Partnering to Protect All People through Field Epidemiology
Dear Partners and Friends:

The 2019 reporting year has been one of change and growth for TEPHINET. Collaboration is a core activity of the global network, and to this end, our relationships with FETPs, regional networks, partners and stakeholders are of paramount importance. The Ebola outbreak and the current COVID-19 pandemic are rallying calls and highlight the value of collaboration for information sharing, capacity building, and data interrogation to harmonize outbreak preparedness and response activities.

As you will see from this report, it has indeed been a busy year with progress in all our key work areas: FETP quality improvement, workforce mobilization, continuous learning, knowledge exchange and operational support to FETPs. The 10th TEPHINET Global Scientific Conference held in Atlanta saw the launch of the FETP Enterprise. The FETP Learning Advisory Council (FLAC) was constituted and began developing a comprehensive new learning strategy for the FETP Enterprise in order to ensure a well-trained and professional global field epidemiology workforce. TEPHINET accredited five FETPs and opened the fifth cycle of accreditation.

We are at a critical juncture of the Global Field Epidemiology Roadmap. Now that co-chairs have been selected, we need to select the other members of the Strategic Leadership Group (SLG) in order to move forward with the operationalization of the Roadmap’s recommendations. This endeavor will in no small way strengthen the global network to empower and mobilize a competent field epidemiology workforce to serve 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 Roadmap, as its name suggests, is the agreed-upon path to take the entire FETP enterprise forward in terms of relevant, responsive, sustainable and meaningful collaboration among its constituent members, stakeholders and partners. We are nearing the end of our 2017-2020 strategic plan, and it goes without saying that our new strategic plan will be congruent with the Roadmap.

There is a need to strengthen the networking activities of TEPHINET. Going forward, we plan to focus our engagement with the regional networks in order to clarify roles and responsibilities, determine how best we can support each other, and reduce the inefficiencies of overlap in certain activities. In collaboration with the regional networks, we need to agree on how best to support country and regional FETPs and get the greatest impact with limited resources. In keeping with our focused engagement with regional networks, we plan to hold meetings with each regional network as soon as possible. This will help TEPHINET to better understand the needs and challenges in each region and will help to facilitate intra-regional collaboration and networking across FETPs.

Last but not least, we plan to strengthen our technical partnerships with existing partners and to engage new partners to build effective field epidemiology capacity around the world. There is a lot to be done, but as the adage goes, Rome wasn’t built in a day.

Sincerely,

Carl Reddy, MB.BCh, FCPHM, M.Sc. (Epi)
TEPHINET Director
Dear TEPHINET Family,

Well, I know it has been a busy start to the year for everyone. Since the beginning of 2020, field epidemiology training programs (FETPs) have been conducting surveillance for and investigating outbreaks of COVID-19. I have heard of what FETPs are doing globally to respond to the threat of this emerging infectious disease, and it is amazing. FETPs provide the workforce for responding to infectious threats, and it is at times like this that people notice what we do.

It seems like a long time since we were at the Evergreen Marriott Conference Center in Atlanta for the 10th TEPHINET Global Scientific Conference in late October 2019. It was a fantastic time to see the presentations of FETP fellows and program alumni and to follow these up with the TEPHINET Program Directors Meeting. There were some fantastic workshops at the conference on different topics, such as timeliness of outbreak detection, and presentation skills, among others. Some important concurrent meetings occurred to ensure that TEPHINET assisted programs through curriculum development and accreditation. I met many old friends and made some new ones – along with some great memories – and I hope you did too.

Unfortunately, the conference was a sad time too. I kept imagining that I would come around the corner to see the wonderful Dr. Dionisio Herrera greeting people he just met like old friends and giving people bear hugs. When Dionisio passed away in December 2018, we lost the FETP family’s most passionate supporter and advocate. He was so compassionate and warm and cared about every person from brand-new FETP fellows through to program directors. In this current coronavirus epidemic, Dionisio would tell us to get into the middle of the action and play a central role in controlling the pandemic.

The TEPHINET Secretariat has done a wonderful job of keeping the network moving forward through 2019. The Secretariat is made up of very talented and committed individuals who play well in a team setting, which is shown by the extensive work of the network. Importantly, the recruitment process for a new director in 2019 resulted in appointment of Dr. Carl Reddy as the new director. Carl is well-known to the network and much respected. It is great to welcome him to a new role in TEPHINET.

In time, we will have our regional conferences, which will be prime opportunities for networking and knowledge sharing. I hope we will learn more about how FETPs and alumni assisted with controlling COVID-19. I will look forward to meeting some of you at these wonderful meetings.

Warm regards,

Professor Martyn Kirk
Interim Chairman, TEPHINET Advisory Board
NHMRC Career Development Fellow
Australian National University College of Health and Medicine

Daniel Eviren, an FETP resident in Uganda, conducts an interview during a malaria outbreak investigation.
The TEPHINET Secretariat works on building FETP capacity through the following general work areas:

- **FETP quality improvement**: Through TEPHINET’s accreditation program, FETPs have the opportunity to align with common standards to support quality training. FETPs may apply for accreditation status, which is granted by the TEPHINET Global Accrediting Body.

- **Workforce mobilization**: Through TEPHIConnect (an online networking platform for FETP alumni), and in collaboration with FETPs and regional FETP networks, TEPHINET aims to facilitate the mobilization of experienced and qualified epidemiology staff to support emergency response.

- **Continuous learning**: Through its continuous learning program, TEPHINET aims to build and strengthen a well-trained and professional global field epidemiology workforce prepared to address evolving public health priorities.

- **Knowledge exchange**: TEPHINET will facilitate knowledge exchange through meetings and scientific conferences, via our website, social media platforms, publications and through TEPHIConnect.

- **Operational support to FETPs**: TEPHINET’s project management team offers financial, administrative, human resources and logistical support to FETPs to address disease detection and outbreak response as well as implement collaborative meetings and scientific events. Projects are primarily implemented through sub-contracts and consultants hired by TEPHINET through grant funding from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of State.

About TEPHINET

Founded in 1997, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) is a global network of field epidemiology training programs (FETPs). FETPs play a critical role in advancing global health security by strengthening country capacity to detect and respond to disease outbreaks and other public health threats. Currently, TEPHINET comprises more than 70 programs actively training field epidemiologists in more than 100 countries.

TEPHINET member programs include those with laboratory and veterinarian education components. Overall, TEPHINET member programs have trained more than 14,000 public health professionals to be the “boots on the ground” in the fight against diseases.

With a secretariat based at The Task Force for Global Health in Atlanta, Georgia, USA, TEPHINET works closely with regional FETP networks and regional, sub-regional, and national FETPs.

