FIGHTING A PANDEMIC, FORTIFYING OUR PURPOSE

2020 ANNUAL REPORT

TEPHINET
Training Programs in Epidemiology and Public Health Interventions Network
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Dear Partners and Friends,

The truth is that 2020 was a year like no other. To say that it was challenging is an understatement. The COVID-19 pandemic challenged our notion of normality like never before. We ran the gauntlet and have emerged, I believe, wiser and more resilient. Our offices have been closed since the 16th of March 2020, and colleagues have been working from home dealing with social isolation, the challenge of supervising children who are doing online schooling, and managing the uncertainty and anxiety that fake news, the science skeptics and exaggerated social media posts can generate. In addition, there was the pain of seeing family, friends and colleagues succumb to COVID-19 and not knowing what the outcome would be. It is a sobering thought to consider that although a number of vaccines have made it through the pipeline and are rolling out now, it could take many more months to distribute enough for herd immunity.

All was not doom and gloom, though. Insofar as challenges are obstacles, they are also stepping stones. We tried to stay calm and did what we could. We applied for and were awarded a new five-year Cooperative Agreement by the CDC as a result of which we have hired several new staff members to take on our expanded scope of work. COVID-19 was responsible for delays in the constitution of partners, stakeholders, collaborators and friends that have forged over time. These collaborations enabled us to seek and exchange much-needed information, experiences and support and to build solidarity. It reminds me of an African proverb: “If you want to go fast, go alone. If you want to go far, go together.” It was this network and the dedication of FETP residents, alumni, and faculty, often in the forefront of COVID-19 response activities, that inspired us to persevere and reminded us of our reason for being: to develop, connect, and mobilize a field epidemiology workforce to strengthen public health systems and advance health security.

On behalf of the TEPHINET Secretariat, I thank each of you for your support of TEPHINET and your contributions to a healthier world.

Sincerely,

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

2020: BUILDING SOLIDARITY TO GO FAR, TOGETHER

Against the backdrop of COVID-19-induced travel bans, physical distancing and mass(-)quarantines, we navigated around the challenge of a global network that couldn’t physically network! We Zoomed ad nauseam in and out of virtual meetings and participated actively in the Southeast Asia and Western Pacific Bi-Regional FETP COVID-19 Online Conference, the 12th International Scientific Meeting of EpiUS (FETP Brazil), ESCAIDE 2020, and FETP Paraguay’s 2nd Meeting of Field Epidemiologists.

It is now clear to me that TEPHINET’s strongest asset -after our team--is the network of relationships with partners, stakeholders, collaborators and friends that we have forged over time. These collaborations enabled us to seek and exchange much-needed information, experiences and support and to build solidarity. It reminds me of an African proverb: “If you want to go fast, go alone. If you want to go far, go together.” It was this network and the dedication of FETP residents, alumni, and faculty, often in the forefront of COVID-19 response activities, that inspired us to persevere and reminded us of our reason for being: to develop, connect, and mobilize a field epidemiology workforce to strengthen public health systems and advance health security.

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

A YEAR WE WOULD RATHER FORGET, OR THE BEST TIME TO BE A FIELD EPIDEMIOLOGIST

Dear TEPHINET Family,

The year of 2020 is one that many people would rather forget due to the human and societal toll of the COVID-19 pandemic. Many of us were infected or knew others who were infected, with the pandemic touching all. Even with the most robust containment efforts the world has ever seen, there were still millions of cases and, as of March 2021, more than two and a half million deaths. Borders were locked down, travel ceased, mask wearing became universal, intense testing programs were established, quarantine stations set up...

2020 was the year that field epidemiologists came to the forefront of the public health response to COVID-19. Epidemiologists were in the media every day, and people finally learned what we do! Field Epidemiology Training Program (FETP) fellows and alumni were at the center of the response in every country where there is a program. Health departments found it almost impossible to recruit epidemiologists and had to surge non-public health staff into their response. When you think back to 2020, I hope that you realize what an impact each fellow and FETP alumnus had in slowing the spread of this pandemic.

During 2020, some of the routine TEPHINET activities were reduced or modified. In particular, many regions were unable to hold much-loved conferences. It was the year we went virtual. Doing conferences online was not the same, but it was still great. It was amazing to see the incredible work of FETP fellows. There were all sorts of remarkable investigations on planes, ships, in hospitals, workplaces... in fact, one of the many great things that TEPHINET did in 2020 was hold regular online COVID-19 country updates for programs and their fellows to connect and hear how tackling the pandemic was occurring around the globe.

There are many learnings for FETP from the pandemic. Programs need to take on board some of the lessons to ensure we are contemporary in our structure and response, such as training FETP fellows specifically in:

• Emergency response
• Data analytics
• Pandemic preparedness
• Whole genome sequence analysis and interpretation
• Leadership
• After action reviews

One of the key learnings is that there were not enough FETP graduates to meet country needs. In 2021, I envisage that countries will make it a priority to expand their public health workforce allowing them to scale up the response to epidemic disease. FETPs are a critical part of these developments. TEPHINET and partners are committed to help programs grow and adapt. Despite 2020 being incredibly hard and a year that many people want to forget, it was the best time to be a field epidemiologist. I will look forward to hearing how programs around the world have grown and developed as a result of 2020.

Warm regards,

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

About the TEPHINET Secretariat

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

2020 TEPHINET PROGRESS REPORT

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FETP OUTPUTS BY THE NUMBERS
To develop, connect, and mobilize a global field epidemiology workforce to strengthen public health systems and advance health security.

All people are protected by a field epidemiology workforce capable of detecting and responding to health threats.

VISION

To develop, connect, and mobilize a global field epidemiology workforce to strengthen public health systems and advance health security.

The TEPHINET Secretariat is a program of The Task Force for Global Health. Founded in 1984 by global health pioneer Dr. Bill Foege, The Task Force for Global Health is an independent, nongovernmental organization based in Decatur, Georgia, USA that exists to eliminate diseases that have plagued humankind for centuries and build the systems necessary to protect the health of entire populations.

FETPS: HELPING TO ADVANCE THE PUBLIC HEALTH EVIDENCE BASE

In 2020, TEPHINET surveyed its member programs to gather data on their activities and outputs during 2019. 83 percent of the programs responded and reported the following outputs produced by their trainees.

In 2019, FETP Trainees:

- Investigated 2,195 outbreaks or acute health events
- Conducted 1,909 data quality audits
- Planned 932 epidemiologic studies
- Conducted 876 public health analyses
- Evaluated 912 surveillance systems
- Prepared 752 scientific protocols
- Delivered 1,313 presentations at scientific conferences
- Developed / implemented 346 surveillance systems
- Published 235 articles in peer-reviewed journals

To date, TEPHINET member programs have trained more than 14,000 public health professionals across the world to be the “boots on the ground” in the fight for better health.

M I S S I O N

To develop, connect, and mobilize a global field epidemiology workforce to strengthen public health systems and advance health security.

V I S I O N

All people are protected by a field epidemiology workforce capable of detecting and responding to health threats.

ABOUT TEPHINET

Founded in 1997, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) is the global network of Field Epidemiology Training Programs (FETPs). TEPHINET spans more than 75 programs actively training field epidemiologists in more than 100 countries.

