2014 TEPHINET FETP Directors Meeting

Summary Report

Kuala Lumpur, Malaysia
11/13-15/2014
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Attached Documents

- Group Discussion list
- List of Programs that presented a poster during the meeting
- List of Attendees
Introduction

The TEPHINET Program Director's Meeting on November 13 to 15\textsuperscript{th} of 2014 took place in the Institute of Health Management of the Ministry of Health of Malaysia in Kuala Lumpur, Malaysia. On November 16\textsuperscript{th} 2014 the TEPHINET advisory board also held a meeting.

47 Program Directors of the 59 members programs were present. Representatives from CDC, ECDC, WHO and GOARN, as well as the trainees of the Malaysia EIP were also in attendance.

This meeting was an important opportunity to discuss the vision of TEPHINET, the role of the Secretariat, activities in the regions, the principal activities of the programs and explore opportunities of collaboration with other partners of the global network. In the meeting we had an opportunity to discuss the implementation of key projects such as the accreditation of member FETPs and standards of quality assurance in training, so that any graduate of an accredited FETP/FELTP will be held to an international standard.

**Objectives of the Meeting:**

The main objective of the meeting was to discuss the above activities and set priorities for the global network in order to establish a clear implementation agenda for the coming year.

As a result of the discussions during the meeting, the secretariat compiled useful information regarding:

- Priority activities of the global network
- Information about the progress of quality assurance and information sharing initiatives, including regional and global conferences, website improvements, and preliminary information about the accreditation process
- Information about opportunities for programs to collaborate; for example in a surveillance at the national, regional and global levels
- Strategies to improve the sustainability of the programs and the global network and further incorporate alumni into activities
- Information about the FETP activities in relation with the Ebola response

The meeting was structured so that after each plenary session, small groups discussed the topics of the presentation. Small groups were different each time, and afterwards a representative from each group presented the results of their discussion to the whole group and answered questions.

A wide range of feedback was provided in each session by the participants on each of the topics. On the first day, each group discussed similar topics in relation to the plenary session. Per the suggestion of a few Directors', the second day's discussion groups were split up so that each group discussed one key aspect from the plenary session. This was to avoid repetition of agenda information.
This summary report includes primary points from each session and general comments from participants, but does not necessarily provide all details discussed.

All the information from the meeting, including the pictures of the meeting, the posters submitted by most of the programs participants and all information regarding the accreditation process is available on the TEPHINET website (www.tephinet.org).
Summary Agenda

Thursday, November 13th

Introduction
Malaysia EIP
FETP’s Impact in the Support of MOH Activities and **Sustainability of the Programs:** Thailand, Jordan, & Zimbabwe
Small Group Discussions & Presentations
The Importance and **Role of Alumnae** in FETP: India & Philippines
Small Group Discussions & Presentations

Friday, November 14th

Short Update on the Accreditation Project
The Importance of **Quality in FETP Training:** CDC, EPIET, and Kenya
Small Group Discussions & Presentations
Disseminating Information about FETP Activities Locally, Regionally, and Globally: Australia, Brazil, & China
Small Group Discussions & Presentations

Saturday, November 15th

Regional Meetings
Regional Overview Presentations
**Ebola response update** from Nigeria, CDC, and GOARN
TEPHINET Secretariat Presentation
Skoll Project Presentation
DAY 1

Plenary Presentations: Malaysia Epidemic Intelligence Program (EIP)

Presenter: Dr. Rosemawati Ariffin

- How does the Ministry of Health fit into the public healthcare system?
  - Centralized system under the federal government
  - Disease surveillance system (especially for notifiable diseases) for outbreaks and unusual occurrence of diseases
  - 145 district health offices around the country
  - First level training for EIP: public health physicians working at district, state, institution, or ministry level. They stay in their own place of work and attend didactic class once every 2-3 months
- Challenges: since fellows stay at their full-time job, they need to manage time well to complete training activities
- Many graduates of Malaysian MPH programs find out once they start working in the districts that they need strong epidemiology and surveillance skills, so they want to join the FETP to strengthen their biostatistics skills
- Will pursue TEPHINET accreditation

