TEPHINET thanks the following FETP trainees and graduates whose photographs appear within this report:

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Dear Partners and Friends,

TEPHINET was formed twenty years ago when a group of Field Epidemiology Training Program (FETP) directors, with generous support from the Centers for Disease Control and Prevention (CDC) and the collaboration of the World Health Organization (WHO) and the Fondation Mérieux, decided to constitute a network to share resources across their programs. Early on, FETPs recognized the value of collaboration in order to achieve their common goal of strengthening workforce capacity in applied epidemiology, a crucial field for the timely detection of and response to emerging disease threats.

This association was formalized in 1997 as the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). Our name is complex, but our mission has always been straightforward: empower and mobilize a global epidemiology workforce to protect all people against disease. Through supporting standardized training, experiential learning, FETP quality improvement, and knowledge exchanges, TEPHINET has helped thousands of applied epidemiologists gain and refine the necessary skills for fighting disease outbreaks.

Fewer than ten FETPs were members of TEPHINET when it was incorporated within the state of Georgia in 1999. In those early years, the TEPHINET secretariat, based in Atlanta, operated with a maximum of three staff members. From our modest beginnings, TEPHINET has evolved into a truly global operation comprising (as of May 2017) 69 member programs working in more than 100 countries. In 2008, the TEPHINET secretariat merged with The Task Force for Global Health, a non-governmental organization dedicated to fighting disease and strengthening health systems around the world. Today, the TEPHINET secretariat has 15 full-time staff members and is still growing, and more than 100 consultants support TEPHINET programs worldwide with technical expertise.

In addition to its Atlanta office, the TEPHINET secretariat has satellite registrations in Pakistan, Colombia, and Guatemala.

The impact of the FETPs, individually and collectively, has been evident in their role in responding to international disease outbreaks and important public health events including, but not limited to, the Ebola outbreak in Nigeria, the campaign for polio eradication in Pakistan, the response to avian flu in Asia, Zika in the Americas, and other public health events including the earthquake in Haiti and natural disasters in the Philippines and Indonesia.

Despite our rapid growth, TEPHINET has remained true to the original principles upon which it was founded. Collaboration, in particular, is the bedrock of our work. TEPHINET works closely—and in ever-expanding ways—with regional networks of FETPs as well as partners including ministries of health, national public health agencies, universities, and leading global health organizations like CDC and WHO.

As we continue into our third decade of work, we are actively seeking to acquire new, more impactful strategies to bolster public health capacity, including increasing opportunities for FETP alumni, expanding e-learning platforms and certification opportunities for trainees, and supporting more FETPs to achieve minimum standards of programmatic and operational quality.

We would like to thank all of you who have made our work possible over the past twenty years. Thank you to our funders, our member programs and trainees, and our project partners. Thank you also to all who have served as members of the Advisory Board, our current and previous staff members, the Task Force for Global Health, and the commitment of our network. We look forward to building a healthier world together.

Dr. Carl Reddy
Chair of the Advisory Board
Dr. Dionisio José Herrera Guibert
TEPHINET Director and Advisory Board Member
WHO WE ARE

Training Programs in Epidemiology & Public Health Interventions Network (TEPHINET) is a global network of field epidemiology training programs (FETPs), trainees, and graduates. Currently, TEPHINET comprises 69 programs actively training field epidemiologists (also known as applied epidemiologists) in more than 100 countries.

TEPHINET member programs include those with laboratory components (field epidemiology and laboratory training programs, or FELTPs) and those with veterinarian education components. Overall, TEPHINET comprises more than 10,000 trainees and 6,500 graduates who play a critical role in improving global health security by strengthening country capacity to detect and respond to disease outbreaks.

With a secretariat based in Atlanta, Georgia, USA and a global Advisory Board, TEPHINET is the only global network of FETPs and spans multiple regional FETP networks, sub-regional programs, and national programs.

THE TEPHINET ADVISORY BOARD

The Advisory Board of TEPHINET supports and evaluates the duties and functions of the network with the support of the Secretariat. In coordination with the Secretariat, the Advisory Board advises in the technical aspects of the network, is informed of the annual budget, and actively carries out the network’s purposes and objectives. The Advisory Board is composed of at least one person from each region as well as the Director of the TEPHINET Secretariat and representative members from the following organizations who serve as liaisons: the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the European Centre for Disease Prevention and Control (ECDC). A chairperson of the board is elected to his/her post by members of the network and serves a three-year term.

Dr. Carl Reddy
African Region
Director, South Africa FETP, National Institute of Communicable Disease (NICD)

Dr. Martyn Kirk
Western Pacific Region
Program Director, Master of Philosophy in Applied Epidemiology (MAE), Australian National University

Dr. Fehminaz Temel
European Region
European regional director, Public Health Institution of Turkey

Dr. Mufuta Tshimanga
African Region
Chairman of AFENET Board of Directors; Director, Zimbabwe FETP, University of Zimbabwe

Dr. Dionisio Herrera
All Regions
Director, TEPHINET

Dr. Manoj Murhekar**
Southeast Asian Region
Director In-Charge, National Institute of Epidemiology (Indian Council of Medical Research), Chennai

Dr. Luis Fuertes
Americas Region
Coordinator, FETP-National Institute of Health, Columbia

Dr. Ashraf嶙嶙
WHO Liaison

Dr. Bashir Noormal
Eastern Mediterranean Region
Director General, Afghanistan National Public Health Institute (ANPHI), Ministry of Public Health, Focal Point of CBRN Afghanistan, Chair of EMPHNET Board of Directors & Chair IRB MoPH Afghanistan

Dr. Bashir Noormal
Principal Deputy Director, Division of Global Health Protection, Center for Global Health, Centers for Disease Control and Prevention

Dr. Carmen Varela Santos*
ECDC Liaison
Head of Section Public Health Training, Head of the ECDC Fellowship Programme (EPNET and EUPHEM paths)

*Non-voting members of the Advisory Board
**Acting representative
THE TEPHINET SECRETARIAT

The TEPHINET Secretariat operates under the leadership of a director and deputy director and consists of project staff who carry out day-to-day project activities. On the operational side, the Secretariat also has individuals working in finance, communications, and office and event management. Each year, more than 100 international consultants work closely with TEPHINET Secretariat staff to implement activities around the world.

The Secretariat supports FETPs and public health initiatives through funded projects; topical areas include FETP capacity building and quality improvement, polio, non-communicable diseases, maternal and child health, birth defects, flu, infection prevention and control, Zika and vector-borne diseases. The Secretariat also provides support to FETPs through networking initiatives including communications and conferences.
WHAT WE DO

As a network, TEPHINET supports FETP quality improvement through its accreditation program, provides training and professional development opportunities for FETP trainees and graduates through scientific conferences and e-learning, and facilitates resource-sharing among FETPs through a number of networking initiatives. As an implementing partner to organizations such as the CDC, WHO, Department of State, and others, TEPHINET provides management and training support to FETPs through funded projects.

WHAT IS A FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP)?

An FETP is a program that builds capacity in health service agencies by providing training in field epidemiology and other public health competencies in the context of health delivery systems. FETPs are modeled after the CDC’s Epidemic Intelligence Service (EIS), a two-year training program for health professionals interested in applied epidemiology. The success of EIS led to requests from other countries for similar programs. Today, more than 70 countries have FETPs.

FETPs and FELTPs are designed to strengthen public health systems in four specific ways:

1. To increase the number and quality of field epidemiologists in the public health workforce;
2. To develop worldwide capacity for timely detection, investigation of, and response to public health emergencies;
3. To improve capacity to collect public health data through improved disease surveillance systems and use the data collected effectively;
4. To promote the use of evidence-based recommendations in public health decision-making and policies.

THE FETP TRAINING MODEL

Typically, 60-70% of FETP training consists of a field training apprenticeship taking place in a host country or region which aims to teach the practical application of epidemiological methods in field-based settings. The remainder of FETP training consists of classroom training. While programs differ by country, most programs require two years of mentored, full-time work. In addition, most programs are affiliated with local ministries of health, while others are hosted by a university or public health agency.

FETP graduates are certified by the institutions in which their programs function and work in areas including outbreak investigations, disease surveillance, public health program development, general public health services, and urgent health needs. In addition, many graduates return to their FETPs to serve as mentors or trainers.
All people are protected by a field epidemiology workforce capable of detecting and responding to health threats.

To empower and mobilize a competent field epidemiology workforce for all people through standardized training, experiential learning, training program quality improvement, mentoring, and knowledge exchanges in order to connect epidemiologists better, faster and with quality across the globe.

The TEPHINET Secretariat commits to exhibiting the following values with all its stakeholders:

**Integrity:** Be transparent and fair.

**Service:** Go the extra mile to respond to the needs of our network and partners.

**Excellence:** Provide high quality products and services.

**Inclusiveness:** Include those affected by decisions in the decision-making process.

**Equity:** Provide services contextualized according to country-specific and/or regional needs.

**VISION**

**MISSION**

**VALUES**

**KEY WORK AREAS**

The TEPHINET Secretariat works on building FETP capacity through the following general work areas:

- Quality Improvement of FETPs
- Communications and Networking
- Scientific Conferences
- Operational Support to FETPs (this includes financial, administrative, human resources, and logistical support)
- Special Initiatives to Strengthen FETP Activities (these are projects which may be tied to increasing FETP capacity to respond to different diseases or provide training in specific topic areas)
- Support to Individual FETP Trainees through Mini-Grants (mini-grants are small grants awarded to FETP trainees in support of a proposed project to strengthen local health surveillance activities)

**THE VALUE OF FETP AND THE VALUE OF TEPHINET AS AN FETP NETWORK**

“Field Epidemiology Training Programs (FETP) – in the tradition of CDC’s Epidemic Intelligence Service – may be the single most important thing CDC does in global health. These programs support public health surveillance, field epidemiology, and response activity within ministries of health. FETPs build the pool of public health professionals able to use science and data to effectively prevent, detect, and respond to infectious diseases of human and animal origin, environmental threats, and non-communicable diseases such as diabetes, heart disease, and cancer. FETP advisors, residents, and graduates are essential to creating human and institutional capacity and improving global health security.”

— Dr. Tom Frieden, MD, MPH, Former Director, Centers for Disease Control and Prevention (2009-2017)

FETPs help keep the world safe from disease by increasing countries’ capacity to detect and respond to disease threats, expand the global health workforce, and build relationships between ministries of health and other partners.

TEPHINET brings field epidemiologists together at the global level to share knowledge and experiences and develop opportunities for collaboration in training and response. TEPHINET provides programs with the ability to network and collect information from each other that can then be acted upon (for example, getting information about SARS was difficult for some countries, but TEPHINET directors helped countries respond to the outbreak). TEPHINET also provides programs with the opportunity to network and benchmark each other. A great benefit of TEPHINET has been that regions learn from one another through TEPHINET projects, meetings, and conferences.