FETPs play a critical role in advancing global health security by building the public health workforce needed for countries to detect and respond to acute public health threats, including outbreaks, natural disasters, and humanitarian crises. TEPHINET member FETPs include programs with laboratory (FELTP) and veterinarian education (FETP-V) components.

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The TEPHINET Secretariat is a program of The Task Force for Global Health. Founded in 1984 by global health pioneer Dr. Bill Foege, The Task Force for Global Health is an independent, nongovernmental organization based in Decatur, Georgia, USA that exists to eliminate diseases that have plagued humankind for centuries and build the systems necessary to protect the health of entire populations.
OUR MEMBER PROGRAMS

AMERICAS REGION
- Argentina Field Epidemiology Training Program
- Belize Field Epidemiology Training Program
- Brazil Field Epidemiology Training Program (EpiSUS)
- Canada Field Epidemiology Program
- Caribbean Regional Field Epidemiology and Laboratory Training Program
- Central America Field Epidemiology Training Program
- Colombia Field Epidemiology Training Program
- Costa Rica Field Epidemiology Training Program
- Dominican Republic Field Epidemiology Training Program
- El Salvador Field Epidemiology Training Program
- Guatemala Field Epidemiology Training Program
- Haiti Field Epidemiology Training Program
- Honduras Field Epidemiology Training Program
- Mexico Field Epidemiology Training Program
- Nicaragua Field Epidemiology Training Program
- Panama Field Epidemiology Training Program
- Paraguay Field Epidemiology Training Program
- Peru Field Epidemiology Training Program
- United States Epidemic Intelligence Service

AFRICA REGION
- Angola Field Epidemiology and Laboratory Training Program
- Cameroon Field Epidemiology Training Program
- Ethiopia Field Epidemiology and Laboratory Training Program
- Ghana Field Epidemiology and Laboratory Training Program
- Guinea-Bissau Field Epidemiology Training Program
- Indian Ocean Field Epidemiology Training Program
- Kenya Field Epidemiology and Laboratory Training Program
- Liberia Field Epidemiology Training Program
- Mozambique Field Epidemiology and Laboratory Training Program
- Namibia Field Epidemiology Training Program
- Nigeria Field Epidemiology and Laboratory Training Program
- Rwanda Field Epidemiology and Laboratory Training Program
- South Africa Field Epidemiology Training Program
- Tanzania Field Epidemiology and Laboratory Training Program
- Uganda Field Epidemiology Training Program
- West Africa Field Epidemiology and Laboratory Training Program
- Zambia Field Epidemiology Training Program
- Zimbabwe Field Epidemiology Training Program

EUROPEAN REGION
- Central Asia Regional Field Epidemiology Training Program
- European Program for Intervention Epidemiology Training (EPIET) and the European Program for Public Health Microbiology Training (EUPHEM)
- France Field Epidemiology Training Program
- Germany Field Epidemiology Training Program
- South Caucasus Field Epidemiology and Laboratory Training Program
- Spain Field Epidemiology Training Program
- Turkey Field Epidemiology Training Program
- United Kingdom Field Epidemiology Training Program

WESTERN PACIFIC REGION
- Australia Field Epidemiology Training Program
- Cambodia Applied Epidemiology Training
- China Field Epidemiology Training Program
- Hong Kong Field Epidemiology Training Program
- Japan Field Epidemiology Training Program
- Lao Field Epidemiology Training Program
- Malaysia Field Epidemiology Training Program
- Mongolia Field Epidemiology Training Program
- Papua New Guinea Field Epidemiology Training Program
- Philippines Field Epidemiology Training Program
- Singapore Field Epidemiology Training Program
- Taiwan Field Epidemiology Training Program
- Vietnam Field Epidemiology Training Program

EASTERN MEDITERRANEAN REGION
- Afghanistan Field Epidemiology Training Program
- Afghanistan-Tajikistan Field Epidemiology Training Program
- Egypt Field Epidemiology Training Program
- Iraq Field Epidemiology Training Program
- Jordan Field Epidemiology Training Program
- Morocco Field Epidemiology Training Program
- Pakistan Field Epidemiology and Laboratory Training Program
- Saudi Arabia Field Epidemiology Training Program
- Sudan Field Epidemiology Training Program
- Yemen Field Epidemiology Training Program

SOUTHEAST ASIA REGION
- India Field Epidemiology Training Program – Chennai
- India Field Epidemiology Training Program – Delhi
- Indonesia Field Epidemiology Training Program
- Regional Field Epidemiology Training Program for Veterinarians
- Thailand Field Epidemiology Training Program
In 2020, the COVID-19 pandemic dealt the world a challenge of unprecedented magnitude and reshaped the fabric of contemporary societies. Due to the disease's rapid spread, a swift public health response and social adaptations have been required in every country. The severe consequences of COVID-19 have impacted all levels of society, from individuals to communities, governments and health systems. The road ahead will continue to be an extreme test of the capacity and effectiveness of global epidemiological processes and health care provision.

Since the beginning of the pandemic, FETPs have been involved in the COVID-19 response across the world. As we enter 2021, an optimistic year that promises new developments in COVID-19 vaccine development and delivery, FETPs are continuing to make critical contributions to COVID-19 surveillance and response. Globally, FETPs have been engaged in each of the pillars of public health emergency preparedness and response identified by the World Health Organization (WHO).

**Pillars of Public Health Emergency Response***

- Country-level coordination, planning and monitoring
- Risk communication and community engagement
- Surveillance, rapid response teams, and case investigation
- Points of entry
- National laboratories
- Infection prevention and control
- Case management
- Operational support and logistics
- Maintaining essential health services and systems
- Vaccination

STORIES FROM THE FIELD: TOGETHER AS ONE

Exhaustion, as we labored for longer hours to get jobs of enormous magnitude done.

Pride, as we watched our trainees and colleagues deliver excellent work.

Loneliness, as we spent time in isolation away from our families and friends.

Grief, as we mourned the many whose lives were lost.

Gratitude, as we acknowledged the blessings in our own lives.

Hope, as we discovered the power within us.

The shared experiences of FETP trainees, alumni, and staff in fighting COVID-19 have knit together our global family as never before. One day, perhaps during 2021 or 2022, we will be able to gather again in person at a TEPHINET conference to share these stories.

For now, here are excerpts from a few of the personal stories submitted to TEPHINET by COVID-19 responders from our network in 2020. Their full stories, along with others', can be found on our website at tephinet.org/news-media/covid-19-news-from-our-network.

The TEPHINET Secretariat extends its deepest gratitude to all of the COVID-19 responders in our network for their sacrifices and their tireless commitment to a healthier world.

Mathias Besong

“But then the cries of those in pain Wallowing in the virus gains Their noise enough to stop a train And now I wish I was not trained My calling I still chose to obey Even in the long and darkest day For COVID-19 can’t make me display The distrust in God I threw away I am an epidemiologist My shoes have holes for a reason I will never rest I am a warrior And COVID-19 I must fight”

Excerpt from “My Struggle with COVID-19,” a poem by Mathias Besong, a graduate of the Nigeria Field Epidemiology and Laboratory Training Program (FELTP). Mathias responded to COVID-19 in Lagos State, where he led a rapid response team in case investigation and sample collection.
On April 1, a COVID-19 case was confirmed in the camp of a multinational company operating on the extraction of liquefied gas in a northern province of Mozambique. We had to conduct case investigations and contact tracing to prevent the spread of new cases to the community. I felt a chill of anxiety in my belly from the great responsibility. Everything depended on the success of my work to be able to control this cluster, so I had to concentrate and give my best. I also felt my heart break because I had to travel for work and leave my six-month-old baby daughter.