Plenary Session: FETP's Impact in the Support of Ministry of Health Activities, and Sustainability of the Programs

Presenters: Chakrarat Pittayawonganon (Thailand), Ibrahin Iblan (Jordan), Mufuta Tshimanga (Zimbabwe)

Moderator: Linda Quick. MD (CDC)

THAILAND Presenter- Chakrarat Pittayawonganon, MD
- Started in 1963 as an epidemiology project under Department of Health; FETP established in 1980 under Ministry of Public Health, WHO, and CDC
- "Learning through providing service" -- 35 years
- Disaster response -- airplane crashes, floods, incident command system
- In 2013 they developed an NCD track of the FETP with a revised curriculum focusing on NCDs
- Includes veterinarians for diseases transmitted by wildlife, as well as non-MDs
- Challenges: public health needs and training quality, recruiting new fellows, motivation for long-term trainers, and incentives for residents

JORDAN Presenter- Ibrahin Iblan, MD
- Jordan’s FETP is currently fully supported by the Ministry of Health
• Graduates of the FETP now work in 10 of the 12 governorates in the ministry, supporting work across various programs – mortality & outbreak surveillance; Behavioral Risk Factor Surveys for NCD risk
• Another major project for FETP residents is that they collect and regularly present information for the Jordan Infectious Disease Information System (JIDIS); includes an electronic database and reports
• Other activities that FETP residents contribute to include outbreak investigations and response to the Syrian refugee crisis
• Multinational investigations with WHO, and helped establish FETPs in Iraq and Yemen

ZIMBABWE Presenter - Prof. Mufuta Tshimanga
• FETP started in 1993
• Program is housed within the MOH/Child Welfare headquarters as well as University of Zimbabwe
• Doesn’t just accept doctors, but other medical backgrounds as well, and graduates receive an MPH at the end (“foot soldiers for public health”)
• Development of management skills is a key focus of the program
• Emphasis on collaboration and networking, by attending conferences
• Large contribution to the public health system and workforce with 20 years of teaching
• Faculty base is well-connected
Small Group Discussions and Presentations

A wide range of feedback was provided regarding how programs can grow and be sustained. Additionally, groups discussed how FETPs impact Ministry of Health priorities and further build the public health capacity in their host country.

Challenges facing programs:
- Ongoing funding issues
- Hard to retain FETP graduates once trained (many work outside the country system after graduation)
- Recruiting high quality candidates, as well as good mentors
- Graduates might not be placed where they can practice their skills and make the best impact
- Countries may not have internalized their program, and universities have to keep affirming the importance of the FETP
- Tracking mechanism
- One size does not fit all: adjusting FETP to meet needs of each country

Ideas for growth:
- Regional programs can assist with advocacy at the country level
- FETP alumni associations
- Accreditation of graduates
- Use Ebola response as a way to increase awareness beyond clinical care (surveillance and outbreak investigation)

How can TEPHINET help?
- Improving TEPHINET webpage to truly facilitate communication between FETPs
- Clarify role with WHO and GOARN
- Sponsor alumni database
- Begin accreditation process
- Help facilitate common regional activities (joint outbreak investigations)
- Help provide incentives for mentors: organizing trainings, information sharing
- Improve interactions between regional programs (sharing of best practices)
- Availability of training materials, or perhaps a standardized curriculum that still allows for different modules for different tracks
- Develop an electronic (closed, online) communication network for informal communication between programs
Plenary Presentations: The Importance and Role of Alumnae in FETP Training and Project Implementation

Presenters: Sanjay Mehendal – India, Nemia Sucaldito – Philippines (Ronald Skewes from the Dominican Republic was scheduled to present; but arrived late due to travel issues)