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 to serve 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.

Pakistan FETP conducts in-depth interviews with community members during an HIV outbreak investigation in June 2019. Photo courtesy of Arooj Khan.

Top: Nigeria FETP resident Olakunmi Solomon Chiwokwa serves as a member of the monitoring supervision team during a monovalent type 2 oral polio vaccine (mOPV2) campaign in Sokoto state, Nigeria, in 2019. Middle: Pakistan FETP resident Sumara Baig conducts a test for brucellosis in 2019. Bottom: Bangladesh FETP fellow Debasis Kumar Shaha conducts a Nipah viral outbreak investigation in Bangladesh in 2019. Photo courtesy of Mohammad Gazi Shah Alam.

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In 2019, We Launched the FETP Enterprise

The FETP enterprise is defined as the totality of the leaders, funders, implementing partners, government agencies, and other stakeholders engaged in this global effort, along with associated workforce competency targets, standards, agreements, technologies, etc. that undergird this work.

**GUIDING VISION**

Every country in the world has the applied epidemiology capacities needed to protect and promote the health of its own population and to collaborate with others to promote global health.

**FETP ENTERPRISE TODAY:**

- **FETP**
  - Field Epidemiology Training Program

- **FETLP**
  - Field Epidemiology and Laboratory Training Program

- **FETPV**
  - Field Epidemiology Training Programs for Veterinarians

**AS OF AUGUST 2019**

- **80+ countries** have one or all:
  - 14,000+ disease detectives graduated from an FETP
  - 5,000+ were enrolled

**COLLECTIVELY, FETP GRADUATES HAVE:**

- 3,800+ disease surveillance systems
- Conducted more than 9,350 outbreak investigations
- Published more than 2,660 peer-reviewed articles
- Given more than 7,800 conference presentations

**BACKGROUND**

**JUNE 2018**

A group of key leaders and stakeholders in field epidemiology capacity development convened at the Rockefeller Foundation Bellagio Center and developed the Global Field Epidemiology Roadmap.

**FEBRUARY 2019**

They met at World Health Organization (WHO) headquarters to develop an implementation plan for the Global Field Epidemiology Roadmap.

**OCTOBER 2019**

TEPHINET launched the FETP enterprise at the 10th TEPHINET Global Scientific Conference. Dr. Rebecca Martin (director of the Center for Global Health at the U.S. Centers for Disease Control and Prevention) and Dr. Mike Ryan (executive director of the WHO Health Emergencies Program) announced their commitment to serve as co-chairs of a new Strategic Leadership Group to drive forward the progress of the FETP enterprise against the recommendations made in the Global Field Epidemiology Roadmap.
MAP

Countries served by a Field Epidemiology Training Program (FETP), Field Epidemiology and Laboratory Training Program (FELTP), or Field Epidemiology Training Program for Veterinarians (FETPV)

RECOMMENDATIONS FOR THE PATH FORWARD:

1. A broadly representative Strategic Leadership Group (SLG) should be established to provide a driving force for progress for the FETP Enterprise. The SLG would monitor the need for change and enhancement of the FETP Enterprise; develop and promulgate action-oriented guidance, recommendations, and standards; and commission specific work to develop needed tools, systems and policies.

2. The SLG should continually monitor and assure needed improvements and changes in the FETP Enterprise, especially as regards the need to expand and modernize FETP core competencies and curricula.

3. The SLG should promote the development of applied epidemiology workforce targets at each level of expertise (basic [Frontline], intermediate and advanced), to support the development of a workforce capable of meeting country-specific public health and global health security needs.

4. The SLG should assure the development of a cadre of specially-trained FETP fellows and alumni available for rapid response to health emergencies, including but not limited to major outbreaks of infectious disease.

5. The SLG should work with country partners to accelerate the rate at which FETPs become fully institutionalized—programmatically, technically, and financially—into country health systems.

6. The SLG should continue, strengthen, and expand efforts to assure and improve the quality of FETPs, as well as the supporting network-level elements of the FETP Enterprise.

7. The SLG should promote and work to assure sustainable funding for all elements of the global FETP Enterprise.

8. The SLG should foster enhanced alignment and integration of the FETP Enterprise with key global health programs and priorities, including (for example) global health security, One Health, and universal health coverage.

Participants of the February 2019 follow-up implementation meeting for the Global Field Epidemiology Roadmap held at WHO headquarters in Geneva, Switzerland.
1. **AFGHANISTAN**
FETP residents collected and analyzed data on childhood immunization coverage in polio high-risk provinces.

2. **AUSTRALIA**
The Master of Philosophy in Applied Epidemiology (MAE) program, Australia’s FETP, launched the ASEAN-Australia Health Security Fellowship Program to strengthen surveillance and response capacity against public health threats in participating ASEAN countries.

3. **BRAZIL**
FETP residents investigated measles outbreaks across several states, conducted measles vaccination coverage surveys, and performed immunization to prevent new cases.

4. **BURKINA FASO**
The FETP co-hosted an exchange program with the Ghana FELTP to share experiences and learning. Together, residents conducted a survey on road safety.

5. **CANADA**
One resident and one program director participated in the Ebola response in the Democratic Republic of the Congo.

6. **CHINA**
FETP residents investigated the occurrence of pneumonic plague in the Inner Mongolia Autonomous Region.

7. **COLOMBIA**
The FETP contributed toward capacity building in the region by conducting outbreak training courses for 70 officials from eight countries in Central America.

8. **EGYPT**
FETP residents supported surveillance and response before and during mass gathering for the 2019 Africa Cup of Nations.

9. **GHANA**
The FELTP held its second scientific conference with the theme, “Building and sustaining a field epidemiology workforce through Ghana FELTP: The role of government, private sector and institutional partners.”

10. **HAITI**
FETP residents conducted a planned study to estimate the prevalence of sexual violence and determine the knowledge, attitudes and practices of residents in a district in Haiti.

11. **HONDURAS**
FETP residents investigated dengue outbreaks across several health regions of Honduras amid the region’s worst dengue epidemic of the decade.

12. **INDONESIA**
Following earthquakes and tsunamis, FETP residents were actively involved in post-disaster surveillance and outbreak investigation in several areas of the country.
13. JAPAN
FETP residents investigated nosocomial outbreaks caused by antimicrobial-resistant bacteria at an acute care hospital.

14. JORDAN
FETP residents conducted a survey on risk factors for non-communicable diseases among adults and supervised field teams collecting data.

