

Updates from the Field...

Strengthening Public Health Systems and Workforce Capacity Globally

Spring 2013, Issue 10

Director's Message

Dear Colleagues:

At the beginning of the year, after careful deliberation and inputs from many sources within the Centers for Disease Control and Prevention (CDC) and outside the agency, CDC leadership made the decision to create a new division to integrate programs within its Center for Global Health (CGH) that promote strong global health systems, train and build capacity in the global health workforce, and enhance health security around the world.



— Nancy Messonnier, MD, MPH

Work is now well underway to create a new division that merges work previously conducted within the Division of Public Health Systems and Workforce Development (DPHSWD) and the Division of Global Disease Detection and Emergency Response (DGDDER). The new division will also provide a home for CDC's growing global work in noncommunicable diseases (NCDs). By combining these forces within a single division, we will be able to leverage resources to create opportunities for better prioritization and strategic planning and create a unified CDC voice. By doing so, we will be better positioned to help countries strengthen and or reconstruct their public health systems, build workforce capacity, and reinforce global health security efforts. I want to thank Dr. Peter Bloland and Dr. Scott Dowell for their assistance as decisions about the direction of the reorganization were being made. During the planning and transition period they are both pursuing important CDC priorities related to their areas of expertise.

This issue of the newsletter illustrates the impact of CDC's work with ministries of health and other public health partners. It also highlights long-standing programs which have strengthened public health systems, built workforce capacity, and played a pivotal role in developing future public health leaders to serve in their national public health systems. An example of this is the Philippines Field Epidemiology and Training Program (P-FETP) which commemorated 25 years of successful training in January. This program has graduated 98 highly qualified field epidemiologists, the majority of whom now work in government service.

"As we move forward with the reorganization, we are committed to working closely with our partners and helping them build strong public health systems and institutions that improve health outcomes globally."

Similarly, residents in newly-established FETPs are already gaining important epidemiological skills and using them to detect and respond to public health threats. For example, Iraq FETP residents participated in the most successful cholera response in more than a decade. Due, in part, to their efforts, a potentially devastating epidemic was contained with minimal loss of life.

As we move forward with the reorganization, we are committed to working closely with our partners and helping them build strong public health systems and institutions that improve health outcomes globally.

— Nancy Messonnier, MD, MPH.
Acting Director, Division of Public Health Systems and Workforce Development, and Division of Global Disease Detection and Emergency Response, U.S. Centers for Disease Control and Prevention

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Seeking Submissions...

If you would like your program to be featured in an upcoming issue of Updates from the Field, please send a 300-500 word summary of your program's activities and photos to Ruth Cooke Gibbs at icn6@cdc.gov.



Updates from the Field..

Highlights of Investigations

FELTP Residents, Graduates and N-STOP Officers Join Hands to Investigate and Control Measles Outbreak in Pakistan

Submitted by Tamkeen Ghafoor, MBBS, MPH – FELTP Faculty, Pakistan
Durdana Poonam, MBBS – FELTP Faculty, Pakistan

Pakistan experienced a large epidemic of measles in 2012 and early 2013. FELTP Pakistan residents and graduates not only investigated outbreaks in their districts, but also planned and monitored vaccination campaigns in various parts of the country. During the measles epidemic residents proved to be a vital resource to the provincial health ministries in investigating and controlling the measles outbreak. The residents and graduates conducted epidemic surveillance, response, containment, and prevention efforts in 15 districts throughout the country, including Sukkur, Khairpur, Larkana, Kashmore, Jaffarabad,



Pakistan-FELTP resident Dr. Abid Saeed examines a young child with a measles rash during a measles outbreak and vaccination campaign in Pakistan, January 2013.

Naseerabad, Hyderabad, Ghotki, Kambar, Jacobabad, Rawalpindi, Multan, Rajanpur, Skardu, Ganche and the Mohmand Agency which is a Federally Administered Tribal Agency (FATA). FELTP residents reported a total of 3,424 cases from these districts.

The Department of Health in the Sindh province utilized FELTP residents, graduates and officers from the FELTP's National Stop Transmission of Polio (N-STOP) program to investigate outbreaks in 8 districts. Sukkur,



Pakistan-FELTP resident Dr. Abid Saeed examining a measles patient in the basic health unit, district Sukkur, Pakistan, January 2013

one of the most affected districts of Sindh province, reported 750 suspected cases and 57 deaths in 2012. FELTP Pakistan resident Dr. Jhokio was working there, and so impressed the district's Health Management Team (DHMT), that the district government of Sukkur officially requested more support from FELTP Pakistan. In response to this request, four FELTP residents along with two faculty members were deployed on January 4th, 2013 to conduct active case finding, identification of vulnerable groups and immunization coverage surveys from January 5th to 10th, 2013. After the crisis, the Deputy Commissioner of Sukkur thanked the residents, saying, "We appreciate and acknowledge the support of FELTP during the measles outbreak."

In the district of Khairpur, FELTP graduate Dr. Ghangroo worked with the DHMT on post-epidemic response and prevention activities and initiated mop-up campaigns, which included door-to-door vaccination in areas reporting cases and areas with



Pakistan-FELTP resident Dr. Abid Saeed, accompanied by two police officers for security, examines children in rural Taluka Salehpat, district Sukkur, during a measles outbreak and vaccination campaign in Pakistan, January 2013.

low routine-immunization coverage. During this vaccination campaign, 90% of the target population (children 9 months to 10 years of age) was immunized against measles. Similarly, residents and graduates investigated cases and implemented control measures including mop-up vaccination in the districts of Hyderabad, Kambar and Jacobabad. In the districts of Larkana and Ghotki, N-STOP officers were assigned by the Deputy Commissioner to assess the disease burden and give recommendations to control the outbreak. In the district of Kashmore, FELTP graduate Dr. Daudpota conducted an epidemiological investigation of measles cases. The overall attack rate in Kashmore district was 92.7 cases per 100,000 population.