INDIA Presenter - Sanjay Mehendal

- Introduction to Indian FETP and how it fits into the National Institute of Epidemiology and Indian Council of Medical Research
- Program started in 2001, with 75% of residents' time spent in the field
- MPH degree program focused on Health Services Development and Research was launched in 2008
- Focus on aligning FETP with health system goals
- Dr. Sanjay discussed the alumni network and database they have created in India (IFANet), which helps develop and maintain the network of graduates
- Alumni serve as mentors for current residents and as co-investigators for implementation of current projects
- Upcoming projects include establishing an online discussion forum for sharing experiences

PHILIPPINES Presenter - Nemia Sucaldito

- Field Epidemiology Training Program Alumni Foundation, Inc. – FETPAFI – was established in 1995
- Includes 103 graduates (81 active members) based in 11 regions
- FETPAFI has implemented 38 WHO-funded projects
- Provides assistance to graduates: medical and bereavement assistance, life insurance, career opportunities
Small Group Discussions and Presentations

Small groups discussed how programs can improve and collaborate with each other in terms of maintaining contact with alumni and utilize them in program activities.

Ways to better track alumni
- Database would be great: however, needs motivation/buy-in, time, commitment, and personnel to create and maintain information
- Incentives and benefits to participate and stay connected with programs
- Annual meetings?
- Utilize Facebook – sort of an existing database

Additional support/resources needed
- What is the incentive for programs to track their alumni? To help with emergency outbreaks, mentorship, understanding the true impact of their program
- Database creation (Secretariat?)
- Financial support for alumni to attend conferences
- Mini-grants

Ways to use alumni network to support program implementation
- Exchange program between regions
- Engaging them in selecting new fellows (if possible)
- Have graduates write “testimonials” to help with fellow recruitment

General consensus:

*We need to think about how to utilize resources and suggestions about alumni networks from other organizations. Support and resources are needed to grow a successful alumni network, helping programs, fellows, and graduates to answer the question: “What’s in it for me?”*
DAY 2

Short Update on the Accreditation Project
Presenter: Dionisio Herrera and Erika Meyer (TEPHINET Secretariat)

- History and description of the process
- Purpose of accreditation, as well as the set of standards that guide the process
- Secretariat’s involvement: coordinating the Accreditation Working Group (AWG) and consultants, identifying reviewers and Global Accrediting Body (GAB), customizing secure online data entry for applicant programs and reviewers, developing online orientations, compiling final manuals, website
- Description of key parties involved: AWG, GAB, TEPHINET Advisory Board, and reviewers
- Showing the website, online survey platform, program orientation, and flow chart, as well as list of required documents at various stages
- Pointed participants to TEPHINET website to see program manual and orientation

Discussion:
Programs should not feel rushed to apply for accreditation. For example The Canadian FETP has spent the last five years preparing for application and still do not feel fully prepared.

Will there be a fee?
The important thing is to consider the aspect of the fee for the accreditation process in the future. At this moment, we have funds to start with the process but this is not how the accreditation process will progress since it might be a few years into the future when the programs will apply for accreditation. Programs should anticipate the expenses and include this in their budget (~$25,000) and remember that the majority of the expense comes from traveling the accreditation team to the field, etc.

What happens when there is a complex structure to the program, that includes the program interacting with universities? Can they be accredited individually, or only as a whole program? The manual, as it stands, is focused on the program, not the universities. This a question we will need to address moving forward.
Plenary Presentations: The Importance of Quality in FETP Training: CDC, EPIET, and Kenya

**CDC Presenter:** Dr. Linda Quick, CDC, DGHA

- Provided a description of the self-assessment tool that the AWG has put together for programs considering application
- Will be available to programs considering application through the TEPHINET website

**KENYA Presenter:** Dr. Samuel Amwayi

- Relatively new program, first cohort graduated in 2004
- Major challenges: lack of standardization with country customization
- Complacency as program matures, so the quality of the training decreases
- Fellows struggling to manage academic and field requirements, so there are high rates of attrition
- Public Health Grand Rounds has been implemented to disseminate information and encourage collaboration with University of Nairobi School of Public Health
- Working towards increasing graduation rates

**EPIET Presenter:** Yvan Hutin

- Description of EPIET and EUPHEM (Public Health Microbiology)
- Input, process, and output: guiding principles of quality assurance in EPIET (for fellows, training modules, scientific coordinators, and training site supervisors)
- Fellows have reported similar obstacles to completing fieldwork: travel, time management, finding an outbreak to work on, and supervision at their training sites
- Using a continuous quality improvement process to learn from each cohort
**Small Group Discussions & Presentations**

What role can partner organizations, mentors and regional networks play in supporting quality training resources?