In addition, TEPHINET provides a focus on global capacity-building in this field and opportunities to build capacity within country by working with Ministries of Health and Higher Education. Through funded projects, TEPHINET supports FETP activities including training workshops, curriculum development, and the hiring of Resident Advisors, who serve as expert mentors to trainees as they complete their programs.
PROGRAM MEMBER MAP

- Members
- Membership in Progress

MEMBERSHIP IN PROGRESS

(FETPs which have expressed an interest in becoming official members but are still in the process of submitting a formal membership request to the TEPHINET Advisory Board):
Bangladesh
Democratic Republic of the Congo
Gambia
Malawi
Sierra Leone
Uganda
Zambia

AFRICAN REGION

Angola
Cameroon
Ethiopia
Ghana
Guinea-Bissau
Indian Ocean
Keny
Mozambique
Namibia
Nigeria
Rwanda
South Africa
Tanzania
Uganda
West Africa
(Benin, Burkina Faso, Cote d’Ivoire, Guinea, Mali, Niger, Senegal, Togo)
Zimbabwe

AMERICAS REGION

Argentina
Brazil
Canada
Central America
(Belize, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Panama)
Colombia
Costa Rica
Mexico
Paraguay
Peru
United States

EUROPEAN REGION

Central Asia
(Kazakhstan, Kyrgyzstan, Uzbekistan, Turkmenistan)
European Programme for Intervention Epidemiology Training (EPIET) and the European Programme for Public Health Microbiology Training (EUPHEM) (accept trainees from all 28 European Union member states)
France
Germany
South Caucasus
(Armenia, Azerbaijan, Georgia)
Spain
Turkey
United Kingdom

TEPHINET/TASK FORCE REGISTERED BRANCH OFFICES

Bogota, Colombia
Islamabad, Pakistan
Guatemala City, Guatemala

TEPHINET SECRETARIAT OFFICE

Atlanta, Georgia, United States

WESTERN PACIFIC REGION

Australia
Cambodia
China
Hong Kong
Japan
Lao
South Korea
Malaysia
Mongolia
Papua New Guinea
Philippines
Singapore
Taiwan
Vietnam

SOUTHEAST ASIA REGION

India
Indonesia
Thailand

EASTERN MEDITERRANEAN REGION

Afghanistan/Tajikistan
Egypt
Iraq
Jordan
Morocco
Pakistan
Saudi Arabia
Yemen
**TEPHINET MEMBERSHIP**

FETPs which have graduated at least one cohort of trainees are eligible to apply for TEPHINET membership. Membership is open to all FETP levels (frontline/basic, intermediate, and advanced). Trainees and graduates of TEPHINET member FETPs are members of TEPHINET by default.

The TEPHINET Advisory Board reviews membership requests from prospective member programs. For consideration, each prospective member FETP must submit documentation to TEPHINET for review with the Advisory Board. For more information, please contact secretariat@tephinet.org.

**EXAMPLES OF TEPHINET’S IMPACT**

1. TEPHINET provided expert trainers and mentors to the Surveillance Training for Ebola Preparedness (STEP) program, a combined effort of public health agencies in Africa and abroad that was launched to strengthen public health capacity to respond to the 2014 Ebola outbreak in West Africa. STEP, for which the CDC provided the curriculum, coordinated hands-on training sessions for public health practitioners in disease surveillance and outbreak response protocols. Through TEPHINET, more than 150 FETP graduates applied to be STEP mentors. The principles trainees learn through STEP can be applied to other infectious diseases and therefore have longer-term positive impact on disease surveillance within their countries. STEP was implemented in the Ivory Coast, Guinea-Bissau, Mali, and Senegal, training more than 200 public health professionals.

2. TEPHINET is collaborating with the National Stop Transmission of Polio (N-STOP) program in Pakistan by providing administrative and logistical support to facilitate the travel of N-STOP officers to high-risk districts where polio is endemic. N-STOP provides technical assistance to immunization campaigns at the district level. Many N-STOP officers are Pakistan FELTP graduates or trainees and often work in dangerous conditions. The logistical support provided by TEPHINET is invaluable for ensuring that these health workers have vehicles, places to stay, and a team of security and community mobilization personnel to go into communities. TEPHINET currently supports 64 N-STOP officers assigned in 52 high-risk districts, agencies, and towns as well as eight Emergency Operations Centers and response units across Pakistan. This number is expected to increase to 75 officers during the next year. N-STOP’s work has led to an increase in immunity in children younger than five years old to 88 percent in 2015, up from 77 percent in 2011. In 2016, Pakistan had the lowest ever annual number of polio cases in the country (20 cases).

3. Along with the Skoll Global Threats Fund, HealthMap, and ProMED, TEPHINET was a founding partner of EpiCore (epicore.org), an online platform for finding and reporting outbreaks faster than traditional disease surveillance methods alone. EpiCore enables faster global outbreak detection and reporting by linking a worldwide member network of health experts through a secure online reporting platform. EpiCore’s innovative surveillance system detects and confirms outbreaks more quickly so communities can respond faster, curb epidemics and save lives. EpiCore members include human and animal health professionals who assist ProMED moderators by providing real-time information regarding events described in ProMED posts. Information provided by EpiCore members allows ProMED moderators to verify suspected outbreaks and disseminate additional information to the international public health community through ProMED. EpiCore has almost 1,900 members from 138 countries (as of May 2017).

**TEPHINET Today: By the Numbers**

Note: The following data are based on survey information provided by 54 of TEPHINET’s 69 member programs. As such, these figures are underestimates.

Among the 54 responding programs...

- 37% offer a laboratory track
- 37% offer a veterinary track
- 33% offer a master’s degree in public health or epidemiology
- Advanced (National Level): 62%
- Intermediate (Regional Level): 33%
- Frontline/Basic (Local Level): 69%

On average,

- 77% of training is field-based & 23% is classroom-based
- 2,170+ peer-reviewed articles have been published
- 6,450+ oral and poster presentations have been delivered
- 3,000+ surveillance systems have been established or evaluated
- 7,600+ outbreak investigations have been conducted

The total estimated number of graduates of TEPHINET member programs is 10,000+.

Across programs responding to the survey, the total number of graduates is an estimated 6,810*.

*This figure does not include graduates of the Epidemic Intelligence Service, which number at 3,500+, or graduates of 15 other TEPHINET member programs.

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TEPHINET is established.
The U.S. Centers for Disease Control and Prevention, the World Health Organization (WHO), and the Foundation Merieux help formalize TEPHINET. The network is headquartered in Atlanta, Georgia, USA.

2000
TEPHINET is incorporated in the State of Georgia as a U.S. nonprofit charitable organization. It is registered as a private and voluntary organization until 2008.

2001
TEPHINET sponsors the 1st Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference in Manila, Philippines.

2002
TEPHINET sponsors the 2nd Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference in Taipei, Taiwan.

2003
TEPHINET sponsors the 2nd TEPHINET Global Scientific Conference in Madrid, Spain.

2004
TEPHINET sponsors the 3rd TEPHINET Regional Scientific Conference of the Americas in Buenos Aires, Argentina.

2005
TEPHINET sponsors the 4th TEPHINET Regional Scientific Conference of the Americas in Bogota, Colombia.

2006
TEPHINET sponsors the 5th TEPHINET Regional Scientific Conference of the Americas in San Jose, Costa Rica.

2007
TEPHINET sponsors the 4th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference in Bangkok, Thailand.

2008
TEPHINET merges with the Atlanta-based Task Force for Global Health, an independent, nongovernmental organization focused on neglected tropical diseases, vaccine-preventable diseases, and health systems strengthening.

2009
TEPHINET sponsors the 6th TEPHINET Global Scientific Conference in Kuala Lumpur, Malaysia.

2010
TEPHINET sponsors the 6th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference in Da Nang City, Vietnam.

2011
TEPHINET sponsors the 7th TEPHINET Regional Scientific Conference of the Americas in Santo Domingo, Dominican Republic.

2012
TEPHINET assists in the response to the Ebola outbreak in West Africa.

2013/2014
TEPHINET launches the first cycle of FETP accreditation. An agreement is made to move forward with the accreditation framework developed from 2000-2009 to accredit individual FETPs that meet certain quality standards and indicators.

2015
TEPHINET launches the second cycle of FETP accreditation and conducts a pilot training session for new and experienced FETP accreditation application reviewers.

2016
The first three programs are accredited by TEPHINET: the Epidemic Intelligence Service (EIS), the Canada Field Epidemiology Program, and the United Kingdom Field Epidemiology Training Program.

2017
TEPHINET sponsors the 8th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference in Siem Reap, Cambodia.

2018
TEPHINET sponsors the 9th TEPHINET Regional Scientific Conference of the Americas in Chiang Mai, Thailand, the highest number in its history.

2019
TEPHINET sponsors the 10th TEPHINET Regional Scientific Conference of the Americas in Buenos Aires, Argentina.

2020
TEPHINET hosts the TEPHINET Global Scientific Conference in Mexico City, Mexico.

2021
TEPHINET sponsors the 11th TEPHINET Regional Scientific Conference of the Americas in Santo Domingo, Dominican Republic.

2022
TEPHINET sponsors the 12th TEPHINET Regional Scientific Conference of the Americas in Bogota, Colombia.

2023
TEPHINET sponsors the 13th TEPHINET Regional Scientific Conference of the Americas in Santo Domingo, Dominican Republic.

2024
TEPHINET sponsors the 14th TEPHINET Regional Scientific Conference of the Americas in Bogota, Colombia.

2025
TEPHINET sponsors the 15th TEPHINET Regional Scientific Conference of the Americas in Santo Domingo, Dominican Republic.

2026
TEPHINET sponsors the 16th TEPHINET Regional Scientific Conference of the Americas in Bogota, Colombia.

2027
TEPHINET sponsors the 17th TEPHINET Regional Scientific Conference of the Americas in Santo Domingo, Dominican Republic.

2028
TEPHINET sponsors the 18th TEPHINET Regional Scientific Conference of the Americas in Bogota, Colombia.

2029
TEPHINET sponsors the 19th TEPHINET Regional Scientific Conference of the Americas in Santo Domingo, Dominican Republic.

2030
TEPHINET sponsors the 20th TEPHINET Regional Scientific Conference of the Americas in Bogota, Colombia.

The Accreditation Working Group develops the process, procedures, and guidelines for programs seeking accreditation. The TEPHINET secretariat supports the process and develops an online platform to access manuals, training resources, and other materials.

TEPHINET sponsors the 7th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference in Da Nang City, Vietnam.

TEPHINET sponsors the 8th TEPHINET Regional Scientific Conference of the Americas in Santo Domingo, Dominican Republic.

TEPHINET assists in the response to the Zika outbreak in the Americas.

TEPHIConnect (an online platform for global FETP alumni) is conceptualized and funded.
SPOTLIGHT ON THREE KEY TEPHINET INITIATIVES

The Road to Accreditation: TEPHINET establishes quality improvement standards for Field Epidemiology Training Programs

Connectedness that Counts: TEPHiConnect Platform Aims to Link FETP Alumni

A Little Can Go a Long Way: Mini-Grants Bolster Field Epidemiology Training Programs
THE ROAD TO ACCREDITATION

TEPHINET establishes quality improvement standards for Field Epidemiology Training Programs

In March 2016, the TEPHINET Global Accrediting Body (GAB) convened for the first time to decide on granting accreditation status to the Field Epidemiology Training Programs (FETPs) that applied during its first cycle of accreditation. The ultimate decision – to award accreditation to the FETPs in Canada, the United Kingdom and the United States – represents nearly a decade of close collaboration among TEPHINET, its FETPs and many partners to develop a road to accreditation for all FETPs across the globe.