15. KENYA
FETP residents investigated a Rift Valley fever outbreak in Nyandarua and Murganda counties.

16. LIBERIA
The Frontline FETP conducted an evaluation and KAP (knowledge, attitudes, and practices) study of Integrated Disease Surveillance and Response (IDSR) among clinicians.

17. MALAYSIA
Epidemic Intelligence Program (EIP) residents deployed to identify the source of transmission and reassess surveillance of acute flaccid paralysis in response to a case of circulating vaccine-derived poliovirus type 1 (cVDPV1).

18. MOROCCO
FETP residents investigated organophosphate pesticide poisoning in the province of Settat following the consumption of treated beans.

19. MOZAMBIQUE
The FEL TP deployed residents and graduates to respond to Cyclones Idai and Kenneth. The FEL TP supported the implementation of a surveillance system for early outbreak detection in the hard-hit city of Beira.

20. NIGERIA
The FELTP participated in reviewing and adapting the latest edition of the WHO-AFRO Technical Guidelines for Integrated Disease Surveillance and Response (IDSR).

21. PAKISTAN
FETP residents investigated reported cases of HIV among children in Larkana district, Sindh province, and implemented preventive and control measures to halt the spread of the outbreak.

22. PARAGUAY
FETP residents conducted a survey to assess knowledge about preventive measures and clinical characteristics of people who had symptoms of arboviruses during 2019.

23. PERU
FETP residents investigated outbreaks of Zika, Guillain-Barré syndrome, and neurological disease in various departments of Peru.

24. PHILIPPINES
FETP residents investigated an epidemic of melioidosis in Isabela province in northern Luzon.

25. SAUDI ARABIA
FETP residents investigated an outbreak of foot-and-mouth disease.

26. SIERRA LEONE
FETP residents investigated an outbreak of Lassa fever in Tonkolili district, participating in case investigations, contact tracing, data analysis and writing of daily situation reports for dissemination.
26. SOUTH AFRICA
FETP residents investigated a suspected waterborne disease outbreak in a local hospital in Free State province.

27. SUDAN
The FETP conducted a Training of Trainers (TOT) course for emergency rapid response, using real-life examples such as the cholera epidemic in Sudan in 2019.

28. TAIWAN
The Taiwan and Thailand FETPs collaborated to increase regional training capacity in scientific writing by hosting the Taiwan FETP’s first scientific writing workshop.

29. TANZANIA
FETP residents evaluated the country’s HIV surveillance system and conducted an HIV data quality assessment.

30. THAILAND
FETP-V residents conducted an outbreak investigation demonstration workshop on Marek’s disease in poultry in Thailand.

31. TUNISIA
The FETP began data collection for a national retrospective public hospital-based survey of patients having undergone surgery for hydatidosis (echinococcosis).

32. UGANDA
FETP residents participated in the Ebola response in the Ugandan border districts of Kasese, Hoima and Kabarole. They supported efforts to minimize the spread of Ebola through contact tracing, orientation of health workers, risk communication and data management.

33. UKRAINE
Intervention Epidemiology Service (IES) residents conducted a survey to identify the main barriers against the implementation of HIV rapid testing services of individuals at risk in primary healthcare facilities.

34. UNITED STATES
Epidemic Intelligence Service (EIS) officers investigated HIV infections associated with injection drug use in Kentucky and Ohio.

35. VIETNAM
FETP residents investigated an outbreak of diphtheria in Dak Lak province. The FETP is working on an overall plan for diphtheria response in the region.

36. YEMEN
FETP residents investigated cholera outbreaks and the impact of awareness promotion among cholera patients and their household contacts.

37. ZAMBIA
FETP graduates responded to an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2).

38. ZIMBABWE
FETP residents responded to Cyclone Idai, conducting disease surveillance as well as a community assessment for public health emergency response (CASPER).
Programmatic Highlights

Photo: Nigeria FELTP fellows administer oral polio vaccine to a child. Photo courtesy of Tamuno-Wari Numbere.
TEPHINET Accreditation of Field Epidemiology Training Programs

Through TEPHINET’s Accreditation Program, FETPs have the opportunity to align with common standards to support quality training. FETPs can apply for accreditation status, which is granted by the TEPHINET Global Accrediting Body.

Over 4 cycles, 18 programs have been accredited. In the most recent cycle, 5 were accredited:

- China
- Germany
- Ghana
- Morocco
- Pakistan

In total, 58 programs have been trained on the accreditation process and standards.

To date, 32 individuals have been trained to act as accreditation reviewers, and more than 200 have submitted applications to become reviewers.

In 2019, TEPHINET conducted 1 interactive accreditation training workshop for program leadership at the 10th TEPHINET Global Scientific Conference.

Accreditation standards are grouped into 5 domains:

- Management, infrastructure and operations
- Integration with the public health service
- Staffing and supervision
- Selection and training of residents
- Continuous quality improvement* (*new domain added in 2019!)

NEW:

TEPHINET recently launched the Small Quality Improvement Grants (SQIGs), which are an opportunity for peer-to-peer exchange, intensive technical assistance, and targeted small grants aimed at quality improvement needs as identified by programs. Learn more at tephinet.org/small-quality-improvement-grants

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Through the activities, everyone was able to learn about the importance of accreditation, the necessity of documentation and the process of getting accredited. Participants were given the chance to think, discuss, and actually had some fun. I am now thinking about how I might be able to use the same method to do other trainings.

– DR. ANGELA SONG-EN HUANG, TAIWAN FETP ACCREDITATION WORKSHOP PARTICIPANT

Footnotes:

Accreditation workshop. Atlanta, Georgia, USA in October 2019.
Middle: TEPHINET’s Carl Reddy with Ghana FETP’s Ernest Kenu after the FETP became accredited in October 2019.
Below: Participants and facilitators of the accreditation workshop in Atlanta in October 2019.
Through TEPHIConnect (TEPHINET's online networking platform for FETP alumni), and in collaboration with FETPs, regional FETP networks, and other partner agencies, TEPHINET aims to facilitate the mobilization of experienced and qualified professionals to respond to national and international public health emergencies.

TEPHIConnect has nearly 2,000 active users from across the global FETP alumni community. 160 applications were received through TEPHIConnect to deploy to the following emergencies:

- Ebola and measles in the Democratic Republic of the Congo
- Cyclone Idai in Mozambique and Zimbabwe
- Lassa fever in Nigeria

TEPHINET is increasing engagement with deploying partner agencies:

In collaboration with various partners, including the R Epidemics Consortium (RECON), CDC, WHO, and AFENET, TEPHINET helped to organize training workshops for FETP alumni in topics including outbreak analytics using R and epidemiology in humanitarian emergencies.