- **PARTNER ORGANIZATIONS**: Assist, liaise in advocacy with other donor agencies; assist in establishing core competencies of programs;
- **MENTORS**: application of new tools and technologies, ensuring core competencies are met in the field by channeling and triaging issues to appropriate experts
- **REGIONAL NETWORKS**: can provide financial and technical support, continuing education for mentors; supportive supervision

What are some main challenges to quality improvement? Have other programs faced these, and what are some potential solutions that may or may not have been implemented?

- Supervisors use students as workforce, not necessarily for epidemiologic work
- Trainees and supervisors usually have another full-time job (pros and cons)
- Graduates lose incentive to join program or continue with it if they don’t see career advancement as one of the main benefits
- Lecturers usually don’t have field experience, so limited expertise to contribute
- Challenge of converting the outputs to action (policy, regulation in-country)

**Solutions:**
- Commitment for graduates to work in their country system for at least *x* years;
- Supervisors can be more effective if they go through program themselves
- Manuscript development can increase commitment
- Improving selection process/SOP for trainees, mentors, and training sites
- Specific budget from national government
- Introductory workshop to maintain the quality of supervisors
- Define explicit ratios for residents: supervisors
- Core competencies for supervisors and mentors should also exist
- Using MoH connections and other stakeholders better
- Monitoring and evaluation criteria defined better

What are some success stories in FETP quality improvement?

- New technology: apps, tablets/smartphones, real-time data sourcing, Adobe Connect to review presentations
- Site visits: establish rapport, new placement orientation, can help remotivate old sites and supervisors
- Assessments: of trainees, facilitators, content (using principles of adult-based learning); also of outputs by objective authorities
- Exit interviews by graduates and supervisors
Plenary Presentations: Disseminating Information about FETP Activities Locally, Regionally, and Globally: Australia, Brazil, & China

AUSTRALIA
Presenter: Martyn Kirk
- Communications and TEPHINET Vehicles
- 15% indigenous students

TEPHINET global conferences: program fellows look forward to these events
- Good advocacy tool but high cost
- 2014 global conference cancelled
- Management is a lot of work
- Lack of guidance of conduct/policy for how conferences to be administered
- Regional conference had a lack of cohesion: lots of multiple presenters, alumni presenting, over 30 orals from one FETP
- TEPHINET abstracting system: needs an overhaul
  - Surveillance evaluations weighted poorly (field vs. RCT), acceptance and scoring process unknown
  - Abstract guidelines for fellows needs finalization (from Mohammad and Donna?)
- Improving process (develop discussion points, application process)

BRAZIL
Presenter: Marta Paiva
- Locally: use Illuminate and Moodle to do trainings
- Nationally: presentations at national conferences, such as EXPOEPI and scientific conferences of EPISUS
- Fellows send summary reports for REDSUR/TEPHINET bulletin, and other scientific bulletins
- Create a session for FETP directors to share their best practices to reward the top directors
- For global conferences: submission of applications and abstract reviews should start earlier
- Have separate sessions for trainees and graduates to better fit their level of experience
- Allow other epidemiology professionals to attend, with the understanding that they are responsible for their expenses and cannot present
- Set fair and clear criteria to ensure the participation of all countries
- Reduce frequency of regional conferences and increase national conferences to annually, with more support from the regional network & inclusion of international session at each conference
- Journal collaboration: national epidemiologic journal in Brazil, and MMWR at CDC
- TEPHINET Library: would appreciate translation of materials online into at least Spanish (if not Portuguese, French), and perhaps charge a membership fee for those not associated with an FETP

CHINA Presenter: Guoqing Shi
- Large FETP family and tries to take advantage of all the information out there: annual compilation of all cohort reports
- Monthly newsletter
- Biweekly dispatch of information and moving towards a weekly newsletter similar to CDC’s MMWR (all can be downloaded on their website)
- Not just for information sharing between residents, but also a strategic way to communicate with stakeholders about training
- Annual conference CFETP since 2006 (about 400 participants)
Small Group Discussions & Presentations

Any updates or recent changes to how Programs are disseminating their information and to whom?