In Gilgit-Baltistan province, FELTP resident Dr. Zakir collected demographic and clinical information from measles cases and evaluated risk factors related to vaccination history and socio-economic, education, and nutritional status. Dr. Zakir also planned the measles vaccination campaign in the affected areas and regularly visited the field sites to monitor the campaign and ensure its effectiveness.

In Baluchistan and Punjab provinces, five FELTP residents coordinated surveillance activities and planned the outbreak response immunization campaign.

For further information, please contact Dr. Rana Jawad Asghar, Resident Advisor, FELTP Pakistan at jawad@alumni.washington.edu.

Updates from the Field...

Highlights of Investigations

“Iraq FETP Plays Pivotal Role in Controlling Recent Cholera Outbreak”

Submitted by Dr. Faris Lami, Resident Advisor, FETP Iraq and Genessa Giorgi, CDC



The Division of Public Health Systems and Workforce Development, (DPHSWD), has been partnering with the Iraqi Ministry of Health (MOH) in training public health officers through the Field Epidemiology Training Program (FETP) since 2009. This collaboration includes a two-year Iraq FETP, associated short-courses for public health officers at the national and sub-national level, and support of outbreak responses and investigations throughout the country. Recently, Iraq FETP residents played a critical role in confirming and containing a cholera outbreak that had the potential to spread all over the country. Thanks in part to their efforts, the response was an unprecedented national success, and illustrates the powerful impact that the Iraq FETP has had on saving lives and improving public health outcomes.

At the recent Iraq FETP graduation ceremony, U.S. Ambassador Knight said, “The Iraq FETP represents a telling example of the strong, successful, and continuing collaboration between the Government of Iraq and the United States. During the past two years, Iraq FETP residents have been instrumental in responding to every major outbreak of disease in Iraq.”

The 2012 outbreak was the second cholera outbreak in Iraq in less than five years. The outbreak in 2007 lasted more than four months, spread to every governorate in Iraq, had over 4,000 cases, and caused 24 deaths. In contrast, the recent outbreak was contained in less than two months, confined to three governorates, had 381 laboratory-confirmed cases and three deaths.

The outbreak began in September, when the northern governorates of Kirkuk and Sulimaniyah, with a



Iraq FETP resident on site visit to water treatment plant in Diyala Province, Iraq.



Two Iraq FETP residents testing water samples at a water treatment plant in Erbil Province, Iraq.

population of 1.8 million, reported cases of suspected cholera to the MOH. The MOH immediately established a National Action Committee (NAC) which included the FETP Resident Advisor and Executive Manager. The NAC deployed a response team to investigate the outbreak, identify the source, and develop recommendations to contain it. This immediate response included two FETP residents.

During the full outbreak response, five out of the seven epidemiological investigation

teams deployed were led by Iraq FETP residents. They interviewed health workers, reviewed medical records, conducted environmental assessments, obtained stool and water samples for testing, and recommended immediate water chlorination and the launching of a health education campaign. Rapid action by all concerned brought the outbreak under control by end of the October.

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Updates from the Field...



Highlights of Investigations: Iraq FETP Controlling Cholera Outbreak

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Iraq FETP residents testing water samples of wells in Suleimaniya province, Iraq.

"The technical and field guidance provided to the DOH-Duhok surveillance team by the Iraqi FETP team during their visit was remarkable. The support they provided resulted in a better understanding of how to investigate cholera outbreaks and the best approaches to assure timely provision of required data and information," said Dr. Bakhtiyar Ahmed Rasheed, head of the Public Health Care Section, Duhok Directorate of Health. "It also helped us to streamline the process based on a more holistic approach that takes into consideration all aspects of the outbreak response, including investigation, containment, and management/treatment of cases. The DOH-Duhok expresses its gratitude to the FETP team for their dedication and unlimited support. We look forward to having more active field engagement with them in the future."

For further information, please contact Genessa Giorgi at VKY7@cdc.gov.



Iraq FETP resident visiting the cholera ward in Nineva Hospital, Nineva, Iraq.



Iraq FETP residents spotting cholera cases on the map in Suleimaniya province, Iraq.

Updates from the Field...

Partnership Matters Teaming Up to Eradicate Polio

Submitted by Derek T. Ehrhard,
CDC Epidemiologist

The Global Polio Eradication Initiative (GPEI) is at a critical moment in its history. During 2012, India was declared polio-free, leaving only Afghanistan, Nigeria, and Pakistan as countries never to have interrupted polio virus transmission. There are fewer cases in fewer places than ever before. Despite this achievement, improvement in the management and accountability of program operations and the quality of polio activities must continue to improve to achieve eradication.

Management, accountability, and quality improvement of program activities are GPEI priorities. To contribute to improvements in these areas, two of the longest-standing training programs at CDC, the Stop Transmission of Polio (STOP) program in the Global Immunization Division (GID) and the Sustainable Management Development Program (SMDP) in the Division of Public Health Systems and Workforce Development, partnered to develop a new "Management Training for STOP" course. The STOP program, founded in 1998, trains public health workers on the technical aspects of polio eradication and deploys them on five month assignments to priority countries where they assist governments in eradication efforts. To date, the STOP program has trained more than 2,000 volunteers who have been deployed to 70 countries. SMDP, founded in 1992, assists leaders in low- and middle-income countries in strengthening health management systems. Among other activities, SMDP has prepared future public health leaders by providing training in public health management competencies to 414 mid-level managers from more than 65 developing countries.

The four day STOP course in Atlanta provides participants with a systematic approach to decision making and practical solutions to common management problems encountered in polio eradication



Denise Traicoff (SMDP) shares strategies on managing project risks during the Management Training for STOP volunteers at CDC headquarters, Atlanta, Georgia.

work. These skills will help them to be successful during their polio assignments. Special emphasis is given to developing consensus among multiple partners, thereby instilling ownership. The training also focuses on improving micro-planning of polio vaccination campaigns, an essential activity to reach all children with vaccine.

