional conferences provide an opportunity for FETP members to network on a more local level and to share their experiences with colleagues from neighboring countries.

EIS International Night occurs every year during the CDC Epidemic Intelligence Service Conference. On this night, selected FETP trainees and graduates showcase their field studies through poster and oral presentations. Co-sponsored by TEPHINET and CDC, International Night is an EIS tradition which offers a valuable opportunity to incorporate international perspectives into a local conference. Like the scientific conferences, International Night has seen an increase in abstract submissions; however, few abstracts can be presented during this short forum.

Every year TEPHINET co-sponsors the European Scientific Conference on Applied Infectious Disease Epidemiology with the ECDC and with participation from the European FETPs. Recently, the Brazil and Colombia FETPs have developed international sessions during the FETP annual conference in the Latin America region.

PUBLIC HEALTH TOPICS MOST OFTEN PRESENTED AT TEPHINET SCIENTIFIC CONFERENCES
- Food and Waterborne Diseases
- Respiratory Diseases
- Vaccine-Preventable Diseases
- Surveillance System Design and Evaluation
- Vector-Borne Diseases
- Maternal and Child Health Issues (including HIV from mother to child)
- HIV/STI
- Zoonotic Diseases
- Environmental and Occupational Health
- Chronic Diseases

Other topics include domestic abuse, substance abuse, disabilities, mental health, injuries, laboratory practices, policy analysis and service delivery.
CONFERECE WORKSHOPS

Typically, 10-15 workshops precede TEPHINET global scientific conferences. The host country FETP, CDC and WHO often sponsor a workshop along with private or other public health organizations that collaborate with the network and sponsor residents to attend. Regional TEPHINET conference workshops often focus on issues that are endemic to that region. Examples of workshops offered at conferences include: laboratory biosafety, scientific writing, inter-country surveillance system design, grant writing, developing online surveys, ethics, zoonotic diseases, non-communicable diseases, and mobile-based surveillance for large gatherings.

THE MOST RECENT GLOBAL CONFERENCE HAD 670 ABSTRACTS SUBMITTED FROM ALL REGIONS OF THE WORLD

549 participants from 55 countries attended the TEPHINET 6th Global Scientific Conference, Cape Town, South Africa. 2010

Dr. Thomas R. Frieden, director of CDC, at EIS International Night, 2012

Drs. Paul Kelly, Dionisio Herrera, and Kevin De Cock, director, Center for Global Health, CDC present Dr. Luka Ibrahim, Nigeria FELTP Graduate with the William H. Foege Award.
SOCIAL NETWORKING BETWEEN CONFERENCES

The TEPHINET website, www.Tephinet.org, includes a number of social networking, educational and training tools that allow colleagues around the world to share ideas and to learn from each other throughout the year.

Since January 2011, tephinet.org has had 45,041 visits from 175 countries and territories. To date, the online network has over 2,400 registered users. Online users with verified accounts have access to a directory of registered members, field epidemiology and public health job postings, and announcements about opportunities for FETP trainees and graduates. Each TEPHINET member program can create a program web page where they can announce events, upload materials, create their own calendar, open a discussion forum, and much more.

The online Library includes case studies, training materials, curricula, conference abstracts and presentations. Verified users can create interest groups that can be open to all members or can be private and accept other members by invitation only.

TEPHINET has also developed an extensive and customizable training platform that allows for online meetings and trainings to be delivered remotely, recorded and archived. Our website also allows for live streaming of conferences and meetings to computers and mobile devices. Participants attending the session remotely have the opportunity to ask questions or make comments through a live chat.

Join our online community to access the benefits of TEPHINET.
TEPHINET FUNDING FOR 2012

We appreciate the opportunity to share TEPHINET’s history and progress over the past 15 years. We look forward to new partnerships and collaborations. We welcome you to become a part of our future, as we strive to:

- Increase the public health workforce capacity in countries through the FE(L)TPs and field epidemiology projects across the globe.
- Expand the reach of our global field epidemiology projects and increase public health collaboration across countries and regions.
- Support global surveillance and response efforts and information exchange.

TEPHINET REVENUE BY PROJECT, 2012*

The distribution of project funding varies each year, however for the last few years between 65-70 percent of the total funding is directly related to support for the FE(L)TP programs, residents and graduates. All other funding supports key field epidemiology projects that FE(L)TP graduates may join and that are high priority in that country. In the last three years we have seen an appearance and continued increase in non-communicable disease funding and activities.

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**FELTP** (not NCD-related) projects include activities in Afghanistan, Central America, Central Asia, Egypt, Haiti, India, Iraq, Morocco, Pakistan and Yemen.

**FELTP** (NCD-related) projects include work in Brazil, Colombia, Jordan and Tanzania.

**Global AIDS Program** operates in Guatemala, Honduras, El Salvador and Panama.

**Central America Influenza Project** includes interventions in Costa Rica, Nicaragua, Guatemala, El Salvador, Panama and Honduras.

**Latin America Regional Networking** includes Central America and the South America’s network of FETPs (REDSUR) project. The REDSUR project includes Argentina, Brazil, Colombia, Paraguay and Peru.

**Other** includes support for field epidemiology projects, interventions and grants to trainees with 3 percent allocated to Bioethics activities and 2 percent to TEPHINET scientific conferences. Bioethics workshops include representation from the Central and South American and the Eastern Mediterranean regions. TEPHINET Scientific Conference funds support presentation and networking opportunities for TEPHINET member program directors, graduates and fellows across the globe.

*The data is for the 2012 federal fiscal year.

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TEPHINET is a program of the Task Force for Global Health, Inc. Additional information about The Task Force is available at www.taskforce.org. Financial documents are available at www.taskforce.org/financial-documents or email us at secretariat@tephinet.org.
FRONT COVER PHOTOS TOP: Researcher examining sample for diagnosis of Chagas Disease, Altamira, Brazil. August 2010; MIDDLE: Child from the Colombian Amazon; BOTTOM: Female child receives Vitamin A at Losirwa Village, Monduli District, Tanzania. August 2011; BACK COVER PHOTOS TOP: Laboratory analysis BOTTOM: Epidemiological study of workers at the Al aekedir solid waste landfill, Jordan. 2011