- Bulletins: share outbreak, news on activities, surveillance update (some weekly, some biweekly, some monthly)
- Sharing latest info via WhatsApp group message
- Monthly and annual reports to AFENET, CDC
- Using TEPHINET site for international communication
- Moodle courses for professional ethics trainings

Some examples of what has worked and what has not to get people who are external to the Program informed about key activities and accomplishments of the Program

- Regular updates on activities e.g. Daily reports on outbreak investigation findings
- Media coverage (As tool to gain politicians’ interest and get funds)
- Program website
- “Postcards from the field”, e.g. stories on activities of fellows on international assignments to help gain public buy-in and understanding
- Social networks e.g. Twitter, FB, etc. for specific events
- Manuscripts/ abstracts on fellows’ assignments
- Fellows give brief introduction on program when presenting at conferences
- Explain how the program can benefit a country (gain interest of that country)

What has not worked:

- Failure to inform top management may get us into trouble
- Language too technical
- Not keeping the locals in the loop on what you are doing
- Printed materials e.g. pamphlets and electronic information – if not the right audience

Particular regional or country challenges for information dissemination

- Quality of information (timeliness and accuracy)
- Approval from different level of managers before dissemination
- Transformation of the information/different target audience
- Limited resource to transform data into information for dissemination
- Financial gaps
  - Conference participation
  - Journal fees
  - Communication campaign
- Technology and communication barrier
  - Limited accessibility for some programs due to lack of English, high-speed internet, consistent phone access, etc.
• Impact of the information
  o Political issues

Key strategies and next steps for updating content on the TEPHINET library, including publications by the global network, e-learning, case studies, scientific conferences and e-journal collaborations, etc.

• TEPHINET library is slightly difficult to navigate
• Need registration to use
• Countries don’t share the training material → Need to translate the training material
• Program Directors are not well informed about the library menu in the web
  o Strategies:
    o Content: per specific topic, eg: Outbreak Investigation, trainings, case studies,
    o Sharing material become a part of accreditation → agreement from each country for publication
    o Consensus from the Program Directors’ meeting to make the materials published

Key next steps for improving information dissemination and how TEPHINET can support this:

• Conduct information & communication assessment (need to also determine capacity)
• Determine communication point of contact for each country
• Improving internal & external communication infrastructure
  – Equipment
    • E.g. Internet connectivity
  – Updated, user-friendly, and accessible communication mechanism
    • E.g. websites for program and TEPHINET site
• Develop communication plan - programs & network
  – Feedback, monitoring, methods, sources, audiences, and type
• Strengthen scientific writing among graduates for manuscript development
DAY 3: Regional Meetings and Presentations

AFENET

Major accomplishments

1. FETPs exist in most of African countries and provide surveillance work force
2. New FETP programs: West Africa program (Francophone countries: Benin, Burkina Faso, Cote d’Ivoire, Guinea, Mali, Niger, Senegal, and Togo)
3. Ghana’s achievement: recruiting trainees Sierra Leone, Gambia, Liberia) -- three year program funded by World Bank [Zambia, Malawi, Botswana]
4. Nigeria containment Ebola using the FETP residents for contact tracing
5. Increase in intake of trainees
6. Having strategic plans for each program

Priorities

1. Containing Ebola Viral disease and enhancing the preparedness
2. Expanding FETP in countries that do not have it
3. Ensuring the sustainability of the programs: by advocacy, funding, involving private sector
4. Quality improvement through different mechanisms e.g. peer review, accreditation, self assessment (internal & external) of FETPs

Ebola response

1. Countries have responded to the Ebola outbreak in West Africa by sending personnel through different mechanisms. Zimbabwe, South Africa, Kenya, Tanzania, Ethiopia, Nigeria, Namibia, Uganda
   • Sent FETP graduates and professionals to west Africa
2. Countries have set a preparedness and response plan at airports, land ports and have prepared isolation facilities.