"FELTP assured my confidence in epidemic prevention and control; thus, we are feeling strong against COVID-19. We all know that health providers mostly are exposed and at high risk during epidemics or pandemics like COVID-19, but as field epidemiologists, we are not scared as long as we are protecting and saving humanity. Therefore, we stand firm against COVID-19 and any epidemic that will arise."

– Jean Claude Niyoyita is a graduate of the Rwanda Field Epidemiology and Laboratory Training Program (FELTP).

I created an epidemiologic surveillance data dashboard that could provide the daily COVID-19 situation in-country using the County Health Team and partners’ social media platforms. Having this dashboard has greatly facilitated daily information-sharing on COVID-19 as compared to the past.

– Jacob S. Timmah is a frontline graduate and current intermediate-level resident of the Liberia Field Epidemiology Training Program (FETP).

I am very proud of “my guys” and their engagement in responding to COVID-19 in Mozambique. With this pandemic, they have realized more than ever the importance of being in the FELTP, the need for readiness, being available 24/7, and working as a team. FELTP Mozambique is the best response team I’ve worked with and I am also proud to see the great progress they have made in strengthening their own and Mozambique’s ability to respond to major public health threats.

– Érika Rossetto is the Resident Advisor for the Mozambique Field Epidemiology and Laboratory Training Program (FELTP).
People who had taken the COVID-19 test kept calling in or troupng into the Health Directorate for their results. This was quite a worrying phenomenon taking into consideration the risk of spread of the virus. – Felicia Alemna is a resident epidemiologist for the Ghana Field Epidemiology and Laboratory Training Program (FELTP).

Felicia Alemna

“It was January 22, 2020 when I came to know about an outbreak of pneumonia-like illness in Wuhan, China through media. The same day, my team and I started thermal screening of passengers arriving [to Pakistan] from China. On February 4, I received a call from the air traffic control tower notifying me that a flight was landing from China carrying a passenger with fever. Since then, my team and I have screened more than 390,000 passengers at Islamabad Airport arriving from different countries. I experienced a lot of problems due to meager human resources and the irrational and uncooperative behavior of some passengers due to their fear of quarantine. Many times, suspected cases misbehaved and tried to escape en route to the hospital but were caught by law enforcing agencies. Being an airport health officer, I am looking after all agencies, airlines, and cargo, along with passengers.”

Walaa Ahmad Aldmour

“The fear inside me of making complications while taking swabs has vanished. I started as an assistant and ended up as a leader. At the end of the day, I am very proud of my work as an epidemiology resident in the FETP who can take leadership of the team. I work with love and know very well how much the country and the world need us these days.”

– Walaa Ahmad Aldmour, a resident of the Jordan Field Epidemiology Training Program (FETP), went from being an assistant to a leader by taking the initiative to increase COVID-19 testing capacity by learning to take swabs.

Sara Saeed

“It was January 22, 2020 when I came to know about an outbreak of pneumonia-like illness in Wuhan, China through media. The same day, my team and I started thermal screening of passengers arriving [to Pakistan] from China. On February 4, I received a call from the air traffic control tower notifying me that a flight was landing from China carrying a passenger with fever. Since then, my team and I have screened more than 390,000 passengers at Islamabad Airport arriving from different countries. I experienced a lot of problems due to meager human resources and the irrational and uncooperative behavior of some passengers due to their fear of quarantine. Many times, suspected cases misbehaved and tried to escape en route to the hospital but were caught by law enforcing agencies. Being an airport health officer, I am looking after all agencies, airlines, and cargo, along with passengers.”

– Sara Saeed is a fellow of the 12th cohort of the Pakistan Field Epidemiology and Laboratory Training Program (FELTP) working as a health officer at Islamabad International Airport.
We, former trainees from the frontline and advanced levels of the Field Epidemiology Training Program (FETP), led the work team, put knowledge into practice, and gave our all for success in these actions. On May 12, after 15 days of confinement, 47 returnees were able to return to their homes with their families. A great satisfaction overtook us, with the successful end of confinement and our duties fulfilled, in our first experience with shelters in this fight against COVID-19—and as former students of the FETP.

– Dora Ramirez and Mirian Álvarez de Lezcano, graduates of the Paraguay Field Epidemiology Training Program (FETP), reflect on their experiences working with returning travelers placed into quarantine.

Ana Júlia, Ewerton, and Nathalie

“A busy and touristic city...was so empty: a shock. Interviews with the relatives of people who died recently was the biggest challenge, mainly due to reports about the lack of beds, supplies, doctors and other types of lack of assistance. After hearing the reports, the feeling of empathy affected us: anguish. We needed to collect care information on deaths, but we were faced with the quarantine of medical records by health institutions: barriers. The team had to plan again for the investigation to be carried out in time: resilience. During the investigation, the constant fear of falling ill due to COVID-19 was recurrent, even when wearing protective equipment, since we were exposed during the camp. But in the end, expectations were met and we managed to achieve the objectives by supporting the state in coping with COVID-19: overcoming.”

– Ana Júlia, Ewerton, and Nathalie are trainees of the Brazilian Field Epidemiology Training Program (FETP), known as EpiSUS.

Dalva, Fernanda, and Ruanna

“These families presented us with the opportunity to be useful within our craft and to bring a little warmth to those who lost a piece of their family. Throughout the fieldwork, we realized that doing field epidemiology is important, that being sensitive to the pain of others at these times is even more important because losing someone we love hurts; losing them from something unknown hurts us more and leaves us with a feeling of helplessness.”

– Dalva, Fernanda, and Ruanna of the Brazilian FETP also shared about deaths due to ill-defined causes, and how they have dealt with families in mourning during home visits in Amazonas.

Dora Ramirez and Mirian Álvarez de Lezcano

“We, former trainees from the frontline and advanced levels of the Field Epidemiology Training Program (FETP), led the work team, put knowledge into practice, and gave our all for success in these actions. On May 12, after 15 days of confinement, 47 returnees were able to return to their homes with their families. A great satisfaction overtook us, with the successful end of confinement and our duties fulfilled, in our first experience with shelters in this fight against COVID-19—and as former students of the FETP.”

– Dora Ramirez and Mirian Álvarez de Lezcano, graduates of the Paraguay Field Epidemiology Training Program (FETP), reflect on their experiences working with returning travelers placed into quarantine.
“As a coordinator for the Kvemo Kartli region, I was involved in sample collection and testing from day one. My main goal was to train clinicians and public health agency representatives in the region to collect and send samples to the laboratory. I am extremely proud of how my country responded to such a challenge and knowing that I and my colleagues had positive input in saving lives makes me feel blessed.”

Biagio Pedalino

“The role of an epidemiologist has to remain technical, an objective step-back from any potential economic interest, and formulate the recommendations driven only by the epidemiological situation. Of course what we, as epidemiologists, can formulate are evidence-based recommendations, and this is the easy part.... One thing that has been a bit difficult to explain is that an epidemic can evolve in any direction overnight, and that it depends only on what we actually do about it, and that this also applies to the recommendations, which have to be dynamic, flexible, and adapted to the epidemiological situation.”