Since forming this partnership, SMDP and STOP have delivered two "Management Training for STOP" courses to program volunteers, in June 2012 and January 2013. In addition, SMDP assisted in implementation of trainings for the Field Epidemiology and Laboratory Program (FELTP) residents working exclusively on polio projects in priority countries during 2012. In total, approximately 150 volunteers and FELTP residents have participated in these trainings.

- While the formal evaluation of this partnership is ongoing, initial reports from the field indicate that the training has been beneficial to the volunteers. Below are just a few comments from course participants now working in the field about the benefits of implementing the lessons they learned.
- "It was when I planned to conduct an Independent Monitors' training for the second time, I **applied the management skills I had learned from Atlanta and the result was completely different than what it used to be before.**"

- "When we discussed the major activity before the beginning, such as a vaccination campaign, **we used the flowchart process we learned at CDC to list all the work that should be done, and also the fishbone diagram to find the major potential problems. With this, at last, we can predict most of the difficulties and cope with them.**"
- "In the town where I want to establish a goal to improve the performance of the Lady Health Workers for the upcoming polio campaign I **made a plan for supervising the training, including a Q&A session and role play scenario which I learned as a useful tool in Atlanta. This is a good start to make understanding and communication between people with different languages and culture for team building.**"

GID's Director, Dr. Rebecca Martin, expressed her gratitude for the opportunity to partner with SMDP and improve the management and accountability of polio eradication activities in key countries. "Providing our public health workforce with training beyond technical and scientific work is essential to improve the operations and implementation of public health programs globally. Through strategic partnerships such as this one, we'll continue to bring the full force of CDC to bear when tackling the most pressing public health problems."

For further information, please contact Dr. Rebecca Martin at RTM4@cdc.gov

Updates from the Field..

Partnership Matters

“Health – Plan for It” Program Helps Croatian Counties Provide Public Health Services Focused on Local Health Needs

Submitted by Dr. Brian Robie, CDC

According to the World Health Organization, the most effective decision-making environments are ones in which “...all relevant parties — researchers, decision-makers and other stakeholders, including civil society actors — work together as interdependent allies in an environment of mutual trust and respect. This enables major decisions to be based on a solid foundation of evidence and benefit from a broad range of inputs.” (World Health Organization. *Changing Mindsets: Strategy on Health Policy and Systems Research*. 2002)

In Croatia, the Štampar School of Public Health’s *Health – Plan for It* County Public Health Capacity Building Program, which won the Global Health Program of Distinction Award at the Sustainable Management Development Program’s (SMDP) 20th Anniversary Celebration in January, is designed to create an environment of this type in Croatian counties and the City of Zagreb. The program’s main goals are to increase county-level capacities needed for participatory health needs assessment, health planning, and provision of health services tailored to local health needs.

Dr. Selma Šogorić, Associate Professor, University of Zagreb Medical School and a 2001 graduate of SMDP’s Management for Improved Public Health (MIPH) program, explained that the need for the program was created when the Croatian government set decentralization as one of its priorities under the 2000 Health Care Reform Act. The Croatian Ministry of Health then accepted an initiative invitation from the Andrija Štampar School of Public Health and the Croatian Healthy Cities Network to work as advocates of a bottom-up approach to health planning.



Officials from the Croatian Ministry of Health, the Andrija Štampar School of Public Health, the National Institute for Public Health, and country officials participate in a Health - Plan for It Program panel discussion in Krapinske-Toplice, Croatia in 2002.

Collaboration between the Štampar School and SMDP began when Dr. Šogorić and Dr. Tea Vukusic Rukavina from the school attended the 2001 MIPH program, with financial support from the Soros Foundation’s Open Society Institute (OSI). OSI later supported four more Croatian attendees’ participation in the program.

The *Health – Plan for It* program that Drs. Šogorić and Rukavina designed incorporates program planning tools from the MIPH program as part of the curriculum. The Ministry of Health approved the program, which involves key players from public health, the government, executive offices, and non-governmental organizations at the county level in developing and implementing improved county health policies, to help decentralization succeed.

In 2003, the University of Zagreb Medical School and the Croatian Medical and Dental Chamber officially recognized the *Health – Plan for It* program as a postgraduate training course which can be used for continuing education credits.

Today, public health stakeholders in all Croatian counties and the City of Zagreb use the program to identify and prioritize

challenges, then plan and implement appropriate public health interventions. Frequently chosen health priorities have included: cardiovascular diseases; inadequate care for the elderly; mental health; early detection of breast and colorectal cancer; under-age drinking; accidents; quality of health care services; and quality of drinking water.

Dr. Šogorić stated that, as a result of the program, “the type and quality of services counties have provided has been much better tailored to local health needs.” She also noted that, “the consensus-building techniques used to formulate policy have helped the policy stakeholders to understand each other and collaborate better.” MIPH graduates have successfully guided legislation through the national government to institutionalize the program to support decentralized health planning at the district level. The MIPH graduates have also assisted MIPH graduates in Serbia and Macedonia with developing similar health planning programs for their countries.

For further information, please contact Dr. Brian Robie at bir8@cdc.gov.

Updates from the Field..

Graduate Corner

Philippines Field Epidemiology Training Program Celebrates its 25th Anniversary

Submitted by Dr. Tippavan Nagachinta, CDC

On January 21, 2013, the Philippines Field Epidemiology Training Program (P-FETP), one of the oldest FETPs in the world, celebrated their 25th anniversary with a ceremony to recognize their outstanding achievements. The Philippines program was established in 1987 as a collaborative effort of the Philippines Department of Health (DOH), the United States Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC).