Challenges

1. Over training for some countries e.g. Namibia (think of regional programs e.g. West Africa program)
2. Career progress for the graduates – think of involving the respective ministries before and not after the graduation.
3. Financial sustainability – cost sharing, involving the private sector, advocacy to politicians etc., each program to have a strategic plan.
4. Having fixed training sites that are self-sustaining
Americas Region

Pros:
- Exchange of fellows,
- Exchange of Experiences
- Online Courses
- Accreditation Process

Cons:
- We don’t have the ‘we’ feeling
- Time for meetings is limited
- Financial limitations

Proposed solutions:
- Meetings (online/ video conferences) exchange information /experiences
- American Network
- Incorporate USA/CANADA/MEXICO
- Promote FETP for rapid response
- First American meeting in Mexico can help with a feeling of collaboration

Eastern Mediterranean Region

News updates:
- Annual conference and graduation (cohort 1) in Yemen in 2014
- FETP resident from Egypt in Liberia for the Ebola outbreak
- Outbreak investigation training in Ethiopia for Yemen FETP residents
- ToT workshop on Emergency and response for Iraq IDPs (EMPHINET)
- MERS-CoV ongoing investigation (Jordan)
- Egypt and Pakistan FE(L)TP part of Emergency Response team for Ebola
- Naegleria fowleri outbreak in Pakistan
- Syria refugee crisis: Jordan FETPs in charge of routine surveillance
- Mentor training workshop (Egypt, Yemen, Iraq)
- Jordan: presentation international meeting for emerging diseases in Vienna
- Yemen: 6 FETP graduates in the STOP team
- Egypt and Pakistan: one-health course in Florida

Priorities and challenges

Priorities
- Jordan, Egypt need to have a RA
- Egypt: plan to start the self-assessment for the accreditation process

Challenges
- Jordan: Syrian crisis, funds and technical assistance
- Regional training: VISA issues, etc
• Egypt: availability of training material, difficult to gather all residents for training
• Yemen: funds and technical expertise
• Morocco: transition period

Security issues
• Yemen: RA not allowed to stay in the country
• Iraq and Yemen: Most activities conducted outside the country
• Pakistan: many areas of the country not accessible, difficult to receive support from CDC TDYs

Activities for 2015
• Yemen: second national conference
• Pakistan: first national conference
• Egypt: abstracts accepted at the 7th international conference on health issues in Arab communities (Oman)
• Jordan: plan to have the first national conference

EURO
• Sustainability/financial commitment
• Sufficient number of training staff
• Sufficient number of qualified supervisors
• Inclusion of non-communicable diseases
• Regional programmes: agreement among participating countries

• Challenge with EU/non-EU countries
• ESCAIDE conference (European conference on Applied Infectious Disease Epidemiology)
  – TEPHINET co-organizer
  – Opportunity for fellows to present their achievements
  – Programme director meeting
• No “formal” network so far
  – Need for more exchange
    • Teaching in modules
    • Joint investigations (match fellows for OBI)
  – New programmes can learn from more experienced ones
  – Start regular telephone conferences
    • Update on current issues
    • ECDC to investigate technology

SEARO

• Country program setup varies by country needs and resources
  o 2 year or 1 year or 6 months
  o Full time or part time
○ Fund by Gov or external funding  
o Ministry or University or mixed  
o Entry criteria  
o Degree or non-degree  
o Vets (FETPV)

Current projects
- Ebola and MERS-CoV preparedness  
- Measles outbreak in Vietnam, Indonesia Philippines, and China  
- NCD (Hypertension, Smoking, Cancer, Injury) in the regions  
- SFTS( Severe Fever and thrombocytopenia Syndrome) in Korea, Japan and China