—Biagio Pedalino is a public health epidemiologist and 2003 graduate of the European Program for Intervention Epidemiology Training (EPIET). His role in Italy’s response has included working as expert consultant to local officials and the media.

Pikria Shavreshiani

“As a coordinator for the Kvemo Kartli region, I was involved in sample collection and testing from day one. My main goal was to train clinicians and public health agency representatives in the region to collect and send samples to the laboratory. I am extremely proud of how my country responded to such a challenge and knowing that I and my colleagues had positive input in saving lives makes me feel blessed.”

—Pikria Shavreshiani is a graduate of cohort 5 of the Field Epidemiology and Laboratory Training Program (FELTP) in Georgia (South Caucasus).

Wang Senlu

“The COVID-19 epidemic caught us all by surprise. As a member of CFETP, I know my duty and calling is in the field, and I believe in the power of epidemiological investigation to control the epidemic..... It was January 24, 2020, the day I said goodbye to my parents, my wife, and my daughter, who had just learned to walk. I boarded the train heading north from Korla, in southern Xinjiang, to Urumchi.... With all the struggling and striving I experienced, my belief strengthened that “it is the duty and mission of public health workers to guard the health and safety of the people from disease.” And I will continue to pass on the “learning by doing” spirit of CFETP and to contribute all I can to strengthening our field epidemiology workforce.”

—China Field Epidemiology Training Program (CFETP) fellow Wang Senlu spent 208 days participating in three domestic and international field investigations, traveling to the epicenters of these outbreaks and using the power of epidemiological investigation to control the epidemic.
Due to a lack of sufficient resources, COVID-19 surveillance data fell short of providing the information needed to support effective public health interventions in Sudan. Seeing an increase in mortality and lacking the full story of COVID-19 in the country, the Federal Ministry of Health (MOH) decided to carry out targeted testing through its Field Epidemiology Training Program (FETP) to obtain epidemiological information to determine the magnitude and spread of the COVID-19 outbreak and to better guide policies and response activities. This approach focused on testing at the epicenter of the outbreak and among high-risk populations, utilizing fewer resources.

From May 22 to July 5, the FETP collected data for a survey that screened 22 neighborhoods and eight health facilities in the state of Khartoum, the epicenter of the outbreak. In total, the FETP administered 1,135 reverse transcription polymerase chain reaction (RT-PCR) and rapid antibody immunochromatography (ICT) tests. The FETP also collected information through a questionnaire that asked participants' demographics, symptoms, contact histories, and more.

Among its findings, the study revealed that few (1.4 percent) of cases reported seeking medical attention, reflecting the stigmatization of COVID-19 and barriers to accessing health care facilities. It demonstrated the need to address the ongoing outbreak as Sudan assesses the actual burden of COVID-19 on its health system. It also demonstrated the need to assess the epidemiology in different states in Sudan and to set tailored plans for each state depending on its local context.

FETP residents and alumni have been working diligently to analyze accurate epidemiological data regarding the targeted testing conducted in Khartoum state. They are also continuing to promote self-hygiene and safe behavioral practices to effect change in Sudan. Sudan's FETP demonstrates the impact that collaboration and commitment can have on advancing the health of their nation.
SUCCESS STORY:

USING COMMUNITY ENGAGEMENT FOR EFFECTIVE CASE ISOLATION AND CONTACT TRACING

Oxygen Gershon Wullar
Field Epidemiologist, Ghana Field Epidemiology and Laboratory Training Program (FELTP)

The Accra Metropolitan District is one of the districts in the Greater Accra Region of Ghana which first reported community transmission of COVID-19 on March 25, 2020. As the number of cases kept increasing and stigmatization became more apparent, the challenges of case isolation and contact tracing also worsened. A few of the challenges we encountered whilst on the field were:

• Refusal of case-patients to accept their results
• Community resistance to isolation of case-patients which was manifested through agitation and harassment of health workers
• Stigmatization of persons who tested positive for COVID-19

In order to overcome these challenges, we strategized to use the community members as the main agents for change. We identified the community leaders and engaged them to understand the nature of the disease and the need for case isolation and contact tracing. We identified a community opinion leader who bought into our plan and served as a translator to the health team. We educated the community in their local language using health workers from the community and the opinion leader as the focal persons. As part of educating and sensitizing the community on the COVID-19 pandemic, we provided the community with hand washing facilities: Veronica buckets (editor’s note: this is a special type of bucket with a spigot), soap, and paper towels.

The result of our engagement with the community yielded very positive results and made our work relatively seamless. The community members formed a task force under the leadership of their leaders to locate persons who test positive and persuade them to comply with isolation measures. The community members have since gained confidence in the health workers and have willingly volunteered to test, accept the test results and comply with isolation measures. Overall, community acceptance of COVID-19 surveillance has increased as evident in percentage acceptance of test results from 15 percent to 90 percent.
# TEPHINET’s 2020 in Review

## FETP Quality Improvement

<table>
<thead>
<tr>
<th>1</th>
<th>set of new standards developed for accrediting intermediate-level FETPs</th>
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<tbody>
<tr>
<td>1</td>
<td>new process designed for reaccrediting previously accredited FETPs</td>
</tr>
<tr>
<td>18</td>
<td>FETPs received COVID-19 Emergency Capacity-Building Grants of up to $20,000 each</td>
</tr>
</tbody>
</table>

70+ stakeholders shared feedback during an external evaluation of our accreditation program, which found accreditation to be “thorough, objective, and effective in assessing the strengths of FETPs and offering paths to improvement in gap areas.”

Visit [www.tephinet.org/accreditation](http://www.tephinet.org/accreditation) for information on how to become an accredited program and how to volunteer as an accreditation reviewer.

## Learning

<table>
<thead>
<tr>
<th>10</th>
<th>top learning needs across our network identified and ranked, with input from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>key informants</td>
</tr>
<tr>
<td>52</td>
<td>FETPs and 4 regional FETP networks</td>
</tr>
<tr>
<td>193</td>
<td>FETP alumni</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>1</th>
<th>global learning strategy developed for the FETP enterprise, targeting 6 focus areas</th>
</tr>
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<tbody>
<tr>
<td>~6,000</td>
<td>hits on TEPHINET’s Coronavirus Knowledge Hub</td>
</tr>
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2 e-learning courses launched on the TEPHINET website:

- [Scientific Writing](#)  
- [Anthrax in the Mountains of Uganda: An eLearning Case Study](#)

3 classroom learning resources launched on the TEPHINET website:

- FETP-Frontline Version 2.0 CDC Model Curriculum  
- Practical Ethics for Veterinarians  
- Anthrax in the Cattle-Keeping Corridor in Uganda: A One Health Case Study

~150 research, training, and other COVID-19-related resources made available on the Coronavirus Knowledge Hub on the TEPHINET website

~75 resources made available on the Virtual Teaching and Learning Resources page on the TEPHINET website for FETPs to tackle challenges in virtual teaching and learning as a result of COVID-19

Visit the TEPHINET Learning Center at [tephinet.org/tephinet-learning-center](http://tephinet.org/tephinet-learning-center) for information about our learning strategy and activities. Contact learning@tephinet.org for information about becoming a learning champion within our network.