The anniversary celebration was held at the Department of Health Convention Hall in Manila. More than 100 DOH staff members and international guests from the World Health Organization (WHO), and CDC attended the ceremony. The Philippines Secretary of Health and three former Secretaries of Health also attended. Speakers included the Secretary of Health, CDC staff members Dr. Mark White and Dr. Tippavan Nagachinta, and others. Videotaped remarks from Dr. Dionisio Jose Herrera Guibert, Director of the Training Programs in Epidemiology and Public Health Interventions Networks (TEPHINET), and several officials from the Ministry of Health were viewed after the speeches.

The celebration was followed by a three-day Annual Epidemiology Meeting. A total of 145 FETP residents and graduates and Public Health Officers representing 14 regions, 3 provinces, 10 local epidemiology and surveillance units (LESU), and invited international guests participated in the meeting. The graduation of FETP cohort 21 was held during this meeting. New graduates gathered to pledge their commitment to providing their best public health



Assistant Secretary of Health and Philippines FETP director Dr. Enrique Tayag leads new FETP graduates in a pledge to commit themselves to improving public health in the Philippines. The graduation ceremony and FETP 25th anniversary celebration took place on January 21, 2013 at the Department of Health Convention Hall in Manila, Philippines.



Dr. Tippavan Nagachinta, CDC FETP Consultant, presents the TEPHINET plaque on behalf of Dr. Dionisio Jose Herrera Guibert, Director of TEPHINET, to Dr. Enrique Tayag, Assistant to the Philippines Secretary of Health and FETP director, to commemorate the 25th anniversary of the Philippines FETP at the graduation ceremony and anniversary celebration held at the Department of Health Convention Hall in Manila, Philippines, on January 21, 2013.

services to the people of the Philippines. Philippines FETP Director Assistant Secretary Enrique presented the 25th Anniversary Award in recognition of FETP contributions to distinguished guest Dr. Mark White, a former CDC Resident Advisor (RA). Dr. White helped to launch the program and stayed on as the program's only RA until the FETP was fully transitioned to the Philippines government.



New Philippines FETP graduates walked through a receiving line of FETP staff members, FETP alumni, and their families after the graduation ceremony and celebration of the 25th anniversary of the Philippines FETP, held at the Department of Health Convention Hall in Manila, Philippines on January 21, 2013.

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Updates from the Field..

Philippines Field Epidemiology Training Program Celebrates its 25th Anniversary *continued from page 7*

Program History

From 1987 to 1994, CDC posted an in-country RA to help establish the program, develop curriculum and recruit and train FETP residents and staff. External funding ended in 1994, when the FETP was fully supported by the national government and institutionalized as one of the major programs in the Applied Public Health Division of the National Epidemiology Center, Department of Health. While FETP is still a non-degree training program in the academy, FETP is recognized as a Master's Degree Program within the Department of Health and FETP graduates are certified as Public Health Specialists in Applied Epidemiology. In 1998, the National Epidemic Sentinel Surveillance System was established to monitor 14 infectious diseases with epidemic potential. In 2000, the FETP was institutionalized into the National Epidemiology Center together with the Health Information Systems Unit. It has grown to 17 regional counterparts of the Regional Epidemiology and Surveillance Unit (RESU) around the country.

Program Achievements

In keeping with its mission of developing and strengthening the national public health workforce, the program has improved the residents' technical skills and filled gaps in their previous training. As part of their field training, FETP residents have conducted outbreak investigations in response to the H1N1 pandemic in 2009, risk factors for Ebola Retson Virus among abattoir workers in 2010, the first-ever recorded Chikungunya outbreak in 2011, and a profile of Leptospirosis cases after monsoon flooding in 2012.

The Philippines FETP recruits doctors, nurses, veterinarians and medical technologists and trains three to seven residents per year. Program residents receive government scholarships; in return



From left: Dr. Marl Mantala, former NEC Director, Dr. Tippavan Nagachinta, CDC FETP Consultant, Dr. Conky Quizon, former NEC Director, Mr. Carlos Cruz, Dr. Enrique Tayag, Assistant Secretary of Health, NEC Director and Philippines FETP director, former Philippines Secretary of Health Dr. Carmencita Reodica, Dr. Mark White, former Philippine FETP Resident Advisor, former Philippines Secretaries of Health Dr. Antonio Perequet and Dr. Jamie Galvez-Tan, and Dr. Agnette Peralta, Director, Bureau of Health Devices and Technology, at the graduation ceremony and celebration of the 25th anniversary of the Philippines FETP, held at the Department of Health Convention Hall in Manila, Philippines on January 21, 2013.



Dr. Enrique T. Ona, Philippines Secretary of Health (third from left), presents an award of appreciation to Dr. Mark White, former CDC Philippines FETP Resident Advisor (second from left) at the graduation ceremony and celebration of the 25th anniversary of the Philippines FETP, held at the Department of Health Convention Hall in Manila, Philippines on January 21, 2013. Standing by are Dr. Enrique Tayag, Assistant to the Secretary of Health and FETP director, and Dr. Tippavan Nagachinta, CDC FETP Consultant.

they agree to work in the national public health system for at least four years after graduation. As of 2012, the Philippines FETP has graduated 98 highly-qualified field epidemiologists, the majority of whom now work in government service.

The FETP has also established and maintained a national surveillance

network and created an environment that encourages evidence-based decision-making. This has enhanced the credibility of the government health sector and improved the quality of public health services.

For further information, please contact Dr. Tippavan Nagachinta at txn3@cdc.gov.

Updates from the Field..

Graduate Corner

Egypt's Field Epidemiology Training Program Graduates its 15th Cohort



Submitted by Leah Burn, CDC Epidemiologist, Naval Medical Research Unit 3

On January 16, 2013, seven officials from the Egyptian Ministry of Health and Population (MOHP) graduated from Egypt's Field Epidemiology Training Program (FETP). This was the fifteenth FETP cohort (class) to graduate since the program began in 1993. To date, the program has trained more than 100 public health leaders.