“The purpose of accreditation is to define and align FETPs with common standards,” says Dionisio Herrera Guibert, MD, PhD, director of TEPHINET. “Among TEPHINET’s strategic goals, accreditation is TEPHINET’s primary initiative to improve the quality of FETPs and to develop a strong global workforce that is ready and willing to respond to public health threats.”

Quality improvement for all FETPs across TEPHINET is one of the overarching goals of accreditation – even if it doesn’t result in the FETP’s accreditation right away – according to Samantha Wilson-Clark, MD, MPH, a member of the TEPHINET Accreditation Working Group (AWG), a working group comprised of elected representatives from each of the TEPHINET regions who help develop accreditation policies, process and procedures while providing continuous leadership and technical expertise for evaluation and quality improvement technical oversight of the accreditation process. To move forward with the accreditation process, FETPs must meet basic eligibility requirements, which include:

- The majority of residents’ time is spent in field work (minimum of 68 weeks)
- The duration of the program is at least 21 months
- Training is conducted as a service to country public health priorities
- At least two cohorts have completed the program, and continuous cycles of recruitment have been established

The standards for accreditation, which were developed over a five-year period by the AWG with input from the global network of programs and partners, are grouped into four domains:

- Management, infrastructure and operations,
- Integration with public health service and value,
- Staffing and supervision, and
- Selection and training of residents.

The four basic phases of accreditation, which can take up to one year for FETPs to complete, begin with a self-assessment. FETPs prepare for accreditation by assessing their alignment with FETP accreditation standards by completing the Accreditation Readiness Assessment. From the Accreditation Readiness Assessment, FETPs get a clear picture of whether they’re ready to proceed with the full accreditation process.

“The work they’ve done gives FETPs the opportunity to do a conscientious program assessment using the accreditation minimum indicators and standards as the framework for their assessment,” says Carmen Sanchez, MD, MOH, MPH, TEPHINET consultant for accreditation. “The process and the resulting report helps many of the programs identify areas for quality improvement, as well as generate data for new program proposals and reports.”

“The self-assessment component allows for FETPs to assess if they’re ready for accreditation,” Wilson-Clark says. “But it also allows FETPs to determine where there is room for improvement. It provides concrete evidence of where needs persist so they can take that information to funders and partners in an effort to bolster support and make the necessary changes.”

Next, TEPHINET assigns a review team to each accreditation application. If the application process provided sufficient information to move forward, a site visit will be scheduled. FETPs have an opportunity to respond to any weaknesses identified by the review team before the documents go the GAB for final review and determination of an FETP’s accreditation status.

Though the accreditation process is an arduous one, its benefits are far-reaching. For FETPs, accreditation provides increased credibility and demonstration of involvement in public health efforts, increased program accountability, increased regional and international recognition and increased program sustainability. Accreditation also benefits FETP residents and alumni by improving their career trajectory, offering extensive training and providing a prerequisite for international hire. Ministries of Health (MOHs), funding agencies, donors and other participating organizations benefit from accreditation because it validates the ability of the FETP to provide essential public health services and provides explicit expectations of the level of quality of services and graduates.

“TEPHINET’s vision consists of improvements in people’s health through a global network dedicated to quality training in applied epidemiology and public health practice,” Herrera says. “Our accreditation program strengthens global public health capacity by supporting well-qualified professionals in field epidemiology through training, service and a constant quest for quality improvement.”
CONNECTEDNESS THAT COUNTS
TEPHIConnect Platform Aims to Link FETP Alumni

From the Ebola outbreak to the spread of the Zika virus, never has there been a greater need to facilitate collaboration among Field Epidemiology Training Program (FETP) alumni, who are the “boots on the ground” in the fight against diseases across the globe.

“We all know the saying that ‘time is money,’” says Carolina Casares, a consultant with TEPHINET. “But with epidemiology, the saying is ‘time is lives.’ It has become clear that we need a platform for FETP alumni to be able to connect.”

Over the last several years, TEPHINET donors and partners have been exploring innovative surveillance, including the use of nontraditional sources of information such as social and mass media. From the need to connect—and more methods than ever to do so—came the idea for a global FETP alumni network. Although there are an estimated 6,500 FETP alumni working worldwide, there is no global-level alumni network currently in place. TEPHINET is leading the development of such a network through the establishment of an online platform, called TEPHIConnect, with input from the Public Health Informatics Institute (PHII) and support from the Centers for Disease Control and Prevention (CDC) and a steering committee of global partners representing FETPs in each region. “The success of this project really depends on the support of our regional partners and FETPs,” says Miriam Alderman, deputy director of TEPHINET.

More than just another social network like LinkedIn or Facebook, TEPHIConnect provides a powerful tool that allows for targeted information, including travel and event information, to be shared with the right people. “Our expectation is that TEPHINET’s alumni platform will result in increased sharing of job and training opportunities and opportunities for regional technical assistance, mentorship, outbreak detection and rapid response,” says Dionisio Herrera, director of TEPHINET.

TEPHINET aims to launch TEPHIConnect at the 9th TEPHINET Global Scientific Conference in August 2017 in Chiang Mai, Thailand. “TEPHINET is celebrating its 20th anniversary, and as more and more fellows are trained through our member FETPs, it helps us to understand what our alumni are doing,” says Brendan Crosby, a project manager for TEPHINET. “With TEPHINET’s growth, this project is a way to promote the work of our FETP graduates and share information and ideas.”

TEPHIConnect is TEPHINET’s online and mobile networking platform created exclusively for FETP alumni. It’s the only global FETP alumni network. Join today by visiting tephiconnect.org, and be one click away from new opportunities!

LIFE AFTER FETP MEANS...

CONTINUOUS COLLABORATION: Locate professionals in your area, share resources, and identify ways to work together. When great minds meet, great things can happen.

PROFESSIONAL OPPORTUNITIES: Find and share targeted opportunities with other alumni. The world needs your skills.

KEEPING IN TOUCH: Whether you met during FETP, at a conference, or through a job, TEPHIConnect helps ensure you never lose contact.

LIFELONG EDUCATION: We are the world of field epidemiologists. Step by step, we learn and achieve together.
A LITTLE CAN GO A LONG WAY

Mini-Grants Bolster Field Epidemiology Training Programs

A small investment can make a big difference.

For example, Field Epidemiology Training Program (FETP) trainees from around the world have benefitted from receiving mini-grants — usually in the range of $3,000 to $5,000 — funded by the Centers for Disease Control and Prevention (CDC) and the Skoll Global Threats Fund and administered by TEPHINET. Since 2010, TEPHINET has administered 130 CDC-funded mini-grants totaling $638,000 — and the program continues to grow. The CDC-funded mini-grant program awarded 34 grants for the 2015-2016 grant year and 30 for the 2016-2017 grant year. Three cycles of Skoll mini-grants have been funded, totaling $82,188 and providing 13 grants.

Awarded through a competitive application process, grants are given to FETP trainees who will then serve as the principal investigator on a project designed to analyze existing health surveillance data in a particular subject area within his or her country. Thus far, CDC-funded grants have reached 37 countries and all World Health Organization (WHO) regions.

General topical areas for mini-grants range from non-communicable diseases to environmental health and emergency response, the use of new technologies in disease surveillance, and special pathogens and zoonotic diseases, among others. In 2016-2017, TEPHINET will administer several mini-grants focused on Zika response; these applications are currently under review. Subject matter experts from TEPHINET partner institutions, including the CDC and Skoll, serve as application reviewers and mentors to the mini-grantees during the implementation of their projects. Grantees also receive mentorship from their local FETPs. David Sugerman, M.D., MPH, FACEP, who is the acting team lead for FETP-related grants, says much of the value of the mini-grant program is in the mentorship residents receive.

“Mini-grants are a way for us to provide topical experience in non-communicable diseases for FETP residents in programs that are otherwise largely focused on infectious diseases,” Dr. Sugerman says. “The residents are doing fieldwork and gaining skills that are highly relevant to the jobs they want to obtain. We have had grant awardees go on to be leaders within ministries of health in many countries.”

In addition to providing mentorship and experience to FETP residents, the financial investment of mini-grants allows residents to pay for things such as medical record extraction, data collection, travel expenses and the hiring of additional personnel. In this way, the mini-grants help strengthen the public health workforce capacity in-country.

In fact, according to a recent survey, TEPHINET CDC-funded mini-grantees have collectively trained more than 1,390 individuals and have hired more than 415 field workers to assist them with their projects.

As data collection and analysis concludes, trainees create a final report which summarizes their findings. The goal is for their report to be published in an academic journal and/or to be used as a foundation for improving health surveillance systems in-country.

TEPHINET mini-grants funded by the Skoll Global Threats Fund focus on innovative disease surveillance for rapid detection of disease outbreaks. Countries and regions where recipients have received Skoll mini-grants include Barbados, Central America, Haiti, India, Indonesia, Kenya, Paraguay, Senegal, Taiwan, Tanzania and Zimbabwe.

“These [Skoll] grants allow FETP trainees to work on research on outbreaks so that they can both detect and report them in a shorter amount of time,” says Mariana Mansur, Ph.D., project manager for TEPHINET. “They also can evaluate historic research, going back to analyze earlier data to inform future response.”

Mansur says the grants are often instrumental in improving infrastructure and early outbreak detection systems, while also training the workforce to respond to outbreaks. The grants also focus on recruiting and training FETP students to be registered and contribute to ProMed, an Internet-based reporting system dedicated to rapid global dissemination of information on outbreaks of infectious diseases and acute toxin exposure, as well as EpiCore, virtual community of health professionals using innovative surveillance methods to verify outbreaks of infectious diseases.

“These mini-grants are an additional opportunity to develop grantees’ research skills and contribute to stronger health surveillance and quicker response,” Mansur says.
TEPHINET’s global network includes 69 programs, all of which have significant accomplishments. For this report, TEPHINET requested brief summaries from each program and received these from 54 programs. These summaries are included within the following pages.
AFRICA REGION

BURKINA FASO FRONTLINE FETP

FETP Frontline Burkina Faso was launched in April 2016 with an implementation workshop. Thirteen mentors were trained in July 2016. To date, two cohorts have graduated and 49 residents have been trained from 16 districts. Residents have investigated seven diseases. The staff is now better aware of the pertinence of surveillance and is ready to investigate potential outbreaks. They also contribute to ensuring data quality.

ETHIOPIA FELTP

Ethiopia FELTP is a competency-based training and service program in applied epidemiology and public health that builds the capacity to strengthen surveillance and response systems in countries where they are implemented. Ethiopia’s ability to respond to health emergencies and detect health problems through a proper surveillance system has been largely limited. Incapability to prevent and control epidemics due to a lack of skilled personnel and a poor surveillance system are underscored by the Business Process Re-engineering (BPR) of the Federal Ministry of Health (FMOH), which has identified reduction in epidemic occurrence as one of seven areas of focus. The FMOH has expanded the cadre of EFELTP trainees several times since 2009, and CDC has responded by increasing the support from one resident advisor (RA) to two plus one CDC fellow. In 2015, Ethiopia expanded the MPH-level EFELTP program to seven additional universities. Three began receiving residents in March, and the remaining began training in July. During their training, our graduates conducted 110 data quality audits, 46 problem analyses, 10 outbreak investigations and 21 case investigations spanning across the whole country. Other program achievements include the provision of technical advice to the MOH and designation of District Surveillance Officers (this cadre was non-existent before FETP) to enhance surveillance and the production of the weekly epidemiology bulletin to disseminate information for action.