## Alumni Mobilization

<table>
<thead>
<tr>
<th>285</th>
<th>FETP residents and alumni registered for our webinar on how to become a health emergency responder with GOARN, the Global Outbreak Alert and Response Network</th>
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<tbody>
<tr>
<td>12</td>
<td>submissions to our COVID-19 Response Video Contest, sharing stories of personal and professional challenges and successes in fighting COVID-19</td>
</tr>
<tr>
<td>4</td>
<td>training resources translated by TEPHINET for wider use globally:</td>
</tr>
<tr>
<td>-</td>
<td>Complex Humanitarian Emergencies (available in Arabic and French)</td>
</tr>
<tr>
<td>-</td>
<td>Cross-Border Collaboration (available in Portuguese and Spanish)</td>
</tr>
<tr>
<td>-</td>
<td>Population Connectivity Across Borders (available in Portuguese and Spanish)</td>
</tr>
<tr>
<td>-</td>
<td>Global Border Health Team Public Health Capacity Building at Points of Entry (available in Portuguese and Spanish)</td>
</tr>
</tbody>
</table>

2,300 FETP residents and alumni are registered members of TEPHICconnect, our online networking platform for FETP graduates

92 members joined the COVID-19 group on TEPHICconnect to share materials, ask questions, and get support from the global FETP community involved in the COVID-19 response

FETP graduates (and residents of two-year, advanced-level FETPs) can join TEPHICconnect, our online networking platform for FETP alumni, at [www.tephicconnect.org](http://www.tephicconnect.org)

## Scientific Knowledge Exchange

<table>
<thead>
<tr>
<th>1,033</th>
<th>abstracts added to the Field Epidemiology Abstract Database (FEAD) on the TEPHINET website</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>guide developed for scientific abstract peer reviewers</td>
</tr>
<tr>
<td>1</td>
<td>handbook developed for the TEPHINET Advisory Scientific Committee</td>
</tr>
<tr>
<td>1</td>
<td>market research survey, key informant interviews, and an expert panel in field epidemiology and scientific publishing consulted for a report: Towards a Strategy to Guide TEPHINET’s Support to Scientific Publishing (to be released in 2021)</td>
</tr>
</tbody>
</table>

332 respondents to our survey to assess FETP residents’ and graduates’ interest and challenges in publishing their work in scientific journals

We launched the first global database of scientific abstracts in field epidemiology. Visit the FEAD: Field Epidemiology Abstract Database at [tephinet.org/learning/fead](http://tephinet.org/learning/fead)
2020 PROJECTS

As an implementing partner, the TEPHINET Secretariat is granted funds to manage projects that strengthen public health systems around the world. Through these funded projects, TEPHINET provides direct support to several Field Epidemiology Training Programs. This section lists projects managed by the Secretariat in 2020.

Antimicrobial Resistance Detection and Prevention in West Africa Regional Hubs
Countries: Nigeria, Senegal
Funder: CDC
Support the CDC’s International Infection Control Program as it aims to slow the development of new antimicrobial resistance, prevent the resistance that already exists from spreading, and promote safety and quality in healthcare delivery systems and patient care.

IMPACT (Improving Public Health Management for Action) in Kenya
Country: Kenya
Funder: CDC
Continue the implementation of the IMPACT Kenya public health management fellowship program, including the continuation of the first cohort of six fellows and the recruitment and training of an additional eight fellows while 1) continuing selection of a cohort of IMPACT fellows, mentors, and field sites; 2) beginning classroom training; and 3) assigning fellows to field sites for practical learning.

Support to the Cameroon Field Epidemiology Training Program (FETP)
Country: Cameroon
Funder: CDC
Continue to strengthen and provide technical assistance to the Cameroon Field Epidemiology Training Program (FETP) to improve surveillance, detection, and response of outbreak events.

Support to the Kenya Field Epidemiology and Laboratory Training Program (FELTP)
Country: Kenya
Funder: CDC
Enhance capacity for foodborne and waterborne disease outbreak prevention, detection, investigation, and response in Kenya.

West African Infection Prevention and Control to Stop Healthcare-Associated Infections and Antimicrobial Resistance
Country: Nigeria
Funder: CDC
Build public health capacity in West Africa in components of infection prevention and control (IPC) programs needed at the national and facility levels to effectively prevent healthcare-associated infections (HAIs) and combat antimicrobial resistance (AMR).

Enhancing and Strengthening Information Systems Linking Surveillance and Laboratory Data in West Africa
Countries: Burkina Faso, Cameroon, Guinea, Mali, Senegal
Funder: CDC
Implement plans to enhance surveillance and information systems in West Africa.
Antimicrobial Resistance Detection and Prevention in South American Regional Hubs  
Country: Colombia  
Funder: CDC 
Support the CDC’s International Infection Control Program and Mycotic Disease Branch to reduce transmission of Candida auris and other drug-resistant fungi through improved detection, preparedness, and response. 

Establishing an Intermediate FETP in Brazil  
Country: Brazil  
Funder: CDC 
Establish an intermediate-level Field Epidemiology Training Program (FETP) in Brazil. 

Establishing an Intermediate FETP in Colombia  
Country: Colombia  
Funder: CDC 
Establish an intermediate-level Field Epidemiology Training Program (FETP) in Colombia. 

Establishing an Intermediate FETP in Haiti  
Country: Haiti  
Funder: CDC 
Establish an intermediate-level Field Epidemiology Training Program (FETP) in Haiti. 

Strengthening Frontline FETP in Ecuador  
Country: Ecuador  
Funder: CDC 
Train personnel through a robust Frontline FETP in Ecuador in order to strengthen epidemiological surveillance and improve capacity for outbreak preparedness and response. 

Supporting the Central American Regional FETP  
Countries: Belize, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Panama  
Funder: CDC 
Support the Central American Regional FETP cohorts to attend TEPHINET regional and global conferences, present papers and abstracts, and submit manuscripts to scientific journals. 

Building Capacity for Global Disease Detection in Central America  
Countries: Belize, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Panama  
Funder: CDC 
Increase and enhance capacity for global disease detection programs in the Central American region. 

South American Infection Prevention and Control to Stop Healthcare-Associated Infections and Antimicrobial Resistance  
Countries: Brazil, Colombia  
Funder: CDC 
Support the training of FETP residents and graduates on outbreak investigations, analysis of healthcare-associated infections (HAI) and antimicrobial resistance (AMR), infection prevention and control (IPC) training, and IPC network evaluation. The project builds public health capacity in South America in components of IPC programs needed at the national and facility levels to effectively prevent HAI and AMR. 

Developing FETP in South America  
Countries: Bolivia, Chile, French Guiana, Guyana, Suriname, Venezuela  
Funder: CDC 
Identify countries in South America without FETPs and introduce their Ministries of Health and National Public Health Institutes to the program. This project aims to build public health capacity in those countries to conduct field epidemiology and improve detection and response to public health threats. 

Strengthening the One Health Approach in South America  
Countries: Argentina, Brazil, Colombia, Ecuador, Paraguay, Peru, Uruguay  
Funder: CDC 
Train FETP residents from programs in South America as One Health Zoonotic Disease Prioritization (OZDP) facilitators and share with them important and practical experiences in taking a One Health approach to zoonotic disease activities including surveillance and outbreak response. 