The Egypt FETP is a two-year, hands-on training program that provides public health workers with the epidemiological skills to anticipate, identify, investigate, and respond to disease outbreaks. FETP residents often have degrees in clinical medicine, but have not previously been trained in field epidemiology. Led by Egypt's MOHP and supported by the U.S. Centers for Disease Control and Prevention (CDC), the program increases public health workforce capacity and global health security.

The Egypt FETP has been one of the six pillars of the Global Disease Detection (GDD) Regional Center in Egypt since GDD's inception in 2006. The GDD Regional Center provides leadership, training and technical assistance to strengthen regional ability to confront new emerging disease challenges.

The FETP graduation ceremony was held at the Air Defense House in Nasr City. Dr. Samir Rifaey, Director of Egypt's MOHP Epidemiology and Surveillance Unit, officially welcomed guests. Congratulatory remarks were made by Dr. Naeema Gasser, the World Health Organization's (WHO) Representative in Egypt; Dr. Dionisio Herrera, Director of the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET); Dr. Mohannad Nsour, Executive Director of the Eastern Mediterranean Public Health



From left to right: FETP Cohort (class)15 graduates: Dr. Yasser Kandeel, Dr. Wessam Mankoula, Dr. Ahmed Etman, Dr. Amgad Elkholy (Egypt FETP coordinator), Dr. Mohamed Hafez, Leah Burn (CDC/NAMRU3 Epidemiologist), Dr. Maisa Omara, Dr. Marwa Amin, and Dr. Mohamed Abdelwahab at the Egypt FELTP graduation ceremony at the Air Defense House in Nasr City, Egypt on January 16, 2013.



Top row (L-R): Dr. Chris Zimmerman (CDC), Dr. Samir Rifaey (Egypt MOHP) Dr. Tarek Hame (MOHP), Dr. Dionisio Herrera (TEPHINET), Dr. Mohannad Nsour (EMPHNET), Dr. Amgad El-Kholy (Egypt MOHP), Dr. Adel Aty (Egypt MOHP), Dr. Amr Kandeel (Egypt MOHP), Genessa Giorgi (CDC) and cohort 15 graduates Dr. Mohamed Abdelwahab. Bottom row (L-R): Cohort FETP graduates Dr. Wessam Mankoula, Dr. Marwa Amin, Dr. Ahmed Etman, Dr. Mohamed Hafez, Dr. Maisa Omara, with Dr. Abeer Barakat (Egypt MOHP) Dr. Naeema Gasser (WHO-Egypt) and Dr. Yasser Kandeel at the E-FELTP graduation ceremony at the Air Defense House in Nasr City, Egypt on January 16, 2013.

Network, and Genessa Giorgi, CDC's Public Health Advisor and Manager for Middle East and North Africa FETPs.

Egypt's new FETP Coordinator, Dr. Amgad El-Kholy, summarized the residents' key accomplishments. During their training, the residents worked on surveillance activities, investigated disease outbreaks throughout the country, conducted scientific studies, and submitted abstracts to international conferences. Dr. El-Kholy

said, "it's been a privilege to work with this cohort. I'm confident they will continue to add tremendous value to the preventive sector and contribute towards reduction of the burden of disease in Egypt, the region and globally throughout their careers." During the ceremony, FETP graduates from other classes (Dr. Hamman El-Sakka, Dr. Manal Labib Fahim,

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Updates from the Field...

Graduate Corner: Egypt *continued from page 9*



Dr. Amgad El Kholly discusses study design with residents during training in Luxor, Egypt, December 2012.



and Dr. Hala Henawy) discussed what motivated them to work in public health, the importance of field epidemiology in advancing public health, and expressed their hopes and good wishes for the current graduates.

Dr. Maisa Omara, who holds a Bachelor's Degree from the University of Cairo's Faculty of Oral and Dental Medicine and a Master's Degree in Dental Public Health, was elected by the graduates to speak on their behalf. "The future belongs to those who believe in the beauty of their dreams," she said. "...It's been three years since the start of our FETP journey. We have faced good times and difficult times. We even had to stop our journey in order to fight for our rights during our Egyptian revolution..." "Our diverse team comes from various areas of expertise..." she continued, "and we have had the opportunity to learn from each other and share our experiences, working on a wide range of topics, including infection control, diabetes, HIV, influenza and cancer. FETP gave everyone the skills needed to work as a team to identify and assess public health issues and provide solid recommendations to the Ministry of Health."

Like several other FETP graduates, Dr. Omara has a strong interest in



Dr. Salma Afifi – CDC/NAMRU3 Medical Epidemiologist (center) working with Dr. Yasser Kandeel and Dr. Marwa Amin to finalize abstracts before a conference deadline in Luxor, Egypt, December 2012.

health promotion and prevention of noncommunicable diseases. After graduation, she will continue to work at the Egyptian MOHP, in the Central Directorate for Preventive Affairs and will serve on the International Health Regulations (IHR) committee.

The ceremony closed with speeches by Dr. Amr Kandeel, Egypt's MOHP First Undersecretary and Dr. Abeer Barakat, Egypt's MOHP Minister's Assistant. They discussed the importance of teamwork and transferring knowledge to others.

Egypt's public health system faces enormous challenges: a large population, a high infectious disease burden, a range of emerging zoonotic diseases and complex political situation. For twenty years, since the creation of the Egyptian FETP, CDC has worked with Egypt's MOHP to build public health workforce capacity, investigate disease outbreaks, and ensure global health security.

For further information, please contact Genessa Giorgi at vky7@cdc.gov.

Updates from the Field..