GHANA FELTP

The Ghana Field Epidemiology and Laboratory Training Programme (GFELTP) is a two-year post graduate course of service and on-the-job learning in applied epidemiology and public health laboratory practice for scientists, physicians, veterinarians and other health professionals leading to the awarding of a Master of Philosophy degree in Applied Epidemiology and Disease Control (MPhil). The GFELTP has evolved into a sub-regional resource center for training field epidemiologists from Liberia, Sierra Leone, and the Gambia. Graduates have received appointments as Resident Advisors and Field Coordinators in their countries. The GFELTP has, since its inception in 2007, admitted ten cohorts into its residency program. A total of 100 residents have been admitted since 2007. Sixty residents from Cohorts I to VII have graduated. Graduates of the program occupy key influential positions in the country and beyond. Some alumni are occupying positions such as Laboratory Managers, Diagnostic Focal Persons, Lecturers, Program Managers, Field Coordinators and Resident Advisors. Over 80 outbreaks have been investigated. Residents have evaluated 100 surveillance systems and analyzed 100 sets of surveillance data in the country. A total of 127 abstracts have been presented at international conferences. The GFELTP has also trained over 200 frontline health workers in its Basic Field Epidemiology Training Program (GFETP).

GUINEA-BISSAU FRONTLINE FETP

Guinea-Bissau’s FETP Frontline program was launched in March 2016. To date, 70 professionals were trained and 32 are currently in training. The eighth cohort has recently been launched. Until a few years ago, Guinea-Bissau had limited experience with laboratory investigations. With the implementation of the FETP in the country many diseases began to be investigated. Confirmed cases of Zika virus have been identified, and other diseases are under investigation such as dengue, chikungunya, leishmaniasis, cutaneous anthrax, meningitis, measles and others.

INDIAN OCEAN FETP

Our regional FETP includes fellows from four countries: the Comoros, Madagascar, Mauritius and Seychelles. These countries are highly diverse in terms of economy, size, population, culture, and religion as well as public health resources. We are currently in the second year of the third cohort. In total, 24 fellows have started the program. The FETP-IO resembles the European program EFET. It includes two three-month internships (at the regional Santé Publique France unit in La Réunion and at the Madagascar Pasteur Institute). These allow trainees to integrate and understand the functioning of other epidemiology units and to gain laboratory insights and practical experience. Since 2015, we have included veterinarian fellows who reinforce our project’s One Health approach on several topics. The current cohort has been involved in 20 surveillance projects, 14 outbreak investigations, and 12 research undertakings. The FETP has led to 10 publications in peer-reviewed or regional public health journals.

KENYA FELTP

Kenya FELTP was started in 2004 and is anchored as a division within the Department of Preventive and Promotive Health in the Ministry of Health (MOH). So far, 13 cohorts have enrolled in the advanced level, with a total of 129 students having completed the two year training. The graduates are currently holding various leadership positions in the Ministry of Health. In 2014, we started a three-month basic epidemiology training where MOH staff members are trained in basic epidemiology, surveillance and how to respond to public health emergencies. So far, we have trained 453 health workers. In 2015, we started the six-month intermediate level training, and 90 have graduated so far. Kenya FELTP has functional three-tier training where each tier feeds into the next. Kenya FELTP is part of most of the response by MOH during disease outbreaks. The current outbreaks include cholera, measles, Kalazar, and salmonellosis, among others. The residents are placed in various divisions/units within the MOH and undertake surveillance data analysis, evaluation and operational research based on the priority of the division/unit.

LIBERIA FRONTLINE FETP

LFETP Frontline was launched in May 2015. Since then, we have trained all 92 District Surveillance Officers, all 15 County Surveillance Officers and 14 National Surveillance Officers. Graduates have been involved in over 50 outbreak and case investigations. Frontline trainees and graduates gave four poster and two oral presentations at the AFENET Conference in Abuja, Nigeria in 2016. Intermediate-level training was launched in May 2017. Currently, the first cohort of 15 county and national surveillance officers are in training. Residents participated in the recent meningococcal outbreak investigation in Liberia in May 2017.

MALAWI FETP

The program was launched on April 18, 2016. Three cohorts have been enrolled with a total of 30 graduates (25 from the Ministry of Health, five from the Ministry of Health & Livestock Development). Six graduates have participated in five outbreak investigations.
Mass gatherings, such as the All-African Games held in
approximately 100 oral and poster presentations at
epidemiological information through the publication of
mass gatherings. The program has also enhanced
such as catastrophic flooding; and surveillance during
monitoring of a mass polio vaccination campaign;
importance can be detected and investigated in a timely
laboratory management so that events of public health
strengthening capacity in applied epidemiology
and laboratory management so that events of public health
importance can be detected and investigated in a timely
and effective manner. The FELTP conducted more
outbreak investigations and 37 surveillance
evaluations. Other important field activities
conducted by program participants include: independent
monitoring of a mass polio vaccination campaign;
evaluation of coverage and impact of a malaria bed-net
distribution campaign; response to natural disasters,
such as catastrophic flooding; and surveillance during
mass gatherings. The program has also enhanced
Mozambique’s contribution to the dissemination of
epidemiological information through the publication of
11 articles published in the MoH Epidemiological Bulletin
related to outbreak investigations and descriptive
analyses of surveillance data. There have also been
approximately 100 oral and poster presentations at
national and international scientific conferences; five
manuscripts were published in international journals,
with additional manuscripts in preparation or in press.
The program also supports public health surveillance for
mass gatherings, such as the All-African Games held in
Maputo in September 2011, through the implementation of
a syndromic surveillance system and the implementation
of Real Time Surveillance System during the National
Culture Festival in 2016. Residents coordinated the
collection, compilation, and epidemiological analysis of
data from the major health service centers during the
event to detect and respond in a timely manner to any
outbreaks that might occur. Catastrophic flooding affected
the Gaza Province in 2013, resulting in the displacement
of an estimated 120,000 inhabitants. During this natural
disaster, residents conducted real-time surveillance for
events of public health importance affecting the displaced
population. Of the 37 students who enrolled in the three
cohorts, 36 (97%) successfully completed the program. All
graduates were allocated to the national health system,
through different programs at central and provincial
levels, at the National Institute of Health reference
laboratories, and at the Ministry of Defense (Military
Hospital Laboratory of Maputo). In addition, two residents
were sponsored by Eduardo Mondlane University and
continue working there.

Mozambique FELTP
The Mozambique FELTP is a post-graduate in-service
training, based on the acquisition of skills, with two tracks:
applied epidemiology and laboratory management. The program
was established in 2010 with the objective of
strengthening capacity in applied epidemiology
and laboratory management so that events of public health
importance can be detected and investigated in a timely
and effective manner. The FELTP conducted more
than 40 outbreak investigations and 37 surveillance
system evaluations. Other important field activities
conducted by program participants include: independent
monitoring of a mass polio vaccination campaign;
evaluation of coverage and impact of a malaria bed-net
distribution campaign; response to natural disasters,
such as catastrophic flooding; and surveillance during
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with additional manuscripts in preparation or in press.
The program also supports public health surveillance for
mass gatherings, such as the All-African Games held in

NAMIBIA FELTP
The Namibia FELTP advanced two-year program started in
2014 and has so far enrolled four cohorts of 29
residents (medical doctors, veterinary surgeons, nurses,
laboratory scientists and environmental health officers) and
graduated two cohorts of 14 residents. Residents and
alumni of the program have led outbreak investigations,
surveillance system evaluations, and surveillance data
analyses and planned epidemiological studies. A resident
won the second place award for poster presentation at
the 6th AFENET Scientific Conference in Abuja, Nigeria.

Nigeria FELTP
Nigeria FELTP has recruited 374 residents, with 223
completing the advanced two-year FETP training, and is
currently in its ninth cohort. The program has trained over 900 in the Frontline 3-month FETP in 12 states
covering 260 local government areas. The program has
also trained 53 field epidemiologists on basic health
epidemiology and infection prevention control. Residents
have responded to over 300 public health emergencies
including viral hemorrhagic fever outbreaks (Ebola and
Lassa fever), rabies, cholera, cerebrospinal meningitis,
measles, diphtheria, mumps, diphtheria glycol, lead and
methanol poisoning. Residents support national efforts in
eradicating polio, strengthening routine childhood
immunization and malaria programs through the National
Stop Transmission of Polio program. The program is
involved in supporting, strengthening and sustaining
disease surveillance systems for acute flaccid paralysis,
HIV, malaria, other infectious or non-infectious diseases
and surgical site infections leveraging Integrated
Disease Surveillance and Response and National Health
Management Information Systems. The program supports
operational research and impact assessment in all
program areas.

Tanzania FELTP
Tanzania FELTP was established in 2008 and to date has
enrolled 115 health professionals across nine cohorts, of
which 86 have graduated. Over 80 percent of alumni are
working in government institutions at various levels within
the country. Over time, Tanzania FELTP has become the
main arm used by the Ministry of Health to investigate
outbreaks in the country. The program takes a lead role in
investigating outbreaks/public health emergencies to
inform action, working closely with the Epidemiology
Section to ensure that regions and districts strengthen
their early detection systems so that events and rumors
are captured and investigated by residents. Tanzania
FELTP has also supported response efforts out of the
country and with commendable involvement in the West
Africa Ebola outbreak in 2014. Of late, the program has
led surveillance and investigation activities in a large
cholera outbreak in the country that began in
August 2015.

TOGO FRONTLINE FETP
Under the auspices of the Ministry of Health and Social
Protection, Frontline FETP Togo has been in operation
since October 3, 2016. It trains human and animal health
surveillance actors at regional and district level as well as
in the laboratory. We participate in some activities of the
Ministry of Health (training and investigations). We formed
two cohorts of 25 each, 46 of which are certified. These
are the 33 surveillance focal points: two biologists; two
military doctors and nine veterinarians (at the regions,
prefectures, national laboratory, national slaughterhouse
and international airport).
SOUTHEAST ASIAN REGION

INDIA FETP (CHENNAI)

From 2001, India FETP (Chennai) has trained 214 medical officers. Currently, 34 are in training. As part of the coursework, the trainees have conducted more than 792 field studies. This includes secondary data analyses (70), outbreak investigations (220), evaluations of health programs (99), system surveillance (85 systems evaluated, five established) and epidemiological studies (214). All the investigations were disseminated at the district and/or the state level to ensure that those who needed the information the most could take immediate action. More than 250 abstracts based on trainees’ work were selected for national and international conferences, and nearly 80 papers have been published in peer-reviewed journals.

INDONESIA FETP

Since its establishment in 1982, FETP Indonesia has graduated 5/696 trainees, and the majority of them are still working in the health system. At the moment, FETP Indonesia is affiliated with five major universities in the country. The number of students per cohort is 30-40 per year. FETP has contributed to the improvements of surveillance systems, outbreak investigation and capacity building in epidemiology in the country.