Improving Capacity for Cross-Border Surveillance of NTDs in South America  
Countries: Argentina, Bolivia, Brazil, Paraguay  
Funder: CDC 
Provide technical assistance to improve capacity to conduct cross-border surveillance detection and response for neglected tropical diseases (NTDs) in the South American region through training with CDC, PAHO, TEPHINET, and FETP graduates. 

EASTERN MEDITERRANEAN REGION  

Polio International Consultancies  
Country: Afghanistan  
Funder: CDC 
Identify consultants to provide technical assistance in the Eastern Mediterranean region in order to improve the effectiveness of polio eradication efforts. 

Promoting Secure, Safe, and Sustainable Capacity to Detect and Control Dangerous Outbreaks in Iraq  
Country: Iraq  
Funder: US Department of State 
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. 

Advancing the Yemen FETP  
Country: Yemen  
Funder: US Department of State 
Provide technical assistance to conduct cross-border surveillance detection and response for neglected tropical diseases (NTDs) in Yemen, such as anthrax, that may be acquired by terrorists or other nefarious actors for use in bioterrorism attacks. 

Enhancing the Pakistan FELTP  
Country: Pakistan  
Funder: CDC 
Provide operational support to the Pakistan FELTP 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. 

Improving Capacity to Detect and Control Polio and EPI Programs in Yemen  
Country: Yemen  
Funder: CDC 
Build capacity at the national and provincial levels to more effectively use data to inform decision-making. Provide support to the government to conduct a national data triangulation analysis and conduct the first national workshop to review findings and develop a way forward to integrate data triangulation in routine work for polio and EPI programs. 

Yemen COVID-19 Response  
Country: Yemen  
Funder: US Department of State 
Support the response to COVID-19 in Yemen by strengthening laboratory capacity for COVID-19 testing, improving infection prevention and control (particularly among healthcare workers) through training, and improving risk communication to offset false information among communities and healthcare workers. 

Polio International Consultancies  
Country: Afghanistan  
Funder: CDC 
Identify consultants to provide technical assistance in the Eastern Mediterranean region in order to improve the effectiveness of polio eradication efforts. 

Promoting Secure, Safe, and Sustainable Capacity to Detect and Control Dangerous Outbreaks in Iraq  
Country: Iraq  
Funder: US Department of State 
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. 

Advancing the Yemen FETP  
Country: Yemen  
Funder: US Department of State 
Provide technical assistance to conduct cross-border surveillance detection and response for neglected tropical diseases (NTDs) in Yemen, such as anthrax, that may be acquired by terrorists or other nefarious actors for use in bioterrorism attacks. 

Enhancing the Pakistan FELTP  
Country: Pakistan  
Funder: CDC 
Provide operational support to the Pakistan FELTP 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. 

N-STOP (National Stop Transmission of Polio) Activities  
Country: Pakistan  
Funder: CDC 
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. 

Supporting 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. 

Fighting Viral Hepatitis in Pakistan  
Country: Pakistan  
Funder: CDC 
Support Pakistan’s efforts in reaching the World Health Organization’s 2030 hepatitis elimination target through interventions and reforms in how the provinces in Pakistan are implementing hepatitis control and prevention. 

Strengthening the One Health Approach in South America  
Countries: Argentina, Bolivia, Brazil, Paraguay, Peru, Uruguay  
Funder: CDC 
Train FETP residents from programs in South America as One Health Zoonotic Disease Prioritization (OZDP) facilitators and share with them important and practical experiences in taking a One Health approach to zoonotic disease activities including surveillance and outbreak response. 

Improving Capacity for Cross-Border Surveillance of NTDs in South America  
Countries: Argentina, Bolivia, Brazil, Paraguay  
Funder: CDC 
Provide technical assistance to improve capacity to conduct cross-border surveillance detection and response for neglected tropical diseases (NTDs) in the South American region through training with CDC, PAHO, TEPHINET, and FETP graduates. 

Strengthening COVID-19 Response in Pakistan  
Country: Pakistan  
Funder: CDC 
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. 

Support Pakistan’s efforts in reaching the World Health Organization’s 2030 hepatitis elimination target through interventions and reforms in how the provinces in Pakistan are implementing hepatitis control and prevention. 

Data Triangulation in Pakistan  
Country: Pakistan  
Funder: CDC 
Build capacity at the national and provincial levels to more effectively use data to inform decision-making. Provide support to the government to conduct a national data triangulation analysis and conduct the first national workshop to review findings and develop a way forward to integrate data triangulation in routine work for polio and EPI programs. 

Yemen COVID-19 Response  
Country: Yemen  
Funder: US Department of State 
Support the response to COVID-19 in Yemen by strengthening laboratory capacity for COVID-19 testing, improving infection prevention and control (particularly among healthcare workers) through training, and improving risk communication to offset false information among communities and healthcare workers.
**EUROPEAN REGION**

**Detecting Viral Hepatitis in Georgia**
Country: Georgia  
Funder: CDC
Support the overall implementation, coordination, and monitoring and evaluation of hepatitis elimination programs.

**Support to the Central Asia Regional FETP**
Countries: Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan  
Funder: CDC
Continue to strengthen and provide technical assistance to improve surveillance, detection and response to infectious disease outbreak events in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

**Fighting Viral Hepatitis in Uzbekistan**
Country: Uzbekistan  
Funder: CDC
Support the prevention, control, and elimination efforts of hepatitis B and hepatitis C in Uzbekistan. The goal of this project is to assist in implementing projects to eliminate viral hepatitis in Uzbekistan to meet the World Health Organization’s 2030 elimination target.

**South Caucasus Small Grants**
Countries: Armenia, Azerbaijan, Georgia  
Funder: CDC
Award FELTP graduates with small grants to conduct non-research projects to address emerging and re-emerging infectious diseases.

**Strengthening the South Caucasus FELTP**
Countries: Armenia, Azerbaijan, Georgia  
Funder: CDC
Strengthen and provide technical assistance to improve surveillance, detection and response to infectious disease outbreak events in the South Caucasus. This project will assist in supporting the FETP Emergency Operations Center and Alumni Association, the formation and training of Rapid Response Teams, the training of FETP alumni in scientific writing, and the awarding of mini-grants to alumni for public health projects.

**SOUTHEAST ASIA REGION**

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

**Supporting the India Epidemic Intelligence Service’s COVID-19 Response**
Country: India  
Funder: CDC
Provide technical assistance and support to India’s intermediate-level FETP for COVID-19 response activities.

**Enhancing and Strengthening Information Systems Linking Surveillance and Laboratory Data in Southeast Asia**
Funder: CDC
Implement plans to enhance surveillance and information systems in Southeast Asia.

**WESTERN PACIFIC REGION**

**Supporting the Vietnam FETP**
Country: Vietnam  
Funder: CDC
Provide technical assistance to the FETP to improve surveillance, detection, and response to outbreak events in Vietnam.

**Supporting the India Epidemic Intelligence Service’s COVID-19 Response**
Country: India  
Funder: CDC
Provide technical assistance and support to India’s intermediate-level FETP for COVID-19 response activities.