TEPHINET is also partnering with AFENET to engage the AFENET Corps of Disease Detectives (ACoDD) through training opportunities and support for their deployments to emergencies throughout Africa. All ACoDD members are invited to join TEPHIConnect and participate in the “AFENET” group on the platform.

Connect with FETP graduates worldwide, and be informed of professional development and training opportunities. Join TEPHIConnect today, and continue your relationship with TEPHINET post-graduation:

- Visit tephiconnect.org.
- Complete an account request form by clicking “Request invitation.”
- An admin will review your request. If approved, you will receive an email requesting you to activate your account.
The TEPHINET Learning Program

Through its continuous learning program, TEPHINET aims to build and strengthen a well-trained and professional global field epidemiology workforce prepared to address evolving public health threats.

In 2019, TEPHINET established the FETP Learning Advisory Council and working groups and began developing a new learning strategy for the global FETP enterprise. TEPHINET received more than 300 expressions of interest in joining a global TEPHINET learning network.

In 2020 and beyond, TEPHINET aims to finalize the learning strategy, support its ongoing implementation, and grow a global learning hub (both a network and a platform) in order to increase:

- Access to quality, relevant educational materials
- Knowledge exchange and collaboration around learning-related developments and innovations across our network

Visit the TEPHINET Learning Center: tephinet.org/tephinet-learning-center

Highlights:

- E-learning modules (including risk communication, public health laboratory core competencies, and more!)
- Classroom modules (including cancer prevention and control, veterinary ethics)
- A learning hub on coronavirus disease 2019 (COVID-19)
- Dozens of public health and epidemiological case studies in the TEPHINET Library
- Hundreds of links to helpful websites

TEPHINET’s Operational Support to FETPs

TEPHINET’s project management team offers financial, administrative, human resources and logistical support to FETPs to address disease detection and outbreak response as well as implement collaborative meetings and scientific events. Projects are primarily implemented through sub-contracts and consultants hired by TEPHINET through grant funding from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of State.

Operational support highlights:

- TEPHINET supports FETPs in Pakistan, Kenya, Cameroon, Bangladesh, Yemen, Central Asia, and the South Caucasus.
- In addition to supporting the Pakistan Field Epidemiology and Laboratory Training Program, TEPHINET supports the National Stop Transmission of Polio (N-STOP) program to eradicate polio through funding from the CDC Global Immunization Division.
- In 2019, TEPHINET awarded 20 small grants to FETP fellows and graduates working on projects related to non-communicable diseases. The small grants program builds the capacity of current fellows and recent graduates of FETPs through mentored non-research projects in both infectious and non-communicable diseases.
- TEPHINET provided support to the establishment of National Public Health Institutes (NPHIs) in countries such as the Democratic Republic of the Congo and Liberia.
- TEPHINET works closely with various CDC centers, such as:
  - The National Center for Immunization and Respiratory Diseases (NCIRD) team on a project to develop a standard event-based surveillance (EBS) curriculum and training materials for use at the community, district, health facility, and national levels. TEPHINET is working with CDC to organize EBS mentorship workshops in East and West Africa in early 2020.
  - The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) team on a portfolio of projects on infection prevention and control (IPC) and anti-microbial resistance (AMR).
  - The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) team on a portfolio of non-communicable disease projects.
INTERACTIVE LEARNING SESSIONS:

• 525 abstracts submitted by FETP trainees and graduates (NEW: For the first time, Frontline FETP trainees/alumni and non-recent alumni who graduated more than two years ago could submit abstracts to special sessions for their respective levels)
• 104 FETP oral presentations
• 93 FETP poster presentations
• 7 keynote speakers
• 7 plenary and parallel sessions
• 12 pre-conference Interactive Learning Sessions

PRESENTATION TOPICS:

• Infections transmitted through food and water
• Vector-borne diseases
• Public health surveillance
• Animal health
• Anti-microbial resistance and healthcare-related topics
• Chronic disease and injury
• Vaccine-preventable diseases
• Viral hepatitis and HIV
• Occupational and environmental health
• Maternal and child health

CONGRATULATIONS TO OUR AWARD WINNERS!

Dionisia Herrera Gulbert Award for Best Applied Public Health Intervention
Vishal Thakur, “Do Unmanned Aerial Vehicules Reduce the Duration and Cost of Transportation for Diagnosis of Multi-drug Resistant Tuberculosis? A Feasibility Study—Chamba, Himachal Pradesh, India 2018”
Best Oral Presentation by an FETP Alumnus/Alumna
Best Oral Presentation by an FETP Intermediate or Advanced Fellow or Recent Graduate
Hendrik Camphor, “A Novel, Evidence-based Methodology for Outbreak Investigations in Healthcare Settings (held by CDC)
Best Poster Presentation by an FETP Frontline Fellow or Recent Graduate
Amrini Nawussi Godonou, “Beta-lactam Resistance Phenotypes of Enterobacteria Strains Isolated in Urinary Tract Infections at Sylavan Olympio Teaching Hospital—Lomé, Togo, 2018”
NEW TEPHINET Travel Grant for Environmental Epidemiology for Planetary Health (awarded in memory of James Mendlein)
Simon Packer (United Kingdom), “Determining the Utility of National Real-time Ambulance Syndromic Surveillance to Identify and Monitor the Adverse Health Impact of Extreme Weather Events and Seasonal Respiratory Infections in England;”

KEYNOTE SPEAKERS:

• Jeffrey P. Koplan, Vice President for Global Health, Emory University
• Tedros Adhanom Ghebreyesus (video remarks), Director-General, World Health Organization
• Rebecca Martin, Director, Center for Global Health, Centers for Disease Control and Prevention
• Mike Ryan (video remarks), Executive Director, World Health Organization Health Emergencies Program
• David Castellan, Veterinarian, Institute for Infectious Animal Diseases, Texas A&M University
• Babatunde Olowokure, Chief, Health Emergency Information and Risk Assessment, World Health Organization Health Emergencies Program

The Global FETP Enterprise: Applied Epidemiology in the 21st Century

10th TEPHINET Global Scientific Conference: The Global FETP Enterprise

WHEN: October 28 – November 1, 2019
WHERE: Evergreen Marriott Conference Center | Atlanta, GA, USA
WHO: More than 600 participants from 82 countries

KEYNOTE SPEAKERS:

• Jeffrey P. Koplan, Vice President for Global Health, Emory University
• Tedros Adhanom Ghebreyesus (video remarks), Director-General, World Health Organization
• Rebecca Martin, Director, Center for Global Health, Centers for Disease Control and Prevention
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Brazil

Participants engage with an interactive map at the 10th TEPHINET Global Scientific Conference in October 2019.