AMERICAS REGION

BELIZE FETP

So far, the FETP has graduated a total of 53 basic level students, nine intermediate level students and one advanced level student. All basic (Frontline) level students have participated in an outbreak investigation either as part of a group or individually. The last cohort (2016-2017) investigated a BSE outbreak and established the causative organism as a rotavirus. This is the first time this has been established in Belize. Rotavirus vaccination is not part of the vaccine schedule in country. The first cohort of intermediate FETP was implemented in the country in 2016. All five intermediate level students from the 2016 cohort have been selected to participate in international scientific conferences, and one of them won second place in a poster presentation in Paraguay. Additionally, the intermediate students carried out a planned study titled, “Prevalence of Zika among Blood Donors in Belize during December 2016 to February 2017.” The findings from this study were presented to high level officials during their graduation ceremonies in May 2017.

ZIMBABWE FETP

The Zimbabwe FETP was established in 1993. It is a founding member of AFENET and TEPHINET. To date, the program has graduated 235 trainees who have gone on to occupy influential positions in the Ministry of Health and the public health sector in general. Residents of the program have consistently participated at the EIS, TEPHINET and AFENET conferences. Two residents won the William H. Foege award in 2014 and 2015, and a third won the Jeffrey P. Koplan Award for Excellence in Scientific Poster Presentation at the 2017 EIS conference. Residents have investigated over 300 outbreaks, evaluated over 250 public health programs, and conducted over 250 surveillance system evaluations among many other investigations. Evidence from these investigations has helped inform policy formulation and public health interventions. The program celebrated its twentieth anniversary in June 2014 and launched its alumni association on June 23, 2016.

BRAZIL FETP (EPISUS)

The Brazilian FETP was established on July 31, 2000 through an agreement between the Brazilian Ministry of Health and the Centers for Disease Control and Prevention (CDC) of the United States of America, financed through a loan from the Brazilian government to the World Bank. Implemented at the advanced level, EPISUS is totally based on public health services. From 2000 to 2009, the CDC provided technical support to the program through a Resident Advisor. Since 2000, the program has had 14 cohorts. These include 12 completed cohorts (with 123 graduates out of 125 enrolled trainees) and two cohorts, currently in progress, with 17 trainees. The main skills trainees develop include outbreak investigations, emergency response in public health, evaluation of health surveillance systems, data analysis, response to mass gatherings, and scientific communication. In its 16 years, EPISUS has contributed to strengthening the National Surveillance System, especially to respond to public health emergencies.

CANADA FETP

The Canadian Field Epidemiology Program (CFEP) is training its 43rd cohort this fall. Canadian field epidemiologists (FEs) are part of the surge capacity of the Public Health Agency of Canada. They are deployed domestically/internationally on short notice to provide epidemiological assistance. Every year, they spend more than 400 person-days investigating outbreaks, building capacity and/or supporting other jurisdictions dealing with public health emergencies. FEs are prepared for the field work by going through an applied epidemiology training that includes virtual and face to face training (10 percent) and work by going through an applied epidemiology training that includes virtual and face to face training (10 percent). CFEP is turning 43 years old this year, and the Canadian FETP is the oldest program in the Americas region.

COSTA RICA FETP

The Costa Rican program began in 2000 with a cohort of three trainees from the three most important institutions in the area of health care: the National Reference Laboratory, INCENSA, the Costa Rican Social Security Fund, and the Ministry of Health. This first cohort graduated in 2003, joining the cohort of the Central American region that started the program as a Masters in Epidemiology at the Center for Research and Health Sciences (CIES) whose headquarters was located in Managua, Nicaragua in collaboration with the Atlanta CDC. In 2003, the pyramidal structure program was started in which three training levels were established: the basic level (five modules), intermediate level (nine modules) accredited as special postgraduate courses, and the advanced level (two years), accredited by the National University. The total number of graduates to date is 42 professionals in the advanced level, ten intermediate level cohorts totaling approximately 200 professionals, and 15 basic level cohorts totaling more than 1,500 graduates.

CARIBBEAN FETP

The Caribbean Regional Field Epidemiology and Laboratory Training Programme (CR-FELTP) aims to respond to the specific public health human resource needs of the Caribbean sub-region, building epidemiology and laboratory capacity through applied, competency-based training. To date, ten Caribbean countries have completed Level I or basic training, with a total of 12 cohorts and 96 graduates. Six countries are engaged in Level II or intermediate training. Graduates of the program have participated in public health response throughout the sub-region, responding to outbreaks of chikungunya, Zika, pertussis and food borne diseases. They have also participated in emergency response situations by providing surveillance support post natural disasters. As of February 2017, the program has been piloting FETP Frontline Training in two additional Caribbean countries. The work of the trainees provides valuable data on surveillance system gaps in-country and will be used to inform future public health systems strengthening initiatives.

EpiSUS is totally based on public health services. From 2000 to 2009, the CDC provided technical support to the program through a Resident Advisor. Since 2000, the program has had 14 cohorts. These include 12 completed cohorts (with 123 graduates out of 125 enrolled trainees) and two cohorts, currently in progress, with 17 trainees. The main skills trainees develop include outbreak investigations, emergency response in public health, evaluation of health surveillance systems, data analysis, response to mass gatherings, and scientific communication. In its 16 years, EpiSUS has contributed to strengthening the National Surveillance System, especially to respond to public health emergencies.

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Among the program’s main achievements is the creation of the program within the organizational structure of the Social Security Fund, with human resources and budget integrated into the institutional training center.

**DOMINICAN REPUBLIC FETP**

The Ministry of Public Health—through a collaborative agreement with the Centers for Disease Control and Prevention (CDC) and with the support of the General Directorate of Epidemiology (DGEP) and the academic endorsement of the Faculty of Sciences (FCS) of the Autonomous University of Santo Domingo—has been developing the National Field Epidemiology Training Program since 2000 with the purpose of increasing competencies in the human resources of the National Health System, which has trained more than 300 people in the basic level, 94 in the intermediate and 21 in the advanced level. In addition, other international cooperation agencies have supported the development of these courses, including the Pan American Health Organization, the United Nations Children’s Fund (UNICEF), and the World Bank. Additionally, the program has established the development of scientific conferences every two years.

**HAITI FETP**

From April 2011 to April 2017, FETP-Haiti trained eight basic cohorts with a total of 223 residents; six intermediate cohorts with 76 residents, and two advanced cohorts with five residents. The theoretical component of the training is conducted in collaboration with the program in Guatemala. The first Frontline cohort has recently been completed with 25 residents. FETP residents and graduates have conducted 115 documented outbreak investigations and 11 epidemiological studies, in particular about the use of motorcycle helmets, high blood pressure, alcohol consumption, food poisoning, STI, rabies, hepatitis B, leprosy, Zika, road traffic injuries, and placenta previa. FETP-Haiti residents have participated in 24 scientific conferences including EIS, TEPHNET Global, TEPHNET Regional, ESCAIDE, ASTMH, and IMED. FETP-Haiti residents are involved as supervisors in many national field activities and studies such as SMART surveys on nutrition and vaccine coverage of cholera, among others. Three FETP graduates hold the highest positions within the Ministry of Public Health in three departments. Graduates of the program have participated in the investigation of cholera cases during Hurricane Matthew in 2016. They have also conducted a needs assessment using the CASPER methodology to determine the needs of the Grand Anse population after the hurricane. The information they have collected has been very valuable for the Haitian Ministry of Health in terms of taking adequate actions for the country’s population.

**PARAGUAY FETP**

FETP Paraguay was established in August 2011 through financial collaboration from the CDC and the General Directorate of Health Surveillance (DGVS), Ministry of Health. A July 2013 resolution made this a strategic establishment. The FETP counts on technical coordination from Paraguayan professionals. The selection of students is done through a public application process. In August 2011, the first cohort began with six participants from the National System of Health Surveillance. In December 2012, the second cohort began with six health professionals, and the third cohort in October 2015 had six participants. FETP trainees contribute to the strengthening of health systems in the country. Achievements of the FETP include four awards for best presentation, six TEPHNET mini-grants, and the hosting of the 9th TEPHNET Regional Scientific Conference of the Americas.

**WESTERN PACIFIC REGION**

**AUSTRALIA FETP (MASTER OF PHILOSOPHY IN APPLIED EPIDEMIOLOGY)**

The Australian FETP, known as the MAE program, has over 200 graduates from the last 25 years, many of whom work all over the world. The program has several key highlights, including 15 percent of our graduates being Indigenous Australians. The program has played a key role in responding to national and international outbreaks of disease, such as zoonotic diseases like Hendra virus and salmonellosis. FETP fellows are embedded in health departments, laboratories, centers of national surveillance and research centers throughout Australia and the region.

**CAMBODIA APPLIED EPIDEMIOLOGY TRAINING (CAET)**

The CAET commenced in 2011. The program is divided into different blocks: an Introductory Course (4-6 weeks), Foundation Course (six months), AET Plus (four activities per year), and Continuing Education. The assignments each trainee must complete in order to graduate include the following: number of absentees, surveillance reports (three to five weekly, monthly, annual), epidemiological projects (evaluate or establish a surveillance system, conduct a mini-survey), and conduct at least one outbreak investigation. So far, there have been six cohorts producing more than 30 graduates for the Foundation Course. They conducted more than 30 outbreak investigations and 30 surveillance projects. For the last cohort, we ran a full-time course and each trainee was exposed to eight outbreak events during the training.

**CHINA FETP**

In 2017, the China FETP reached 288 program graduates, including 248 from 14 cohorts of the advanced two-year program developed in 2001 and 40 from the first cohort of the newly intermediate nine-month program developed in 2016 specifically for western China. Both programs are hosted by China CDC.

**HONG KONG FETP**

Hong Kong FETP was established in 2004 under the Centre for Health Protection of the Department of Health, Hong Kong. It is a structured program with high standards of training for epidemiologists specializing in communicable disease. It is a two-year training program with two trainees per cohort. The Hong Kong FETP now has ten graduates. Since 2010, HKFETP trainees have published 12 peer-reviewed journal articles.

**JAPAN FETP**

FETP-Japan was launched as a two-year program in 1999 under the National Institute of Infectious Diseases, Japan. Between one and nine fellows participate in this program every year, and a total of 70 fellows have graduated. Graduates of FETP-Japan are now working in 19 local governments in Japan (approximately 13% of the local public health sector). FETP-Japan was involved in nationwide acute public health events including measles outbreaks in 2007 which led to the issuing of the national measles elimination plan in 2008, influenza A(H1N1)pdm09 in 2009 which contributed to national policy, revised raw beef regulations after a large outbreak of OFIG in 2011, rubella and congenital rubella syndrome outbreaks in 2012-2014 which triggered a rise in nationwide awareness, and events of healthcare associated infection caused by antimicrobial resistant bacteria which contributed to changes in health system laws. FETP-Japan is also contributing to national guidelines for emerging diseases with public health impact including Ebola virus disease, MERS-CoV infection, and congenital Zika virus infection.