**Enhancing and Strengthening Information Systems Linking Surveillance and Laboratory Data in Southeast Asia**
Funder: CDC
Implement plans to enhance surveillance and information systems in Southeast Asia.
Developing an FETP Cancer Curriculum  
Country: Worldwide  
Funder: CDC  
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) and create a fifth module on cervical cancer.

Global NCD Activities  
Country: Worldwide  
Funder: CDC  
Support CDC Global NCD Branch efforts to improve prevention and control of NCDs through surveillance, capacity building, and evidence generation. Other activities focus on identifying and conducting economic analysis related to NCD prevention and management for the Economic Research Network and on patient awareness and management of hypertension through the Global HEARTS Initiative (HEARTS).

Developing Regional FETP Communities of Practice  
Country: Worldwide  
Funder: CDC  
Develop regional FETP communities of practice to strengthen FETP learning and peer support.

Implementing the TEPHINET Learning Strategy in the Context of COVID-19  
Country: Worldwide  
Funder: CDC  
Select and begin implementing new learning technology solutions for the TEPHINET Secretariat to manage and share with the global network for both emergency response and regular programmatic learning activities.

Updating the FETP Mentor Curriculum  
Country: Worldwide  
Funder: CDC  
Evaluate and update the existing FETP mentor curriculum, and translate and disseminate the course to the FETP community.

One Health Outbreak Case Study and E-Learning  
Country: Worldwide  
Funder: CDC  
Develop and disseminate a One Health-focused case study for FETP learning in both classroom and e-learning formats.

Global Infection Prevention and Control to Stop Healthcare-Associated Infections and Antimicrobial Resistance  
Country: Georgia, Thailand  
Funder: CDC  
Build public health capacity in components of infection prevention and control (IPC) programs needed at the national and facility levels to effectively prevent healthcare-associated infections (HAIs) and combat antimicrobial resistance (AMR).

Strengthening FETP Networks in the Indo-Pacific and Other Regions  
Country: Worldwide  
Funder: CDC  
Address gaps in service provision to FETPs and strengthen FETP networks to address regional FETP needs.

Credentialing FETP Graduates  
Country: Worldwide  
Funder: CDC  
Implement a new learning platform for FETP alumni training, and track completion. Conduct an alumni census to understand the current state of FETP alumni contributions and experience in global public health.

Field Epidemiology Workforce Advocacy  
Country: Worldwide  
Funder: CDC  
Incorporate the public health workforce, including the applied or field epidemiologic and response workforce, into global health workforce initiatives with the ultimate goal of improving the availability, analysis, and use of comparable public health workforce data at the national, regional, and global levels to support the planning and implementation of public health initiatives.

Risk Communication Curriculum and Training Tool Development  
Country: Worldwide  
Funder: CDC  
Develop and disseminate an FETP risk communication curriculum and training tool.

Monitoring and Evaluation of Efforts to Support FETP Residents and Alumni  
Country: Worldwide  
Funder: CDC  
Evaluate the implementation and impact of Frontline Field Epidemiology Training Programs and monitor and evaluate efforts to support FETPs during the COVID-19 response.

FETP Enterprise Strategic Leadership Group and Secretariat  
Country: Worldwide  
Funder: CDC  
Facilitate the implementation of recommendation one of the Global Field Epidemiology Roadmap: the formation of the Strategic Leadership Group (SLG).

Strengthening Event-Based Surveillance in South America and the Eastern Mediterranean Region  
Country: Worldwide  
Funder: CDC  
Provide technical assistance to the South American and Eastern Mediterranean regions to improve their capacities to conduct surveillance, detection, and response for priority pathogens (including respiratory pathogens) through event-based surveillance.

Building FETP Capacity in Non-communicable Disease Detection through Small Grants  
Country: Worldwide  
Funder: CDC, CDC Foundation  
Through Small Grants programs (mini-grants) to individual FETP trainees and/or graduates to complete non-research studies of surveillance systems related to several NCD topical areas.

FETP Training and Alumni Tracking  
Country: Worldwide  
Funder: CDC  
Collect and analyze data on FETP alumni skill sets and train alumni in emerging skills needed for public health response.

National Public Health Institute (NPHI) Development  
Country: Democratic Republic of the Congo, Liberia, Namibia, Ukraine, Zambia  
Funder: CDC  
Improve delivery of public health services and enhance global health security and population health by establishing or strengthening existing national public health institutes that support and contribute to well-functioning health systems.

MULTIPLE REGIONS
MEET THE TEPHINET SECRETARIAT TEAM

MIRIAM ALDERMAN, MBA
Deputy Director

ELENA ATKINSON, MSC
Project Coordinator

SHANTI BAZOUMA, MPH
Senior Project Support Specialist / Data Support Specialist

DOMINIQUE BOZARTH, MPH
Project Manager

AMBER ELLITHORPE, CGMP
Events Manager

KAREN FAIN, MBA
Senior Financial Analyst

SHALONDA FREEMAN, PhD, MPH
Project Manager

JESSICA GOURDET-MURRAY, MPH
Project Management Team Lead

MAHAMADOU DAO, MPA, LLM
Project Coordinator

CHIKA EGBUNIKE, MSC, MPH
Project Manager

LESLEY GUYOT, MPH
Project Manager

JONATHAN HERNANDEZ
Program Assistant

ANGELA HILMERS, MD, MS, MPH
Chief Scientist

STEPHEN KIM, MPH
Project Coordinator

SAM MCKEEVER, MPA, PMP
Project Manager

MIRIAM ALDERMAN, MBA
Deputy Director

LORIE BURNETT, MPA
Project Manager

AMANDA CREARY, MPH
Project Coordinator

MAHAMADOU DAO, MPA, LLM
Project Coordinator

CHIKA EGBUNIKE, MSC, MPH
Project Manager

ADAM JOHNSON, MPH
Project Coordinator

EVA JOSEPH, MPA, PMP
Project Manager

STEPHEN KIM, MPH
Project Coordinator

SAM MCKEEVER, MPH
Project Manager

KAREN FAIN, MBA
Senior Financial Analyst

LORIE BURNETT, MPA
Project Manager

AMANDA CREARY, MPH
Project Coordinator

MAHAMADOU DAO, MPA, LLM
Project Coordinator

CHIKA EGBUNIKE, MSC, MPH
Project Manager

ADAM JOHNSON, MPH
Project Coordinator

EVA JOSEPH, MPA, PMP
Project Manager

STEPHEN KIM, MPH
Project Coordinator

SAM MCKEEVER, MPH
Project Manager
TEPHINET Advisory Board:
Louise Coole, Public Health England
Martyn Kirk, Australian National University
Ron Mooleenaar, Centers for Disease Control and Prevention
Oliver Morgan, World Health Organization
Manoj Murhekar, Indian Council of Medical Research
Lorna Perez, Ministry of Health of Belize
Carl Reddy, TEPHINET
Sahar Mahmoud Samy, Ministry of Health and Population of Egypt
Mufuta Tshimanga, University of Zimbabwe
Carmen Varela Santos, European Centre for Disease Prevention and Control