DPHSWD Staff Profile

Profile: Program Analyst Judy Berry – Finding Balance and Staying Committed to Public Service

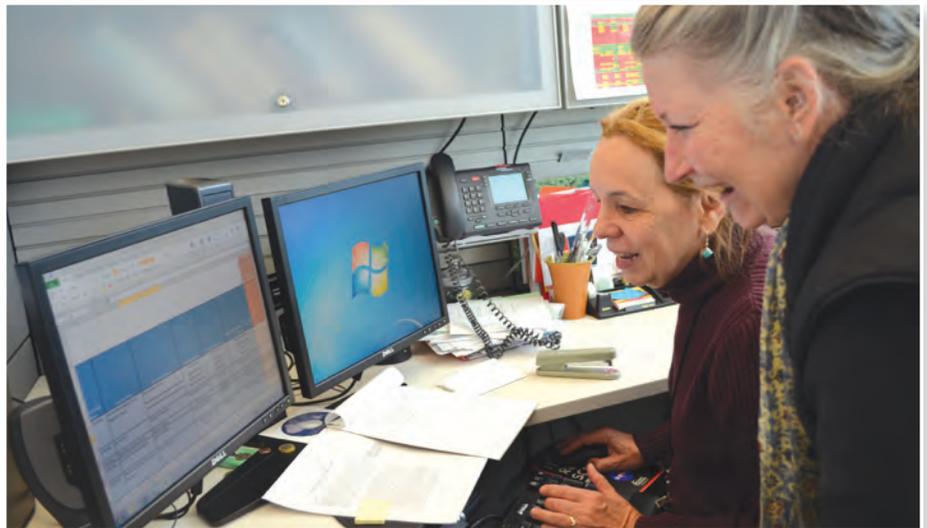
Submitted by Ruth Cooke Gibbs, CDC and Mary (Jude) Wilson, CDC Consultant

In a cube on the 9th Floor of CDC's Center for Global Health is a treasure trove lined with beautiful finger paintings and pictures of a little girl, souvenirs from around the world, and an entire wall of cabinets filled with huge three-ringed binders filled to the brim with all kinds of CDC records. Above the double-screen computer is photo of a handsome couple standing arm-in-arm, smiling and sharing a moment in the sun. Right next to that picture is a caricature of a woman with a big smile and the inscription "Goddess Wanna Bee... AKA Judy". That "Goddess" is Judy Berry, a Program Analyst with CDC's Division of Public Health Systems and Workforce Development, who has been in government service for 24 years. The photos, paintings, souvenirs, binders and file cabinets that line the walls of Judy's cube provide a glimpse into her illustrious life and the work that she does as a public health analyst. The finger paintings are from her 4-year-old granddaughter Rosalind, who seems to have a natural artistic inclination and loves to spend time with Judy (also a former artist) painting and spending quality time at museums and art festivals in Atlanta. The souvenirs are tokens of appreciation from CDC colleagues returning from various countries around the world; and those big 3-ringed binders are filled with documents that only Judy can define.

Reflecting on her career in public service, Judy said, "The time has just flown by." Looking up at the photo above her desk she went on to say, "I moved from place-to-place with my husband Don Berry who enlisted in the U.S. Air Force four months after we were married and kept moving up the ranks until he became Chief Master Sergeant." Judy and Don met at the age of 16 and married shortly after graduation. Little did she know then, that their union would take her on a journey to many parts of the world and they would live and experience life in Illinois, California, Maryland, and South Carolina, and have



DPHSWD Program Analyst Judy Berry in her cube in the Center for Global Health, CDC headquarters, Atlanta, Georgia, February 2013.



DPHSWD Program Analyst Judy Berry works with Helen Perry, IDSR Team Lead, at the Center for Global Health, CDC headquarters, Atlanta, Georgia, February 2013.

the opportunity to live in and experience other cultures while Don was stationed in Germany, Liberia, Morocco and Senegal.

Judy's career with the federal government began at the U.S. Department of the Navy, when Don was stationed at Andrews Air Force Base in Maryland. Although she studied art in college, she was able to develop her administrative skills and

establish a great career working all over the world for the Army Corps of Engineers, the Defense Intelligence Agency, the Department of the Army, the State Department and CDC. Although Judy has enjoyed the variety and excitement of living and working in different places, in 1997 when Don decided to retire, she was happy to return home to Georgia.

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Updates from the Field...

DPHSWD Staff Profile: Judy Berry *continued from page 11*

"At the time CDC was advertising many positions, so I applied for several and got a job as a secretary in the National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health. I was fortunate to be able to work with the Division Director, Dr. Terri Sterling, and Deputy Division Director, Maggie Rush. They were wonderful mentors and their enthusiasm was contagious. That's when my interest in public health began," she says.

After three years, Judy transferred to the Division of International Health's Epidemiology Program Office, where she spent four years as a Program Analyst. She then moved over to the Office of Workforce and Career Development, working as an Administrative Officer for three years before finally returning to the Division of International Health, (which eventually became the Center for Global Health), as a Program Analyst in 2005.

During her 12 years at the Center for Global Health, Judy has been through several reorganizations and name changes, but her duties have remained essentially the same. "As a Program Analyst, I work on a lot of budgets and interact with a great variety of people," she says. "I work with program managers, budget analysts, and the Financial Management Office to design, refine and finalize budgets. I also work with many external partners, including the Departments of Energy and Defense, USAID, and the Defense Threat Reduction Agency on contracts and cooperative and interagency agreements."

Although she doesn't plan to retire anytime soon, Judy is looking forward to spending more time with her family, especially her two granddaughters, Rosalind and Lorelei. Thanks to CDC's flexible scheduling, Judy is currently able to spend one day a week with them. Judy is also an avid gardener and lives in Dahlenega, where she has enough space for a flock of chickens and a cluster



DPHSWD Program Analyst Judy Berry shows pictures of her granddaughters, in her cube in the Center for Global Health, CDC headquarters, Atlanta, Georgia, February 2013.