**LAO FET**

The FET program of the Lao People’s Democratic Republic was established in 2009. It boasts 63 graduates covering all 18 provinces who are able to work on strengthening routine surveillance and early warning and outbreak response systems, resulting in the
Mongolia FETP has conducted 33 outbreak investigations, 34 surveillance data analysis, and 55 epidemiological studies. **PHILIPPINES FETP**


The FETP of Taiwan Centers for Disease Control (Taiwan CDC) was established in 1984 to train public health professionals as disease investigators. To comply with international standards, the program has transformed into a competence-based training program and involves two-year, on-the-job training which emphasizes hands-on field investigations, analysis of public health surveillance data and research projects focused on current health problems in Taiwan. During the training, trainees also have the opportunity to participate in national and international conferences. In 2005, Taiwan CDC began to recruit medical officers to assist with preparations for emerging infectious diseases, and FETP is part of their mandatory training. There are now a total of 31 cohorts with over 100 graduates having successfully completed their training. **VIETNAM FETP**

Established in 2007 under the Ministry of Health, the Vietnam FETP has provided three training modalities, including a three-week short course, a three-month short course, and a two-year advanced course. To date, 503 provincial and district health staff have been trained through 24 three-week courses, and 80 health staff and veterinarians at the provincial level have been trained through three-month courses. For the advanced program, core competencies are achieved by completing in-class training modules and field projects. By June 2017, eight cohorts with 50 fellows have been recruited, of whom 22 have graduated. The fellows have had 85 oral and poster presentations accepted at TEPHINET and other international conferences and nine papers published in international peer-reviewed journals. Moreover, Vietnam FETP is an active member of regional and global networks including TEPHINET, SAFETYNET and ASEAN+3 FETN. Vietnam hosted the bi-regional TEPHINET scientific conference in 2013 and has exchanged staff and trainees with other FETPs in China and Japan.
very frequently in Iraq which attract millions of people from within and outside the country and 2) biosafety and biosecurity in laboratories. Through its network of national and international stakeholders, the program provides opportunities for public health professionals to participate in regional and international conferences and workshops that widen their horizons and improve their performance. All of these activities have helped the Iraq Ministry of Health and its stakeholders provide better public health services to the Iraqi people.

JORDAN FETP

Jordan FETP (J-FETP) was founded in 1998 with support from the U.S. CDC. It was established with the purpose of increasing the country’s capacity within its public health workforce in order to detect and respond to health threats and develop internal expertise in the area of field epidemiology. The program became fully sustained by the Jordan Ministry of Health in 2008. J-FETP graduates and residents are a critical component of outbreak investigations in Jordan and the region. Overall, 61 physicians have graduated from the program and 19 are in training. Seventy percent of graduates work at the central or governorate levels. Ten of the 12 governorates have at least one FETP graduate working at the government level. Jordan meets the IHR recommendation of having one field epidemiologist per 200,000 people. J-FETP has hosted a number of residents from the region and assisted other countries like Iraq and Yemen, in partnership with CDC and the Eastern Mediterranean Public Health Network (EMPHNET), to establish their own FETPs. J-FETP has hosted residents from Palestine, Iraq, Yemen, and Syria. J-FETP has extended its support to regional outbreak investigations and responded to health threats related to crises and emergencies in coordination with the WHO, international NGOs, and EMPHNET. Major activities include strengthening surveillance systems, preparing and presenting monthly reports on Syrian refugees’ access to health services, conducting outbreak investigations, helping to identify and investigate outbreaks, providing weekly status reports to the Ministry of Health, addressing NCDs and supporting the NCD directorate, and implementing an NCD project in Ajloun to prepare for national BRFSS.

Accomplishments include revising the death notification form, presenting at regional and global conferences, institutionalizing BRFSS (survey publications in 2002, 2004 and 2007), and installing the Jordan Infectious Disease Information System. J-FETP has been incorporated into the community medicine residency program as part of the Jordan Medical Council (Jordanian Board in Community Medicine) to ensure program sustainability. The FETP now counts as two years towards the community medical board.

MOROCCO FETP

The Morocco Field Epidemiology Training Program (FETP) was established in 2010. It is a two-year in-service training program hosted at the Ecole Nationale de Sante Publique (ENSP). The program has been supported by CDC with a full time Resident Advisor since September 2011. FETP graduates obtain a master’s degree and a CDC certificate. So far, the program has graduated 28 Moroccan field epidemiologists, all of whom have integrated into the Ministry of Health workforce at different levels of the system. At present, most of the current FETP field supervisors are FETP graduates. Currently, we have two cohorts. The fourth cohort, now in its second year, has 20 residents from Morocco and two from Tunisia. The fifth cohort, now in its first year, has 15 residents from Morocco and three from Togo, Congo and Guinea. FETP residents and graduates have been involved in a number of outbreak investigations, i.e., many TYAC’s, H1N1, whooping cough, varicella, mussel poisoning, a cluster of two cases of Legionnaires’ disease associated with staying at the same hotel, typhoid fever, rhinopharyngitis and angina in penitentiary, meningococcal bacterial meningitis, leishmaniasis, grouped cases of viral hepatitis A, grouped cases of decline in visual acuity within the same family, methanol poisoning (13 deaths), brucellosis, and vaccine preventable diseases (VPD). In 2016, trainees investigated 49 VPD outbreaks which initiated vaccinations of 29,498 children across Pakistan. Outbreaks of rare infections like Naegleria fowleri and Candida auris have also been responded to by FETP trainees. FETP alumni/residents have presented 210 abstracts at various international conferences. At the EIS conference in Atlanta, at least one abstract has been accepted from the Pakistan FETP annually for the past seven consecutive years. National Stop Transmission of Polio (NSTOP) is another unique initiative launched in 2011 in which 66 FETP trained doctors (including alumni and fellows) work in high-risk districts to eradicate polio. In 2016, Pakistan FETP started its first frontline course.

PAKISTAN FETP

Pakistan FETP started its first cohort in 2007 and has now enrolled ten cohorts with 85 current trainees and 104 alumni. The trainees have responded to 288 outbreaks in various parts of the country. These outbreaks include HIV, CCHF, typhoid, dengue, chikungunya, brucellosis and vaccine preventable diseases (VPD). In 2016, trainees investigated 49 VPD outbreaks which initiated vaccinations of 29,498 children across Pakistan. Outbreaks of rare infections like Naegleria fowleri and Candida auris have also been responded to by FETP trainees. FETP alumni/residents have presented 210 abstracts at various international conferences. At the EIS conference in Atlanta, at least one abstract has been accepted from the Pakistan FETP annually for the past seven consecutive years. National Stop Transmission of Polio (NSTOP) is another unique initiative launched in 2011 in which 66 FETP trained doctors (including alumni and fellows) work in high-risk districts to eradicate polio. In 2016, Pakistan FETP started its first frontline course.

YEMEN FETP

Yemen FETP (Y-FETP) was established in 2011 and follows the advanced two-year model. Cohorts one (12 residents) and two (ten residents) graduated in February 2014 and February 2016. Cohort three (ten residents) will graduate in February 2018. Cohort four’s call for applications was distributed, and the screening process is planned to start in August 2017. Since its establishment, Y-FETP has conducted 65 outbreak investigations, 52 surveillance analyses, 26 surveillance evaluations, 22 planned studies and presented 34 oral and 22 poster presentations in international conferences (e.g., 5th and 8th TEPHNET, 16th and 17th ICID), regional conferences (e.g., 2nd, 3rd, 4th and 5th EMPHNET, First Arabic Conference for Public Health 2013, AFENET 2013) and national conferences (International Congress for Infectious Diseases 2014, International Conference for Medical Research 2014). Y-FETP launched its website and quarterly newsletter in January 2017. Y-FETP is planning to launch a basic field epidemiology track with EMPHNET’s support in September 2017.

EUROPEAN PROGRAMME FOR INTERVENTION EPIDEMIOLOGY TRAINING (EPIET) AND EUROPEAN PUBLIC HEALTH MICROBIOLOGY TRAINING PROGRAMME (EUPHEM)

The European Programme for Intervention Epidemiology Training (EPIET) was created in 1995. Its purpose was to create a network of highly trained field epidemiologists in the European Union, thereby strengthening the public health epidemiology workforce within EU Member States. In 2006, EPIET was integrated into the core activities of the European Centre for Disease Prevention and Control (ECDC). The European Public Health Microbiology Training Programme (EUPHEM) was initiated by ECDC in 2008. It provides training and practical experience in public health microbiology at national and regional centers for surveillance and control of communicable diseases, laboratories with public health functions or training sites with a consortium of different laboratories in the EU/EEA. In 2015, both programs were integrated into one fellowship program with two paths, one for field epidemiology (EPIET) and one for public health microbiology (EUPHEM). Current alumni are providing expertise in response activities and strengthening capacity for communicable disease surveillance and control inside and beyond the EU.

GERMANY FETP (POSTGRADUATE TRAINING FOR APPLIED EPIDEMIOLOGY [PAE])

PAE was founded in 1996 and is based at Robert Koch Institute in Berlin, Germany. We have graduated 70 fellows so far and are currently admitting five new fellows for the 23rd cohort. Field placement sites for PAE-fellows are the units within the Department for Infectious Disease
Epidemiology at the Robert Koch Institute and the public health authorities of several German federal states. We collaborate closely with the European Programme for Intervention Epidemiology training (EPIET).

TAJIKISTAN–AFGHANISTAN FETP

The Tajikistan-Afghanistan FETP began in September 2014 as a two-year advanced program. Our program is challenging because we bridge two countries, creating language and travel burdens. We are based in Dushanbe, the capital of Tajikistan, and do all of our training here because of the conflict situation in Afghanistan. While our 27 trainees (14 in the first cohort that began in 2014, 13 in the second cohort that began in 2015) can converse with one another reasonably well in Farsi or Tajik, our written language uses different scripts and we must use two languages, English and Russian, for training. We view our goal as preparing our trainees to be sound decision-makers in public health, not just skilled in observational epidemiology and surveillance, the backbone of most FETPs. Our overall goal is to instill critical thinking into our daily work while also training in interventional epidemiology, qualitative research, and economics.

TURKEY FETP

Turkey FETP is a nationally certified training program which was founded in 2012 in the Public Health Institution of Turkey under the Ministry of Health. Since 2012, three cohorts have graduated with a total of 24 fellows assigned to related departments. The fifth cohort has been selected and has begun their training. There are still 14 fellows in training. The application period for cohort six has begun. Since 2012, 65 outbreaks were investigated, 26 surveillance projects and 15 epidemiological research projects were conducted, and eight applied epidemiology courses were held for more than 420 provincial health directorate staff. Sixty projects were presented at national and international conferences. Field Epidemiology Scientific Conferences have been held annually since 2012.