TEPHINET Accreditation Working Group (AWG):
Tarun Bhatnagar, Indian Council of Medical Research
Elizabeth David dos Santos, Ministry of Health of Brazil (retired)
Fadzilah Kamaludin, Institute for Medical Research of Malaysia (retired)
Ioannis Karagiannis, Public Health England
Asmae Khattabi, National School of Public Health of Morocco
Olivia Namusisi Kasenge, African Field Epidemiology Network
Catalina Ramirez Hernández, Costa Rican Social Security Fund
Carl Reddy, TEPHINET
Reina Turcios, Centers for Disease Control and Prevention

AWG Alternate Members:
Alicia Barrasa Blanco, Public Health England
Sahar Mahmoud Samy, Ministry of Health and Population of Egypt
David Rodriguez, Executive Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic
Angela Song-En Huang, Taiwan Centers for Disease Control

TEPHINET Advisory Scientific Committee (TASC):
Hala Bahaa, Ministry of Health and Population of Egypt
Angela Hilmers, TEPHINET
Steven Ooi Peng Lim, National Centre for Infectious Disease of Singapore
Eric Pevzner, Centers for Disease Control and Prevention
Amelie Plymoth, European Centre for Disease Prevention and Control
Shelly Rodrigo, Caribbean Public Health Agency
David Rodriguez-Araujo, Executive Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic
Cynthia Semá Baltazar, National Institute of Health of Mozambique

Regional Representatives:
Eleni Galanis, British Columbia Centre for Disease Control, Canada
Kathleen Laberge, Canadian Field Epidemiology Program, Public Health Agency of Canada

Ad hoc members:
Reina Turcios, Centers for Disease Control and Prevention
Seymour Williams, Centers for Disease Control and Prevention

TEPHINET Global Accrediting Body (GAB):
Nancy Blinkin, University of California San Diego School of Medicine
Manuel M. Dayrit, Ateneo de Manila University School of Medicine and Public Health
Moham Gupte, Indian Council of Medical Research School of Public Health (retired)
Latifat Ibisomi, University of the Witwatersrand
Raina Macintyre, University of New South Wales, Sydney
Christopher N. Tetteh, Optimal Health and Wellness Center, Ghana

TEPHINET Learning Advisory Council (FLAC):
Amrish Baidjoe, Norwegian Red Cross
Nissaf Bouatif ep Ben Alaya, Tunisia Field Epidemiology Training Program
Anaíte Diaz Artigas, Universidad del Valle, Guatemala
Lisa Jensen, Public Health Agency of Canada
Kabwebwe Horœde Mitonga, University of Namibia
Boris Pavlin, World Health Organization
Manickam Ponnaiah, Indian Council of Medical Research
Carmen Varela Santos, European Centre for Disease Prevention and Control
Erika Willacy, Centers for Disease Control and Prevention

Learning Working Groups:
Ilham Abu-Khader, Eastern Mediterranean Public Health Network
Priscila Bochi de Souza, Ministry of Health of Brazil
Louise Coole, Public Health England
Vikki Carr de los Reyes, Department of Health of the Philippines
Mohamed Elghazaly, World Food Programme Regional Bureau in Cairo, Egypt
Lisa Hansen, Public Health Agency of Canada
Mica Hartley, Department of Foreign Affairs and Trade of Australia
Tambri Housen, University of Newcastle
Shelly Rodrigo, Caribbean Public Health Agency
Bernard Sawadogo, African Field Epidemiology Network
Cynthia Semá Baltazar, National Institute of Health of Mozambique
Lijie Zhang, Chinese Centers for Disease Control and Prevention
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 PARTNERS:

Afghanistan National Public Health Institute
African Field Epidemiology Network (AFENET)
ASEAN+3 Field Epidemiology Training Network (ASEAN+3 FETN)
Association of Public Health Laboratories
Australian National University
Ausvet
Caribbean Public Health Agency (CARPHA)
Cayetano Heredia University, Peru
Centers for Disease Control and Prevention (CDC)
CDC South Caucasus Office
Chinese Center for Disease Control and Prevention
Costa Rican Social Security Fund (CRDF Global)
Culmen International, LLC
Department of Health of Hong Kong
Department of Health of the Philippines
Eastern Mediterranean Public Health Network (EMPHNET)
El Bosque University, Colombia
Emory University
Ending Pandemics
EPIET Alumni Network
Ethiopian Public Health Institute
European Centre for Disease Prevention and Control (ECDC)
EZ Solutions Central Asia, LLP
Focus Area for Compassion and Ethics (FACE)
Food and Agriculture Organization of the United Nations (FAO)
French Institute for Public Health Surveillance
Gilead
Global Health Media Project
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 (IANP HI)
International Committee of the Red Cross, Bogota, Colombia
International Society for Infectious Diseases (ISID)
JEE Alliance
Jhpiego
Korea Centers for Disease Control and Prevention
Liverpool School of Tropical Medicine
Makerere University School of Public Health, Uganda
Manta Ray Media
Médecins 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
Ministry of Health of Belize
Ministry of Health of Brazil
Ministry of Health of Cambodia
Ministry of Health of Colombia
Ministry of Health of El Salvador
Ministry of Health of Honduras
Ministry of Health of Indonesia
Ministry of Health of Iraq
Ministry of Health of Jordan
Ministry of Health of Kazakhstan
Ministry of Health of Kenya
Ministry of Health of Malawi
Ministry of Health of Malaysia
Ministry of Health of Mexico
Ministry of Health of Nigeria
Ministry of Health of Panama
Ministry of Health of Papua New Guinea
Ministry of Health of Peru
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 of Paraguay
Ministry of Public Health of Thailand
Ministry of Public Health of the Dominican Republic
Ministry of Public Health of Uruguay
Ministry of Public Health
National Center for Disease Control, Ministry of Health of India
National Center for Disease Control and Public Health of Georgia
National Center for Disease Control, Ministry of Health of Indonesia
National Center for Disease Control, Ministry of Health of Mexico
National Center for Disease Control, Ministry of Health of Nigeria
National Emergency Operations Center of Pakistan
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 Hygiene and Epidemiology of Vietnam
National Institute of Infectious Diseases of Japan
National Institute of Public Health of Guinea-Bissau
National Public Health Institute of Chile
National Public Health Institute of Namibia
National Public Health Institute of Zambia
National School of Public Health of Morocco
Nigeria Centre for Disease Control
Pan American Health Organization (PAHO)
ProEpi
Public Health Agency of Canada
Public Health England
Red Centroamericana de Epidemiología de Campo (REDCEC)
U.S. Department of State
Robert Koch Institute
RTI International
Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic (SE-COMISCA)
Red Suramericana de Epidemiología de Campo (REDSUR)
Sierra Leone
South Asia Field Epidemiology and Technology Network (SAFETYNET)
Taiwan Centers for Disease Control
Texas A&M University
Tulane University
U.S. Virgin Islands Department of Health
University of Malawi
University of Mexico
University of New Mexico, ECHO Institute
University of Ouagadougou, Burkina Faso
University of Panama
University of Rwanda
University of Sonora, Mexico
World Health Organization (WHO)
World Health Organization (WHO)
World Hypertension League
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If you are interested in supporting TEPHINET’s work in ensuring that all countries have the field epidemiology capacity necessary to protect their populations against public health threats, please contact secretariat@tephinet.org.

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325 Swanton Way
Decatur, Georgia, 30030, USA

www.tephinet.org
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secretariat@tephinet.org
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