Dr. Jeffrey P. Koplan delivers the opening keynote address in October 2019.
FETP International Nights at the 68th Annual EIS Conference: Strengthening Partnerships and Improving Global Health Security through Field Epidemiology Training, Surveillance, and Outbreak Response

WHEN: April 30 – May 1, 2019
WHERE: Sheraton Atlanta Hotel | Atlanta, GA, USA
WHO: More than 200 participants including EIS officers and alumni, FETP trainees and alumni, CDC and TEPHINET staff, and other public health professionals from around the world.

BY THE NUMBERS:
• 22 FETP poster presentations given during FETP International Nights
• 6 FETP oral presentations given during FETP International Nights
• 2 FETP oral presentations given during the daytime EIS Conference

CONGRATULATIONS TO OUR AWARD WINNERS!
William H. Foege Award for Excellence in Oral Scientific Presentation
Mukurasi Irene Kukuhabwa (Tanzania): “Linkage into Care Among Newly Diagnosed HIV-infected Individuals in Njombe Region, Tanzania, 2017-2018: A Prospective Cohort”

Jeffrey P. Koplan Award for Excellence in Poster Scientific Presentation
Munaza Fatima (Pakistan): “Complications Associated with XDR Typhoid Fever Cases in Hospitalized Patients of District Hyderabad, Pakistan, 2017-2018”

Photo Contest:
1st place: Tamuno-Wari Numbere (Nigeria)
2nd place: Kusnia Wati Rayahu (Indonesia)
3rd place: Sanam Hussain (Pakistan),
4th place: Shimaa Abdallah Gebelly (Egypt)
2019 Projects

As an implementing partner to public health organizations, the TEPHINET Secretariat is granted funds to manage projects related to strengthening public health systems worldwide. TEPHINET provides direct support to several field epidemiology training programs through funding it receives for projects conducted in collaboration with these programs. This section lists the projects the TEPHINET Secretariat managed in 2019.

Multiple Regions

Developing an FETP Cancer Curriculum
Countries: Worldwide
Funder: CDC
To develop an FETP cancer curriculum, including slide presentations, facilitator guides, case studies, and field exercises for four modules (cancer epidemiology, comprehensive cancer control programs, cancer registries, and cancer screening programs) as well as create a fifth module for cervical cancer. The curriculum is available on the TEPHINET website (in English, and Spanish for some modules) for countries to increase capacity in cancer prevention, control, and surveillance.

Non-communicable Disease Capacity Building in Insular Areas
Countries: U.S. Virgin Islands (St. Croix, St. John, St. Thomas), Guam, Palau
Funder: CDC
To strengthen the capacity of public health staff to gather, analyze, interpret, and use data for decision making; increase the availability of physical activity opportunities; and increase community-clinical linkages by supporting prevention efforts, chronic disease self-management programs, and diabetes self-management programs.

The WHO/IDF Cambridge Course on the Epidemiological and Public Health Aspects of Diabetes Mellitus
Countries: Worldwide
Funder: CDC
To support the execution of the Cambridge International Diabetes Training Course by providing funding and logistical support for the course venue, room and board for participants and faculty members.

Supporting the National Center for Immunization and Respiratory Diseases (NCIRD)
Countries: Cameroon, Senegal, Ghana, Uganda, Kenya, Vietnam
Funder: CDC
To develop capacity at the country level to support disease detection, diagnosis, and surveillance by: (1) providing training and technical assistance to detect and monitor public health events of international importance using event-based surveillance (EBS), and (2) conducting program management trainings for Global Health Security Agenda (GHSA)-funded ministries of health.

IMPACT Evaluation
Countries: Worldwide
Funder: CDC
To support evaluation efforts for the IMPACT and FETP programs in various regions and locations worldwide. Evaluation will be conducted in up to 12 advanced FETP programs. IMPACT Program evaluations will include a continuation of the evaluation lessons learned from previous evaluation activities in four countries.

Accreditation of Field Epidemiology Training Programs
Countries: Worldwide
Funder: CDC
To ensure the quality of field epidemiology training programs by maintaining minimum quality standards for field epidemiology training programs, providing a process for programs to apply for accreditation, and offering technical assistance and small grants for quality improvement.

Building FETP Capacity in Non-communicable Disease Detection through Mini-Grants
Countries: Worldwide
Funder: CDC
To strengthen non-communicable disease surveillance systems for non-communicable diseases (NCDs) by awarding small grants (mini-grants) to individual FETP trainees and/or graduates to complete non-research studies on these topics.

TEPHINET Learning Strategy Development and Implementation
Countries: Worldwide
Funder: CDC
To create and implement a network-wide learning strategy in collaboration with the regional networks and programs and formalize a learning initiative to support TEPHINET’s fundamental work of building and strengthening an agile and dynamic global FETP network that can confront and manage modern health security challenges.

Developing One Health Classroom and E-learning Case Studies
Countries: Worldwide
Funder: CDC
To improve epidemiologic capacity to investigate and control zoonotic outbreaks as well as support continuous learning within the global FETP community through the creation of innovative training by developing and implementing a One Health-focused case study for use in the classroom and as a self-guided e-learning solution.

Risk Communication Curriculum and Training Tool Development
Countries: Worldwide
Funder: CDC
To leverage existing risk communication curriculum and related materials to improve content, enhance features, add supplemental tools/templates, and new exercises.

International Diabetes Epidemiology Group Training Symposium
Countries: Worldwide
Funder: CDC
To support the logistical execution of the International Diabetes Epidemiology Group (IDEG) Training Symposium 2019 in Seoul, Korea, for participants from low- and middle-income countries.

Supporting the FETP Enterprise Strategic Leadership Group
Countries: Worldwide
Funder: CDC
To provide support to the nascent FETP Enterprise Strategic Leadership Group (SLG), a broadly representative group of key partners and stakeholders explicitly tasked with the strategic management function of the FETP enterprise.

Maternal and Child Health Epidemiology Support to FETP
Countries: Worldwide
Funder: CDC
To strengthen country surveillance systems for maternal and child health by awarding small grants (mini-grants) to individual FETP trainees and/or graduates to complete non-research studies on these topics.

Healthcare-Associated Infection Surveillance
Countries: Worldwide
Funder: CDC
To strengthen and promote sound infection prevention and control (IPC) and antimicrobial resistance (AMR) practices by supporting stakeholder meetings to improve IPC/AMR priorities and activities while engaging stakeholders and cultivating champions.

TEPHINET Foundation Small Grants
Countries: Worldwide
Funder: CDC Foundation
To support Ministry of Health staff and/or other public health professionals within their national or regional FETPs in noncommunicable disease field epidemiology.