UNITED KINGDOM FETP

UK-FETP fellows have participated in a number of international missions to provide support for the Ebola outbreak in West Africa, evaluate the diphtheria vaccine surveillance system in Indonesia, and support mass gathering surveillance activities in South Africa; they have also conducted outbreak investigations such as invasive and non-invasive disease due to group A Streptococcus emm66 among homeless people and a national Pseudomonas outbreak associated with body piercings. They have supported research in Public Health England and been engaged in numerous surveillance activities. They have also represented the organization and the FETP in a number of European and global conferences with international FETP presence. The UK FETP applied for and achieved TEPHNET accreditation in 2016.
COLLABORATION WITH REGIONAL FETP NETWORKS: CRITICAL PARTNERSHIPS FOR SUCCESS

A number of regional networks of FETPs exist to provide support to programs within their respective regions. TEPHINET works closely with these networks in the implementation of its activities. The Advisory Board of TEPHINET includes members from each region whose partnership and input is critical to the fulfillment of the TEPHINET mission. In addition, TEPHINET works with partners from each regional network on project implementation and provides support to regional scientific conferences every year. For the European region, the common body is not a network but training programs which operate across all European Union member states. The following pages include commentary from some of our partners on the collaboration between TEPHINET and their regions.
AFRICAN FIELD EPIDEMIOLOGY NETWORK (AFENET)

We take this opportunity on behalf of the African Field Epidemiology Network (AFENET) to thank TEPHINET for the years of commitment to developing field epidemiology training programs (FETPs) in the world. Since its establishment, AFENET has partnered with the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) in implementing FETPs. In Africa we have directly supported 31 of TEPHINET’s 69 member FETPs spread over more than 100 countries. We share a similar goal to strengthen public health capacity by training field epidemiologists through our two-year Advanced Masters in Applied Epidemiology in 16 Field Epidemiology Training Programs and the Basic and Intermediate trainings in 19 countries.

AFENET was established in 2005 as a network of Field Epidemiology Training Programs (FETPs) and Field Epidemiology and Laboratory Training Programs (FELTPs) in Africa. All Public Health Schools without Walls (PHSWOW), FETPs, and FELTPs are members of the global FETP network, TEPHINET, which was founded in 1997. TEPHINET addresses the needs of FETPs around the world, including curriculum and accreditation.

However, the establishment of AFENET arose from the need to develop a network that would advocate for the unique needs of African FETPs and FELTPs and provide services to its membership through which programs could develop projects to address the public health needs of their countries.

AFENET’s role over the years has been to support the work of TEPHINET in building capacity to support Ministries of Health in Africa. AFENET has supported the training of physicians and other health scientists, as well as public health laboratory scientists and veterinarians. Public health is now viewed in terms of building interdisciplinary bridges across the human, animal and environmental health sectors to attain optimal health in a globally connected world. Over 1,500 public health professionals have been trained in the two-year advanced FELTPs, and more than 2,000 have been trained in the three-month frontline FETPs. Residents and Graduates of FELTPs and FETPs have greatly contributed to strengthening public health systems by being a skilled field epidemiology workforce, critical for effective surveillance and response, and disease control.

We have a joint mandate to improve people’s health across the globe. This includes advocating for quality training in applied epidemiology as well as public health practice. AFENET is also spearheading the development of a Continental Rapid Response Corps to support surveillance and response to outbreaks in Africa. The impact of such an initiative would not only benefit Africa but the world over.

TEPHINET’s existence over 20 years is a witness to the massive achievement by member partners such as the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention, the Fondation Mérieux, and AFENET.

We would like to stress that there are lots of challenges still facing us as key implementers for public health. However, with determined and focused efforts and continued support to each other, we can make headway in addressing challenges facing public health. The value of working in a network is that it provides a platform to share notes on critical and cross cutting issues, which is key in pushing us forward.

We congratulate TEPHINET for its upcoming 20th anniversary celebration and look forward to supporting the team to make this conference a success. We urge you all to maintain the momentum towards a healthier Africa, and a healthier world.

Prof. Tshimanga Mufuta
Chairman, AFENET Board of Directors

Dr. Olivia Namusisi Kasenge
Acting Executive Director, AFENET
Ever since its establishment in the year 2009, the Eastern Mediterranean Public Health Network (EMPHNET) has continued to maintain strong collaborations with TEPHINET, viewing joint efforts made by both entities as fruitful opportunities for knowledge sharing.

The multiple collaborations between EMPHNET and TEPHINET have been instrumental in expanding the horizons of Field Epidemiology Training Program (FETP) residents and graduates from the Eastern Mediterranean Region (EMR). Through jointly hosting several conferences over the past years, both TEPHINET and EMPHNET have granted residents and graduates of the EMR’s FETP opportunities to gain exposure to global trends within their field of work. On another level, these events presented the ideal platform for our region’s field epidemiologists to discuss those issues that are of public health concern to our region, thus bringing challenges unique to this region to the forefront of a global audience’s attention.

Within its first year of establishment, EMPHNET collaborated with TEPHINET to host its first regional conference. This conference comprised two pre-conference workshops and a multitude of oral and poster presentations given by presenters from 17 countries. This collaboration helped place EMPHNET on the map, thus granting it recognition as a network of field epidemiologists dedicated to elevating public health status for communities across the region. Similarly, this collaboration was repeated in 2011. Furthermore, the 7th TEPHINET Global Scientific Conference of 2012, which was hosted in Amman, Jordan in collaboration with the Jordan FETP and EMPHNET, stood out as the first of its kind to be hosted in the EMR. Its magnitude helped create useful opportunities for the residents and graduates in the region, enabling them to share their work and insight. Through this collaboration both TEPHINET and EMPHNET contributed to bringing public health professionals from around the world to this region, thus creating one space that enabled like-minded public health enthusiasts to present their achievements and to gather useful knowledge from different perspectives.

From that date forward, EMPHNET and TEPHINET have continued to work together and to be present in regional conferences including EMPHNET’s 3rd Regional Conference in Marrakech which was held in 2013, its 4th Regional Conference which was held in Aqaba in 2015, and its 5th Regional Conference which was held in Marrakech the following year. These collaborations have always contributed to exposing FETP residents and graduates to new trends and a broader perspective to enhance their reporting skills. Other training opportunities held as collaborative efforts from both sides covered areas of operational procedures, the building of a cadre of epidemiologists for enhancing the detection and validation of emerging disease outbreaks, innovative surveillance and EpiCore, and others. This exchange served the commitment of both sides to ensure that field epidemiologists from the region and the globe at large are able to best serve their communities’ needs.

Since the year 2011, EMPHNET and TEPHINET also worked together on the FETP accreditation project. This project brings together representatives of FETP programs and regional networks, CDC staff, ECDC staff, the TEPHINET secretariat, external experts, and the WHO to make FETPs accredited and recognized programs worldwide. The accreditation process has allowed FETPs to determine their readiness in accreditation according to a minimum set of standards agreed upon by the global network. TEPHNET’s accreditation of FETPs has helped establish international recognition for these programs and ensured their compliance to common standards of quality which is an end that best serves FETP needs in the region. This project also granted opportunities for FETP graduates to work closely with other field epidemiologists in supporting the establishment of new programs, and as a member of TEPHNET’s Accreditation Working Group (AWG) faculty, EMPHNET has participated in revising modules for training FETP accreditation reviewers.

The ongoing collaboration between EMPHNET and TEPHINET has served the FETPs in the EMR by granting them opportunities for knowledge exchange, greater reach, and an ongoing resource for education and opportunities.
Within the European Region, there are five regional FE(L)TP programs: the ECDC Fellowship Programme (EPIET/EUPHEM), the Mediterranean Programme for Intervention Epidemiology Training (8 countries within Europe, the Middle East and North Africa), Central Asia FELTP, South Caucasus FELTP, and Tajikistan-Afghanistan FETP. In addition, there are four EPIET-associated programs (U.K. FETP, Germany FETP, Norway FETP, and Austria FETP) and four independent programs (Turkey FETP, Spain FETP, France FETP, and Italy FETP).

The European Programme for Intervention Epidemiology Training (EPIET) was created in 1995. Its purpose was to create a network of highly trained field epidemiologists in the European Union, thereby strengthening the public health epidemiology workforce of EU Member States. In 2006, EPIET was integrated into the core activities of ECDC. The European Public Health Microbiology Training Programme (EUPHEM) was initiated by ECDC in 2008. It provides training and practical experience in public health microbiology at national and regional centers for surveillance and control of communicable diseases, laboratories with public health functions or training sites with a consortium of different laboratories in the EU/EEA.

In 2015, both programs were integrated into one fellowship program, with two paths: one for field epidemiology (EPIET) and one for public health microbiology (EUPHEM). Current alumni are providing expertise in response activities and strengthening capacity for communicable disease surveillance and control inside and beyond the EU. Over the years, more than 400 fellows have graduated. They have published more than 1,000 peer-reviewed scientific articles, participated in more than 2,000 investigations, and contributed to the improvement of public health surveillance systems with more than 2,000 different activities of evaluation, setting up or operations of those systems. The program has been in partnership with TEPHINET from the beginning and has contributed to different activities of TEPHINET, the latest being part of the TEPHINET Accreditation Working Group.

The Tajikistan-Afghanistan FETP began in September, 2014, as a two-year advanced program and is based in Dushanbe, the capital of Tajikistan, and conducts all of its training there because of the conflict situation in Afghanistan. While 27 trainees (14 in the first cohort that began in 2014, 13 in the second cohort that began in 2015) can converse with one another reasonably well in Farsi or Tajik, their written language uses different scripts. Thus, they teach in English (for the Afghan trainees) and Russian (for our Tajik trainees) and use presentation and written materials in English and Russian. They have received wonderful support from TEPHINET during the ensuing three years. TEPHINET has been a strong supporter of the program. While most of the funding comes from the American and United Kingdom government defense programs, TEPHINET has contributed a smaller amount of critically-flexible funding, administrative support, and encouragement.

The Postgraduate Training for Applied Epidemiology (PAE, German FETP) was founded in 1996 and has been one of the founding members of TEPHINET. They have successfully graduated 70 fellows so far; 10 fellows are in training currently and they are admitting five new fellows for its 23rd cohort now. The program is hosted by Robert Koch Institute in Berlin. Field placement sites are the units within the Department for Infectious Disease Epidemiology at the Robert Koch Institute or the public health authorities of several German federal states. As an EPIET-associated program, PAE is closely linked to the ECDC Fellowship Programs. PAE-fellows have had the opportunity to present their work at various TEPHINET Global Conferences as well as the TEPHINET-sponsored “International Night” during the EIS conference in Atlanta.

The U.K. FETP applied for TEPHINET accreditation in 2015 and gained it the following year after a site visit. The program benefited a lot from the reviewers’ insightful comments and was happy to share the experience during the 8th TEPHINET Global Scientific Conference in Mexico City, Mexico, in September 2015. The U.K. FETP participated in the 2017 TEPHINET Accreditation Reviewer Training that took place in Stockholm, Sweden, from February 27-28, 2017. TEPHINET shared strategic goals and the development of the accreditation program so far, and all participants discussed and became more acquainted with the indicators and standards used for the accreditation of FETPs. The role of the reviewer both before and during the site visits were discussed. The U.K. FETP subsequently contributed to the initial assessment of one FETP’s accreditation application in late spring 2017.

Turkey FETP is a nationally certified training program funded in 2012 within the Public Health Institution of Turkey under the Ministry of Health. Since 2012, three cohorts have graduated with a total of 24 fellows and were assigned to related departments. The fifth cohort has been selected and has begun their training. There are still 14 fellows in the training. The application cycle for the sixth cohort has begun. Since 2012, 65 outbreaks were investigated, 26 surveillance projects and 15 epidemiological research projects were conducted, and eight applied epidemiology courses were conducted for more than 420 provincial public health directorate staff. Sixty projects were presented at national and international conferences. Field Epidemiology Scientific Conferences are being held annually since 2012. Turkey FETP became a TEPHINET member in 2013 and has been joining most of the activities (conferences, meetings, etc.) of TEPHINET.