DPHSWD Program Analyst Judy Berry displays her global souvenirs, in her cube in the Center for Global Health, CDC headquarters, Atlanta, Georgia, February 2013.

of beehives. After retirement, she plans to take the state's Master Gardener course, which trains interested citizens in advanced gardening methods and qualifies them to become teachers themselves. Right now her only student is Rosalind, whose favorite gardening month is February. "That's when we work indoors to pot the plants that we'll

transfer outdoors when the weather turns warm. We fill the pots with my own soil mix, then plant the seedlings in it." For both of them, "Playing in the mud is the best part" said Judy.

For further information, please contact Judy Berry at zwc6@cdc.gov.

Updates from the Field.

Training/Resources

New Field Epidemiology Training Program Established in Bangladesh

Submitted by Cho Yau Ling, MPH, CDC/ASPH,
Allan Rosenfield, Global Health Fellow, CDC

It's mid-January 2013, and a rapid response team of epidemiologists are gathered in the Emergency Operations Room at the Institute for Epidemiology, Disease Control, & Research (IEDCR) of the Ministry of Health and Family Welfare (MOHFW), in Bangladesh (population 160 million) to discuss next steps in the plan of attack against the deadly Nipah virus circulating in Bangladesh. Nipah virus is a zoonotic disease that can be passed from bat secretions to humans. The virus is contagious, often fatal, and can also be transmitted from human to human.

Dr. Shua J. Chai, Resident Advisor of the Field Epidemiology Training Program, Bangladesh (FETP,B) in development, is a newcomer to the outbreak investigation team and listens intently to the information provided. Dr. Chai arrived in Bangladesh in early 2013 and hopes that one day Bangladesh's FETP residents and graduates will be leading the charge in investigating and responding to infectious diseases like Nipah virus and other high-priority public health threats that can cross borders and impact the lives of the people of Bangladesh and others in the region.

The FETP,B, was established jointly by the Centers for Disease Control and Prevention (CDC) and IEDCR. FETP,B is a two-year, intensive, hands-on training program for public health officials to enhance their skills in field and applied epidemiology. Residents spend approximately 20% of their time in the classroom and 80% in the field. During their field training, residents conduct outbreak investigations, surveillance system evaluations, and other field work to address priority public health issues in Bangladesh. The aim of the program is to build a highly-trained cadre of government professionals that can quickly investigate and respond to disease outbreaks.

With the establishment of the FETP program, CDC will designate Bangladesh as the 8th Global Disease Detection (GDD) Regional

Center. The GDD Regional Center in Bangladesh will help protect the people of Bangladesh and those around the world by rapidly detecting emerging health threats.

CDC's GDD Regional Centers, in cooperation with the host government, help develop and strengthen the host country's capacity to rapidly detect, accurately identify, and promptly respond to infectious disease threats to public health. GDD Regional Centers are located in almost all World Health Organization regions. Current GDD Regional Centers include China, Egypt, Guatemala, India, Kenya, South Africa, and Thailand.

Together with partners, the Bangladesh GDD Regional Center will work directly with the Ministry of Health and Family Welfare to identify, control and combat priority health threats. The GDD Regional Center includes the following programmatic areas: international emerging infections, field epidemiology training, pandemic influenza preparedness and response, zoonotic disease detection and response at the animal-human interface, risk communication and emergency response and laboratory systems strengthening. CDC, in partnership with the Ministry of Health and Family Welfare, will identify priority areas of work in each of these programmatic areas.



A Delegation of Bangladesh Officials from the Ministry of Health and Family Welfare meet with Dr. Thomas Frieden and members of the Center of Global Health to discuss the signing of a Memorandum of Understanding between the two governments which formally recognizes the collaboration between the U.S. and Bangladeshi governments in institutionalizing the FETP in Bangladesh and was signed at CDC headquarters in Atlanta on March 26th, 2013.



Secretary Md. Neazuddin Miah (middle) of Bangladesh's Ministry of Health and Family Welfare witnesses the signing of a Memorandum of Understanding between Dr. Thomas Frieden, on behalf of the U.S. Centers for Disease Control and Prevention, and Prof. Mahmudur Rahman, on behalf of Bangladesh's Institute of Epidemiology, Disease Control, and Research. The Memorandum of Understanding formally recognizes the collaboration between the U.S. and Bangladeshi governments in institutionalizing the FETP in Bangladesh and was signed at CDC headquarters in Atlanta on March 26th, 2013.

Activities to establish FETP,B began in 2009 with a needs assessment, and continued in 2012 with a meeting of stakeholders to plan and develop the strategy for the FETP. The FETP,B is currently recruiting its first cohort of five residents who will begin training this summer. On March 26, officials from the Bangladesh's MOHFW and IEDCR met with CDC Director Dr. Thomas Frieden to sign a Memorandum of Understanding officially recognizing the cooperation between the two countries in establishing the FETP,B. "With energetic, astute, and friendly partners at IEDCR and the verbal and monetary commitment already shown by the MOHFW, we have high hopes that the FETP,B will be a high-quality program and produce strong graduates to build the foundation for current and future public health workforce in Bangladesh," said Dr. Chai.

For further information, please contact Dr. Shua J. Chai FETP, B Resident Advisor, Bangladesh, at ffo8@cdc.gov.

Updates from the Field..

Training/Resources

SMDP Celebrates its 20th Anniversary

Submitted by Sara Clements, Public Health Advisor, Sustainable Management Development Program (CDC)

“**W**ithout leadership and management, even the strongest and proven public health interventions do not have the vehicle to succeed ...” Dr. Rebecca Martin, Director, Global Immunization Division (CDC)

For CDC’s Sustainable Management Development Program (SMDP), 2012 marked twenty years of strengthening global public health systems through effective leadership and management. Since the program began, SMDP has worked with Ministries of Health, universities and non-governmental organizations to improve public health and health services through evidence-based practical management and leadership tools and approaches required for effective surveillance, outbreak response, and priority setting.