Global Non-communicable Disease Activities
Countries: Worldwide with a focus on Latin America and the Caribbean
Funder: CDC
To support the CDC Global NCD branch’s efforts to improve the prevention and control of NCDs through surveillance, capacity building and evidence generation.

Developing an FETP Alumni Network to Facilitate Workforce Mobilization (TEPHICConnect)
Countries: Worldwide
Funder: CDC
To establish a cohesive network of FETP graduates worldwide in order to facilitate the mobilization of experienced and qualified epidemiologists to support emergency response.

Epidemiology Support to FETP
Countries: Worldwide
Funder: CDC
To support TEPHINET’s fundamental work and formalize a learning initiative to the regional networks and programs in collaboration with the TEPHINET Learning Strategy in the implementation of a One Health-focused case study.

Innovative and Sustainable Global Laboratory Training and Efficiency Enhancement
Countries: Worldwide
Funder: CDC
To focus on implementing one pilot Virtual Reality (VR) training activity in a selected region that can be used across disciplines (e.g., laboratory, epidemiology, emergency response).

Communication Support for CDC Global Health Security Agenda (GHSA) and Broader Global Health Security Work
Countries: Worldwide
Funder: CDC
To support health communication across CDC’s global health portfolio related to GHSA global health security work, with a central focus on communicating the value of integrating disease and pathogen specific work and cross-cutting core capacity building work.

To focus on implementing one pilot Virtual Reality (VR) training activity in a selected region that can be used across disciplines (e.g., laboratory, epidemiology, emergency response).

LEARNING resources

To implement a network-wide learning strategy in collaboration with the regional networks and programs and formalize a learning initiative to support TEPHINET’s fundamental work of building and strengthening an agile and dynamic global FETP network that can confront and manage modern health security challenges.

To support the logistical execution of the International Diabetes Epidemiology Group (IDEG) Training Symposium 2019 in Seoul, Korea, for participants from low- and middle-income countries.

To support the execution of the Cambridge International Diabetes Training Course by providing funding and logistical support for the course venue, room and board for participants and faculty members.

To develop capacity at the country level to support disease detection, diagnosis, and surveillance by: (1) providing training and technical assistance to detect and monitor public health events of international importance using event-based surveillance (EBS), and (2) conducting program management trainings for Global Health Security Agenda (GHSA)-funded ministries of health.

To support evaluation efforts for the IMPACT and FETP programs in various regions and locations worldwide. Evaluation will be conducted in up to 12 advanced FETP programs. IMPACT Program evaluations will include a continuation of the evaluation lessons learned from previous evaluation activities in four countries.

To work with the Regional Networks and Programs in the implementation of a One Health-focused case study.

To leverage existing risk communication curriculum and related materials to improve content, enhance features, add supplemental tools/templates, and new exercises.

To support the logistical execution of the International Diabetes Epidemiology Group (IDEG) Training Symposium 2019 in Seoul, Korea, for participants from low- and middle-income countries.

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To support evaluation efforts for the IMPACT and FETP programs in various regions and locations worldwide. Evaluation will be conducted in up to 12 advanced FETP programs. IMPACT Program evaluations will include a continuation of the evaluation lessons learned from previous evaluation activities in four countries.
Region: Africa

Developing National Public Health Institutes
Countries: Democratic Republic of the Congo, Liberia, Mali, Namibia, Zambia
Funder: CDC
To support the development of national public health institutes (NPHIs) as well as the overall operations of the NPHI program at CDC and build awareness of the importance of field epidemiology for health security among global and national partners, and contribute to public health workforce development.

Antimicrobial Resistance Detection and Prevention in West Africa Regional Hubs
Countries: Nigeria, Senegal
Funder: CDC
To support the CDC’s International Infection Control Program (IICP) as it strives to reduce the global burden of healthcare-associated infection and antimicrobial resistance associated with healthcare delivery in low- and middle-income countries by serving as a global resource for infection prevention and control.

Infection Prevention and Control/ Antimicrobial Resistance Regional Meetings
Countries: Liberia, Nigeria
Funder: CDC
To support the CDC’s International Infection Control Program (IICP) as it continues to build a network of public health professionals in Liberia and Nigeria to improve infection prevention and control practices.

Support to the Cameroon Field Epidemiology Training Program
Country: Cameroon
Funder: CDC
To provide programmatic support for the implementation of all training activities for the Cameroon advanced and Frontline FelTP.

Support to the Kenya Field Epidemiology and Laboratory Training Program
Country: Kenya
Funder: CDC
To increase the self-sufficiency of the national surveillance system to identify and respond to unusual health-related events as part of a more integrated public health system in Kenya by continuing with Frontline and intermediate level field epidemiology training courses.

Region: Americas

Improving Contact Tracing for Measles Outbreaks in the Americas
Country: Brazil
Funder: CDC
To address recent large measles outbreaks in the Americas by improving contact tracing measures as follows: 1) Develop an electronic case tracing tool based on a reconfiguration of an existing WHO tool established for Ebola contact tracing, 2) Conduct a pilot testing of the reconfigured measles tool during a current measles outbreak, 3) Develop training materials including a case study based on a recent measles outbreak scenario, and 4) Develop an online training course.

Antimicrobial Resistance Detection and Prevention in South America Regional Hubs
Country: Colombia
Funder: CDC
To support the Centers for Disease Control and Prevention’s International Infection Control Program (IICP) and Mycotic Disease Branch (MDB) as it aims to reduce transmission of Candida auris and other drug-resistant fungi through improved detection, preparedness, and response by demonstrating scalable intervention strategies to improve adherence to infection control and treatment guidelines to impact clinical outcomes and identify critical AMR pathogens in South America through improved detection and reporting of novel drug resistant genotypes.

Special Pathogens: Leptospirosis and Melioidosis Activities in Latin America
Countries: Colombia, Peru, Mexico
Funder: CDC
To build off the success of selected mini-grant projects from the previous two years in Central and South America to expand activities to enhance surveillance and laboratory diagnostics for leptospirosis and melioidosis.

Building Capacity of Coordination and Communication in Global Disease Detection
Countries: Central America sub-region
Funder: CDC
To increase capacity for global disease detection programs in Central America through trainings in the region to detect epidemics at the local level and to strengthen regional communication and the capacity of the countries of the region to respond in a coordinated manner to epidemiological and public health threats.

Improving Border Surveillance and Participatory Mapping in the Americas
Countries: Multiple countries
Funder: CDC
To improve cross-border surveillance across multiple countries around neglected tropical diseases.