Priorities and Challenges
- Cross border preparedness  
- Quality of graduates and programs  
- Promotion of joint training  
- IHR & APSED  
- Funding and sustainability  
- Sharing data and releasing sensitive outbreak information  
- Hot spot of emerging & re-emerging infections  
- Impact of open border effect AFTA  
- Regional coordination of FETPs

Quality Improvement
- FETP Accreditation  
- Sharing best practices(technical or management)  
- Regional Conference in 2015?  
- Getting laboratory, environmental and zoonosis involvement (One Health)  
- Continuous education of supervisors and alumni  
- Use new technology and teaching methods
Ebola response update from Nigeria, CDC, and GOARN

Nigeria: discussion of the FETPs response to the initial outbreak in Lagos

- Media control
- Political will: money released immediately from Nigerian president, incentives provided for health workers including life insurance and PPE
- Questions re: media control, managing public fear
- Mentioned that the FETP was included in the response from the beginning of the outbreak
- Participated in the tracing of cases
- Built on the experiences of the Polio Eradication action in the country
- Coordination by the government in the response
- Maintained adequate protection for the public health participants responding to avoid further spread/contamination

Linda Quick (CDC) – FETP and Ebola

- 48 Medical epidemiologists from FETPs have been deployed to West Africa, more scheduled to be deployed soon
- African Union Support to Ebola Outbreak in West Africa (AESOWA) – with CDC, AFENET
- AU-FETP Team conducted a community-based survey on secret burials
  - Concern that unsafe burials were happening in secret
  - Collected community perceptions
- Launch the West Africa FETP in early 2015 (based in Ouagadougou)
  - Train front-line governmental public health workers in basic field epi skills
  - Strong Ebola focus
  - Launching in January

Tony Stewart from GOARN: Global Outbreak and Response Network (WHO)

- Established in 2000
- Mechanism needed for rapid response to outbreaks
- Capacity-building
- TEPHINET is a founding member of GOARN with the CDC, AFENET, and EMPHENET and members of other international institutions
- **STEPP strategy: Stop** the spread (surveillance, contact tracing, safe and dignified burials, IPC training, community education), **Treat** those affected, **Ensure** access to essential services, **Preserve** the stability of societies, **Prevent** new outbreaks

TEPHINET advantage

- Relevant field experience
- Language experience

What is the role of FETP grads and GOARN?
- Non-AU countries can be brought in to help
- If you’re deployed through GOARN you get the benefits of a WHO/UN employee
- Important to consider the role of the government: some governments may block their epis to go because they don’t want to pay for med evac or life insurance (ex: Kenya, Canada doesn’t have an international mandate)
- Psychological impact training for pre-deployment (mental health training) training
  ○ How do you get the international experience if you don't have the international experience?
- Deployment continuity?
  ○ Pre-formed teams
  ○ Twinning (adopting a district)
- Need to have a plan in place for how to support returning staff

TEPHINET Secretariat Presentation by Dionisio Herrera

- What is TEPHINET? Network of 59 field epidemiology training programs
- What is the secretariat, and what are their updated activities?
- Dilemma of a small team with funds mostly directed towards specific, previously specified activities
- TEPHINET funding: cooperative agreement funding, other projects
- Current challenges
- Strategic considerations
- Key dates and activities

Questions:
- Hits on the website: have they gone up, down, or plateaued?
  A: Last month we had 3000 hits on the website by users—this is relatively high
- Should we charge membership fee for graduates? Could rank the funding based on income status of their home country, they would have a chance to present at conferences -- could have great interest by FETP alumni, perhaps as a way to build an alumni association?

Need to diversify funding sources since US government can't be relied on as the only or significant important source of funds for TEPHINET and other networks like AFENET, EMPHENET of SAFETYNET.
Summary of Main Points from Advisory Board Meeting

Overview of the Director’s Meeting

1) Board expresses their satisfaction with the success of the director’s meeting.

2) Recognition in the name of the board for the EIP programs of Malaysia and special to Fadzilah Kamaludin for her support in the preparation of this meeting.

Decision: Letter of recognition for the EIP program of Malaysia.