Thank you to TEPHINET for providing information exchange, sharing the tools and guidelines they have developed, assisting us with trainings and workshops, and, first of all, for letting us be a part of this big global family.

WRITTEN BY

Dr. Carmen Varela Santos
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Coordinator, United Kingdom Field Epidemiology Training Program
Since the formation of TEPHINET—the global network of field epidemiology training programs—twenty years ago, each of the countries in the Americas region has strengthened the process of training field epidemiologists.

Step by step, countries in North, Central, and South America have become members of TEPHINET. Today, more than 25 countries across this region are part of TEPHINET, with more countries projected to join this network in the future.

TEPHINET provides support to field epidemiology training programs to build competencies among health personnel in order to improve public health surveillance. In doing so, TEPHINET has continuously improved epidemiological surveillance systems in each country.

Increasingly, international cooperation agreements are being formalized between TEPHINET and each country’s programs. These agreements allow for field epidemiologists to share training courses in depth, for the continuous training of tutors and graduates leading to better and timelier responses to local and international outbreaks.

The Ministries of Health and National Institutes of Health of each of the TEPHINET member countries in the Americas have strengthened ties with TEPHINET and the FETPs. Today, the FETP trainees, with TEPHINET’s support, are an unstoppable workforce for responding to outbreaks and epidemics, carrying out analyses and evaluations of public health surveillance systems, providing reports to guide public policies, and conducting epidemiological investigations that provide important inputs for local and global public health decision-making.

Thanks to TEPHINET’s cooperation, each country encourages curricular improvement for programs, interaction with the world through virtual communication channels, timely preparation in response to outbreak situations and emergencies, and training to address epidemiological situations in mass events.

Over the years, TEPHINET, through FETP, has supported investigations of communicable diseases including influenza, Zika, chikungunya, dengue, and malaria in tropical countries in the Americas. It prepares to face new research challenges including emerging and reemerging health events, non-communicable diseases, poisonings, zoonotic diseases, and other global public health events that are being addressed by FETP professionals with TEPHINET support.

Global recognition of the programs, graduates and the positions they occupy within each country are the result of the FETPs and TEPHINET. Under TEPHINET’s guidance, the South American Field Epidemiology Programs Network (REDSUR) and the Central American and Caribbean Programs Network (REDCEC) are continuously strengthened by the support of each member country.

In this way, each country in the Americas maintains a commitment to TEPHINET to confront new challenges to strengthen field epidemiology training programs throughout the region, increase collaboration among countries, and continue to provide a great service to regional and global public health.

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WRITTEN BY
It is with a great deal of delight and enthusiasm that I extend my warmest personal greetings and those of the men and women of the South Asia Field Epidemiology and Technology Network (SAFETYNET) to our fellow health workers in TEPHINET as we celebrate the 20th anniversary of its founding.

We organized SAFETYNET in 2009 as the regional counterpart of TEPHINET in the Asian Pacific to facilitate and augment its efforts at enhancing the capabilities of epidemiology programs in these countries. With initial members Vietnam, Lao, Cambodia, and Indonesia, SAFETYNET cooperates with health ministries and various organizations in these countries to improve their disease surveillance and response capabilities. At the same time, the organization fosters collaboration and cooperation in disease prevention and control efforts among countries in the Asia Pacific region by supporting applied epidemiology programs and enhancing surveillance systems. We have worked closely with the public health infrastructure of the respective governments and non-government organizations of these nations, as well as the international organizations engaged in disease surveillance, prevention, and control efforts.

As an active network, SAFETYNET has served as the necessary catalyst in fostering inter-regional exchange, expertise sharing, as well as interagency and interdisciplinary collaborations in enhancing applied epidemiology capacity among Asian nations.

In consonance with TEPHINET’s vision, SAFETYNET envisions an Asia Pacific Region that can effectively address public health threats through its strong capacity for disease surveillance and response. As such, SAFETYNET has embarked on a mission to enhance the field epidemiology capacity of countries in the region to reduce morbidity and mortality due to infectious diseases through an effective surveillance and response system.

In line with TEPHINET’S goal of raising the quality of FETPs, SAFETYNET has assisted individual epidemiology training programs in the Asia Pacific Region, thereby enhancing surveillance and rapid response capabilities of the governments of these countries. It also works alongside TEPHINET to provide technical resource for the public health infrastructure of individual countries, including non-government and international agencies working in these nations. Through such engagement, SAFETYNET fosters networking, information sharing, and communication in health across the region.

Even as our organization has been in operation for less than a decade, we feel that SAFETYNET has made a significant headway in the global efforts to improve the disease surveillance and management capabilities that have been spearheaded by TEPHINET over the past twenty years. SAFETYNET has been instrumental in the organization and conduct of three major international meetings, namely the 6th TEPHINET Bi-Regional Conference in Bali, Indonesia in 2011; the 7th TEPHINET Bi-Regional Conference in Danang, Vietnam in 2013; and the 8th TEPHINET Bi-Regional Conference in Siem Reap, Cambodia in 2016.

We are indeed grateful for the headway that TEPHINET has made in its worthy initiatives in this part of the world, and we congratulate all the people who have made them possible. We, at SAFETYET, are certainly looking forward with much optimism to even greater cooperation with TEPHINET and its associates towards achieving our shared goals and successfully addressing the many challenges we may still be faced with in the years to come.

Dr. Maria Consorcia Lim Quizon
Executive Director, South Asia Field Epidemiology and Technology Network, Inc. (SAFETYNET)
CONFERENCES AND WORKSHOPS
Facilitating the Exchange of Public Health Knowledge to Develop a Better-Prepared Workforce

TEPHINET conferences provide an opportunity to the trainees of our member programs to present their field work to an international audience of experts, usually faculty members and trainees of TEPHINET member programs (this is generally one of the requirements for program completion). The contacts and the opportunities offered by these conferences are invaluable in efforts to build the capacity of public health systems in all countries – particularly in developing countries.

TEPHINET plans and sponsors numerous conferences that facilitate connections among field epidemiologists throughout the world and provide them with the most up to date public health research and information.

GLOBAL CONFERENCES

Since the first TEPHINET Global Scientific Conference in Canada in 2000, TEPHINET has sponsored a global conference nearly every two years. These conferences connect FETP residents, graduates, mentors, directors, and other public health professionals to share information, develop professional relationships, and highlight their programs’ achievements.

Over the years, interest in the conferences has steadily increased, demonstrating the ever-growing need for public health professionals to share the results of their work to better facilitate epidemiological training and disease outbreak response. In 2000, the first TEPHINET Global Scientific Conference received 150 abstracts from FETP residents and alumni. Currently, as TEPHINET prepares for its ninth global conference to take place in Thailand in August 2017, we have received more than 1,100 abstracts. This increase reflects the growth of TEPHINET’s membership and a rise in the number of trainees whose abstracts are approved for submission by their programs.

Global conference abstracts submitted by year:

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<tr>
<td></td>
<td>150</td>
<td>221</td>
<td>496</td>
<td>365</td>
<td>389</td>
<td>670</td>
<td>759</td>
<td>812</td>
<td>1,159</td>
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REGIONAL CONFERENCES

Regional conferences, which provide opportunities for FETP members to network with colleagues from neighboring countries, often focus on issues endemic to that region. TEPHINET is involved in regional conferences in different ways. In some regions, such as the Americas region and the Southeast Asia and Western Pacific regions, TEPHINET is directly involved in the financial and logistical coordination of the conferences. In other regions, including Europe, Africa and the Eastern Mediterranean, TEPHINET supports conferences according to the needs of the organizer.

WORKSHOPS

Typically, TEPHINET conferences are preceded by a day of five to ten workshops. The host country FETP, the CDC, and WHO often sponsor these workshops along with other health organizations and TEPHINET partners who sponsor FETP residents’ attendance.

OTHER EVENTS

FETP International Night

FETP International Night continues the tradition of TEPHINET and the CDC collaborating to recognize and support the critical work of FETPs in detecting and responding to disease threats worldwide. Each year, TEPHINET co-sponsors FETP International Night with the CDC during the latter’s EIS Conference. Selected FETP trainees and graduates showcase their field studies through poster and oral presentations. International Night is an EIS Conference tradition offering a valuable opportunity to incorporate international perspectives into a local conference. In 2017, TEPHINET received 307 abstracts for International Night; six were selected for oral presentation and 21 for poster presentation.

TEPHINET Program Directors Meeting

Over the last eight years, TEPHINET has maintained a regular FETP directors’ meeting held either as a standalone event or as part of a larger conference. In these meetings, TEPHINET convenes the directors of its member FETPs to discuss strategic issues of common concern, such as program sustainability. These meetings present opportunities for FETP leaders to learn from each other’s successes and failures. In June 2016, TEPHINET hosted a program directors’ meeting at the Institute of Health Carlos III at the National School of Public Health in Madrid, which received the participation of 74 representatives from 55 countries. During this gathering, the TEPHINET Accreditation Working Group sought feedback from the program directors on its accreditation standards and indicators, the results of the first cycle of FETP accreditation were announced, and the development of an online alumni platform for all FETPs was proposed and discussed. Other issues for group discussion included challenges to the sustainability of individual FETPs and methods for increasing FETP alumni engagement.

SOCIAL NETWORKING BETWEEN CONFERENCES

Communications is the glue that holds a network together.

The TEPHINET website, tephinet.org, has:

7,000+ registered users
127,000+ lifetime visitors
5,000+ followers across platforms

Currently, TEPHINET can be found on social media, including:

To that end, TEPHINET facilitates communication among our member programs, trainees and graduates through social networking and online communications.

On these platforms, TEPHINET shares FETP updates, relevant information, and opportunities. TEPHINET also keeps the network informed through its quarterly e-newsletters which feature updates from member programs and from the secretariat.

Communications is the glue that holds a network together.
FUTURE DIRECTIONS: THE STRATEGIC PRIORITIES OF TEPHINET FROM 2017-2020

During this period, the TEPHINET Secretariat will:

• Improve the understanding of TEPHINET’s mission and role among stakeholders
• Strengthen the quality of FETPs and their graduates through program accreditation and graduate certification
• Support continuous learning within the global FETP community through expanded e-learning offerings, conferences, mini-grants to trainees for surveillance projects, and networking
• Increase peer-to-peer assistance
• Facilitate workforce mobilization in response to global disease threats
• Elevate TEPHINET’s voice and profile as a thought leader
• Continue support to build organizational capacity and sustainability of FETPs at global, regional and program levels.

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Google.org

*In-kind contributions

If you or your organization are interested in supporting TEPHINET, please contact secretariat@tephinet.org.

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Skoll Global Threats Fund
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U.S. Centers for Disease Control and Prevention (CDC)
U.S. Department of State-Biosecurity Engagement Program
U.S. Naval Medical Research Unit (NAMRU)
World Health Organization

USAID (Respond Project)