Global Disease Detection for Flu
Countries: Central America sub-region
Funder: CDC
To increase and enhance the capacity for flu detection and other related epidemics in Central America through project design, analysis, and reporting; program management; and regional surveillance while working at the local level.

Region: Americas

Measles Outbreaks in the Americas Improving Contact Tracing
Funder: CDC
To address recent large measles outbreaks in the Americas by improving contact tracing measures as follows: 1) Develop an electronic case tracing tool based on a reconfiguration of an existing WHO tool established for Ebola contact tracing, 2) Conduct a pilot testing of the reconfigured measles tool during a current measles outbreak, 3) Develop training materials including a case study based on a recent measles outbreak scenario, and 4) Develop an online training course.

Left: Nigeria FELTP resident Sulaiman Bella Abdullahi conducts routine immunization activities in a community in Katsina state, Nigeria.

Middle: In response to an outbreak of Ebola in June 2019, a burial simulation is conducted as part of an infection prevention and control training for a burial team in Uganda. Photo courtesy of Brenda Nakazibwe.

Right: FELTP resident Neusa Vanessa Fatuha conducts a field investigation of suspected pellagra cases in Mozambique in June-July 2019.

Left: Guinea FETP fellow Erica Chavez is part of a rapid response team responding to a volcanic eruption in June 2018.

Middle: Guatemalan FETP fellow Víctor Granich searches for P. falciparum cases in a remote community.

Right: Biochemist and TEPHINET consultant Juan Carlos Loiz observes ovitraps for the presence of Aedes mosquitoes in Honduras (November 2013).
Advancing the Yemen Field Epidemiology Training Program
Country: Yemen
Funder: U.S. Department of State
To support the Yemen Field Epidemiology Training Program to further its ability to rapidly detect and control outbreaks of high consequence pathogens in Yemen, such as anthrax, that may be acquired by terrorists or other nefarious actors for use in bioterrorism attacks.

Advancing Biosecurity in Yemen
Country: Yemen
Funder: U.S. Department of State
To manage a consultant who will implement a wide range of activities to effectively engage scientists and technicians in efforts related to institutionalizing biorisk management, bolstering disease detection and control capabilities, and supporting cooperative research that advances biosecurity in Yemen.

Enhancing the Pakistan Field Epidemiology and Laboratory Training Program
Country: Pakistan
Funder: CDC
To develop a cadre of strong field epidemiologists to support and integrate the fragmented surveillance systems in Pakistan and provide effective and timely responses to public health events by providing operational support to the Pakistan FELTP.

Support to the Morocco Field Epidemiology Training Program
Country: Morocco
Funder: CDC
To provide technical assistance to Morocco FETP via a TEPHINET consultant who will serve as technical advisor to the FETP to address special needs of the program.

N-STOP (National Stop Transmission of Polio) Activities
Country: Pakistan
Funder: CDC
To build a workforce to support implementation of Pakistan’s National Emergency Action Plan (NEAP) to interrupt transmission of wild poliovirus and eradicate polio from the country. TEPHINET provides operational support that enables N-STOP officers, several of whom are FELTP graduates, to conduct their work in high-risk districts across Pakistan.

Promoting Secure, Safe, and Sustainable Capacity to Detect and Control Dangerous Outbreaks
Country: Iraq
Funder: U.S. Department of State
To build capacity to rapidly detect, identify and control infectious disease outbreaks and improve Iraq’s ability to recognize dangerous disease events and to distinguish between natural emergence of a disease and accidental release of a pathogen or intentional release or misuse.

Polio International Consultancies
Country: Pakistan
Funder: CDC
To provide technical assistance in the Eastern Mediterranean Region in order to improve the effectiveness of polio eradication efforts in the region by identifying international consultants.

Viral Hepatitis Support in Georgia
Country: Georgia
Funder: CDC
To support the 5th Annual Georgia HCV Elimination Program Technical Advisory Group Meeting, held in November 2019.

Influenza Surveillance and Training in Central Asia
Countries: Kazakhstan, Kyrgyzstan, Turkmenistan
Funder: CDC
To improve influenza surveillance in the Central Asia region by training staff and supporting an electronic surveillance database for influenza at nine sentinel surveillance sites.

Support to the Central Asia Regional Field Epidemiology and Laboratory Training Program
Countries: Kazakhstan, Kyrgyzstan, Turkmenistan
Funder: CDC
To provide logistical support for the Central Asia Regional Field Epidemiology and Laboratory Training Program to support the Yemen Field Epidemiology Training Program to address special needs of the program.

Infection Prevention and Control Activities
Country: Georgia
Funder: CDC
To assist Georgia’s Ministry of Labor, Health and Social Affairs and the National Centers for Disease Control and Public Health to develop an Infection Control and Prevention (IPC) program to improve IPC capacity across Georgia’s healthcare system to prevent and control antimicrobial resistance (AMR) and healthcare-associated infections (HAIs).

Support for Hepatitis C Elimination in Georgia
Country: Georgia
Funder: CDC
To continually monitor and evaluate the HCV elimination program to improve the program as it progresses and publish “lessons learned” to inform other elimination programs globally; to coordinate activities among the HCV elimination program and partners so that efforts are complementary; and to provide technical assistance and training to Georgians to ensure the sustainability of the program.

South Caucasus Small Grants
Countries: Armenia, Azerbaijan, Georgia
Funder: CDC
To conduct non-research investigation on emerging and re-emerging infectious diseases by implementing proposals selected by CDC reviewers.

Ukrainian IES fellows investigate an outbreak of salmonella at a wedding in November 2019.
Improving Public Health Management for Action (IMPACT) in Bangladesh
Country: Bangladesh
Funder: CDC
To increase the number of trained managers in the public health workforce of Bangladesh, increase Bangladesh’s capacity to support the development and delivery of all aspects of national public health plans, improve community partnerships and networks, and improve processes related to public health systems and program implementation.

National and Facility Level Infection Prevention and Control Assessment and Point Prevalence Survey of Healthcare Associated Infections
Country: Thailand
Funder: CDC
To help inform stakeholders on the current infection prevention and control (IPC) infrastructure via a national assessment of the WHO IPC Core Components at the healthcare facility level; the Thailand Ministry of Public Health is working with technical partners to conduct a national point prevalence survey of healthcare-associated infections and healthcare-associated antimicrobial resistance.

Support to the Bangladesh Field Epidemiology Training Program
Country: Bangladesh
Funder: CDC
To support the continuation and expansion of the Field Epidemiology Training Program in conjunction with the Institute of Epidemiology Disease Control and Research, Bangladesh.