Complete By: December 2014

Global Conference

1) Conference will be held in Mexico City from June 29-July 3 2015. Abstract announcement planned for December.

2) For the current global conference it is important to take into consideration that the Abstract submission process to EIS international night will be parallel. Fellows can submit the same abstract to both conferences but should be informed that if accepted in both, they need to withdraw from one. Prefer to give opportunity to more people than to the same people twice.

Decision:

The new criteria for selection abstracts will be shared with program directors by the Secretariat with these minutes.

Complete By: December 2014

For the next global conference, fellows can submit the same abstract to both conferences but should be informed that if accepted in both, they need to withdraw from one. Prefer to give opportunity to more people than to the same people twice

Complete By: the next Global Conference

TEPHINET Secretariat will draft a paper summarizing the participant costs, general information about previous conferences, periodicity, and how conferences are funded. This will also include the makeup of the scientific committee and selection of reviewers, with suggestions on how to continue.

Complete By: March 2015

Regional Conferences

1) Need more information to come to consensus about the periodicity of the conferences. The Advisory board in the meeting of December of 2012 mentioned the possibility of making the conferences every 3 years at a maximum, but it is evident that the programs have an interest to continue with the biannual cycle.
2) According to the current cycle, the next global conference will be in 2017 and the next Director’s meeting and regional conference will be scheduled based on when the global is confirmed.

**Decision:**

Maintain contact with the members of the advisory board and the secretariat in relation to the date of the next regional conference.

**Complete By: March 2015**

**Strategic Priorities for TEPHNET 2015 -2018**

1. Board needs a better global picture in order to propose new priorities and moving forward.

2. Board would like to receive a summary of the outcomes of the discussions during the directors’ meeting and the impact they will have. We also need to have the detailed results of the analysis of 2009-2013,

**Decision:**

The secretariat will send information about the results and the activities between 2009 to 2013 to the board in order to decide about the priorities for 2015 – 2018.

**Complete By: March 2015**

**Secretariat Activities information**

1. TEPHNET will continue to work to diversify funding sources, such as foundation sources like the Skoll Global Threats fund and Plan International and incorporate other training projects and activities as part of the strategy to develop new areas of work.

2. About the Skoll- Epicore project, the board members discussed the value of the project but noted the importance to consider the reputation of TEPHINET could really be affected if we fully endorse this project as it stands now, especially if fellows are not aware that they cannot share data without the approval of their MoH/hosting institute.

**Decision:**

The secretariat will send information about the Skoll project to the advisory board with a progress update of the project until now with a response about:

- the purpose of the project,

- expected outcomes

-How the data will be used

-Who will take the action?

**Complete By: March 2015**
**Update about the accreditation of the FETP**

1) The information about the accreditation of TEPHINET is in the final review to make the announce in order to start with the process as soon as possible

2) A recognition in the name of the Board to AWG (Accrediting Working group)

3) Members of the GAB have been contacted

**Decisions:**

Announce by the board the initiation of the accreditation process as soon as all the documentation is finished.

*Complete By: January 2015*

Prepare a letter of recognition from the Board to the member of the Accrediting working group.

*Complete By: December 2015*

Addressing in future discussions other aspects related to the accreditation process like:

- the outcome for programs not accredited,
- what will do when many programs are not accredited,
- what does accreditation mean without programs actually receiving it,
- representation of the accrediting body, etc?

*Complete By: The next Board Meeting*

**TEPHINET’s activities with the regional networks.**

1. Document on the proposed relation between the global and the regional network will be circulated to advisory board members and the networks for comments.

*Decision:*

The secretariat will ask the members of the Advisory board for comments in relation with the documents between TEPHINET and the Regional networks.

*Complete By: December 2014*

**Update member information**

1. Mention the Interest to become members: Indian Ocean Pacific (regional program supported by EpiConcept), Namibia, Belize, maybe also Zambia.

2. Their letters of interest will be shared with the board as soon we are received a formal application.

*Decision:*
The secretariat will send information to the board about the new programs that express the interest to be a member of TEPHINET.

**Complete By: January 2015**