India Epidemic Intelligence Service Implementation
Country: India
Funder: CDC
To support both India Field Epidemiology Training Program and Epidemic Intelligence Service recruitment efforts.

Support to the Burma Field Epidemiology Training Program
Country: Myanmar (Burma)
Funder: CDC
To provide funding for two FETP trainees from Myanmar (Burma) to participate in the international FETP in Thailand, focusing on malaria activities including outbreak investigations, program evaluations, and surveillance.

Support to the Vietnam Field Epidemiology Training Program
Country: Vietnam
Funder: CDC
To support the Vietnam Field Epidemiology Training Program in creating an intermediate training level, expanding training (to include capacity training for instructors and mentors, scientific writing, and other topics), increasing collaboration across the region, and holding a scientific conference.

Top: China FETP fellow investigates an outbreak of cutaneous anthrax and observes bacterial cultures under a microscope. Photo courtesy of Liu Boxi.
Bottom left: Mosquitoes are collected during an investigation of filariasis in the Philippines. Photo courtesy of Precious May Gabalfin.
Bottom: An India EIS officer conducts an interview during a measles outbreak investigation. Photo courtesy of Vishesh Kumar.

Regions: Southeast Asia and Western Pacific
In November 2019, TEPHINET lost a dear colleague, Dr. Mariana Mansur. Many of our partners around the world had the privilege of knowing and working with Mariana, who joined the TEPHINET Secretariat as a project manager in July 2016.

Mariana became an integral force in managing TEPHINET’s Zika- and polio-related work in Latin America and Pakistan, among other projects. We will always remember her as a deeply kind, gracious, and committed colleague and friend.
Collaboration Drives Our Success

TEPHINET could not exist without partnerships. As a global network whose work reaches more than 100 countries, collaboration defines us. Our network of partners includes local and national government ministries of health, defense, agriculture and education; academic and research institutions; public health agencies; non-profit and non-governmental organizations, and private sector companies.

THANK YOU TO OUR KEY PARTNER INSTITUTIONS:

Afghanistan National Public Health Institute
African Field Epidemiology Network (AFENET)
AASAN+3 Field Epidemiology Training Network (AASEAN+3 FETN)
Association of Public Health Laboratories
Australian National University
Austria
Caribbean Public Health Agency (CARPHA)
CDC South Caucasus office
Centers for Disease Control and Prevention (CDC)
Chinese Center for Disease Control and Prevention
Costa Rican Social Security Fund
CRDP Global
Department of Health of Hong Kong
Department of Health of the Philippines
Eastern Mediterranean Public Health Network (EMPHNET)
Emory University
EPIET Alumni Network
Ethiopian Public Health Institute
European Centre for Disease Prevention and Control (ECDC)
Focus Area for Compassion and Ethics (FACE)
Food and Agriculture Organization of the United Nations (FAO)
French Institute for Public Health Surveillance
Gilead Global Outbreak Alert and Response Network (GOARN)
Imperial College London
Indian Council of Medical Research, National Institute of Epidemiology
Indian Ocean Commission
Instituto de Salud Carlos III
Institute for Infectious Animal Diseases, Texas A&M University
Institute of Epidemiology, Disease Control and Research of Bangladesh
International Association of National Public Health Institutes (IANPHI)
JEE Alliance
Korea Centers for Disease Control and Prevention
Liverpool School of Tropical Medicine
Makerere University School of Public Health, Uganda
Medécins Sans Frontières
Ministry of Agriculture and Cooperatives of Thailand
Ministry of Health and Population of Egypt
Ministry of Health and Sanitation of Sierra Leone
Ministry of Health and Social Services of Namibia
Ministry of Health and Social Welfare of the Gambia
Ministry of Health of Angola
Ministry of Health of Argentina
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Ministry of Health of Papua New Guinea
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Ministry of Health of Saudi Arabia
Ministry of Health of Singapore
Ministry of Health of Tanzania
Ministry of Health of the Lao People's Democratic Republic
Ministry of Health of Turkey
Ministry of Health of Vietnam
Ministry of Health of Zimbabwe
Ministry of Public Health and Population of Haiti
Ministry of Public Health and Population of Yemen
Ministry of Public Health and Population of Cameroon
Ministry of Public Health and Social Assistance of Guatemala
Ministry of Public Health and Social Welfare
Ministry of Public Health of Thailand
Ministry of Public Health of the Dominican Republic
Ministry of Public Health of Uruguay
National Center for Communicable Diseases of Mongolia
National Center for Disease Control and Public Health of Georgia
National Center for Disease Control, Ministry of Health of India
National Institute for Communicable Diseases of South Africa
National Institute of Health of Colombia
National Institute of Health of Mozambique
National Institute of Health of Pakistan
National Institute of Infectious Diseases of Japan
National Institute of Public Health of Guinea-Bissau
National Public Health Institute of Zambia
National School of Public Health of Morocco
Nigeria Centre for Disease Control
ProEpi
ProMED-Mail
Public Health Agency of Canada
Public Health England
Red Centroamericana de Epidemiología de Campo (REDCEC), an initiative of Consejo de Ministros de Salud de Centroamérica (COMISCA)
Red Suramericana de Epidemiología de Campo (REDSURE)
Robert Koch Institute
South Asia Field Epidemiology and Technology Network (SAFETYNET)
Taiwan Centers for Disease Control
Tuvalu University
U.S. Department of State
U.S. Virgin Islands Department of Health
Universidad del Valle de Guatemala
University of Ghana School of Public Health
University of Kinshasa, Democratic Republic of the Congo
University of Ouagadougou, Burkina Faso
University of Peru
University of the Philippines
World Health Organization (WHO)

THANK YOU TO OUR COMMITTEE MEMBERS:

TEPHINET extends our gratitude to the members of the standing advisory committees and working groups linked to our major initiatives. These individuals represent many of our member field epidemiology training programs (FETPs), regional FETP networks, and other key partners.

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- Kashif Ijaz, CDC
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- Mufuta Tshimanga, University of Zimbabwe
- Carmen Varela Santos, ECDC
- Thomas Waite, Public Health England

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- Christopher N. Tetteh, Optimal Health and Wellness Center, Ghana

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- Maria Concepcion (Conchy) Roes, SAFETYNET
- Carmen Varela Santos, ECDC

This list is current as of February 3, 2020.

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ACKNOWLEDGEMENTS

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- Centers for Disease Control and Prevention (CDC)
- U.S. Department of State
- CRDF Global
- CDC Foundation
- Tulane University
- Commonwealth of Australia

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

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Cover photo: Indonesia FETP trainee Nungky Sabila Adzhani investigates an outbreak of food poisoning.