To commemorate the progress and success of the program, SMDP with partners and graduates of the Management for Improved Public Health (MIPH) Program hosted a celebratory event at CDC headquarters in Atlanta on January 16th, 2013. The program began with opening remarks by Dr. Elizabeth (Libby) Howze, SMDP Team Lead, who highlighted SMDP’s journey and accomplishments in working with global health leaders and stressed the urgency for increased efforts in leadership and management. The theme of this event, “Why Leadership and Management Matter in Achieving Global Health Goals,” is a call for serious attention to be given to better leadership and management in global health. The potential to reap significant and sizeable benefits for global health is undeniable and at this time of crisis in funding there is a need for a clarion call for change to put resources and energy where the biggest benefits can be obtained,” said Dr. Howze. She also highlighted



Current and former SMDP staff and panelists come together to celebrate SMDP’s 20th year Anniversary at CDC’s headquarters in Atlanta, GA, January 16th 2013.



Dr. Elizabeth (Libby) Howze, providing opening remarks at SMDP’s 20th Anniversary Celebration, January 16, 2013, CDC headquarters, Atlanta, GA.



Dr. Dennis Lenaway, Chief, Public Health Systems Strengthening Branch, CDC, giving a presentation on Leadership and Management Matters: Defining Expectations during SMDP’s 20th Anniversary Celebration at CDC headquarters in Atlanta, GA, January 2013.

some of SMDP’s accomplishments over the years, including: establishment of 7 independent country management and leadership training programs across the globe; provision of technical assistance in process improvement leading to improved HIV/AIDS program outcomes in Botswana, Ethiopia, Malawi, Rwanda, and Vietnam; and provision of training to over 425 fellows from more than 70 low- and middle- income countries.

Following Dr. Howze’s opening remarks, Dr. James Curran, Dean of the Rollins School of Public Health at Emory University, moderated a lively and engaging panel discussion on “Why Leadership and Management Matter in Achieving Global Public Health Goals”.

The four expert panelists presented an overview of the importance of leadership and management in sustaining public health systems.

In his talk, “Leadership and Management Matters: Defining Expectations,” Dr. Dennis Lenaway, Chief, Public Health Systems Strengthening Branch, CDC, spoke of the need for management and leadership training at all levels of the workforce, not just the highest tiers. Dr. Rebecca Martin shared photos and stories from CDC’s staff and volunteers working globally to eliminate polio, and highlighted the critical role that management and leadership play in their success. Dr. Salim Allana, Lead, Public Health Program

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Training/Resources:

SMDP Celebrates its 20th

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Associate/Research Manager at the Rollins School of Public Health at Emory University discussed the impact of management training in improving research programs at Aga Khan University in Pakistan. Finally, Dr. Mark Rosenberg, President and Chief Executive Officer, Task Force for Global Health, used the experiences of Dr. William Foege, former CDC Director and Senior Fellow, Global Health Program, the Bill and Melinda Gates Foundation, as he worked to eradicate smallpox, to explain both the significance and challenge of collaboration and leadership in attaining global health goals.

During her closing remarks, Dr. Anne Schuchat, Acting Director for CDC's Center for Global Health said, "SMDP is a meaningful program in a very challenging field. I want to congratulate all of you and help you think forward about how we're going to be successful 20 years from now with those recipes for management and leadership that are really meaningful at the grassroots level."

The event concluded with the presentation of awards to recognize individuals, programs, and institutions that have worked with SMDP and have had a powerful and positive impact upon management and leadership in global public health over the last two decades. Five awards were presented:

- The Global Health Leadership and Management Champion Award — presented to Dr. William Foege for his strong advocacy of effective leadership and management in global public health.
- The Management for Improved Public Health (MIPH) Excellence in Management and Leadership Award — presented to Mr. Steven Ludick for his role in improving health management in Botswana.
- The Global Health Program of Distinction Award — presented to Andrija Stampar School of Public Health's "Health-Plan for It" program in Croatia for its accomplishments in institutionalizing evidence-based health planning.



Dr. Pattie Simone, Principal Deputy Director, Center for Global Health (center) talks with Dr. Michael Malison (left) and Dr. Mark Rosenberg, President, Taskforce for Global Health while Dr. Anne Schuchat, Acting Director, Center for Global Health shares views with Dr. Jim Curran, Dean, School of Public Health, Emory University, (far right) prior to the start of SMDP's 20th Anniversary celebration, January 16, 2013, CDC Headquarters, Atlanta, GA.



Dr. Mike Malison accepting the SMDP Special Recognition Award from Dr. Elizabeth Howze (left) and Dr. Anne Schuchat (right) for his role in founding the program during SMDP's 20th Anniversary Celebration at CDC headquarters in Atlanta, GA, January 2013.



Dr. Selma Sogoric (center) of the Andrija Stampar School of Public Health (Croatia), accepting the Global Health Program of Distinction Award from Dr. Libby Howze (left) and Dr. Anne Schuchat (right) during SMDP's 20th Anniversary Celebration at CDC headquarters in Atlanta, GA, January 2013.



Participants gather in CDC's Distance Learning Auditorium for the Sustainable Management Development Program's 20th Anniversary Celebration, January 16th, 2013.

- The SMDP Rising Star Award — presented to The Morocco National Institute of Health Administration, Masters in Health Administration and Public Health Program, which was established less than three years ago and is making tremendous progress.
- The SMDP Special Recognition Award — presented to Dr. Michael Malison for playing a pivotal role in establishing the Sustainable Management Development Program in 1992.

For more information, please contact Sara Clements at grl7@cdc.gov.

Updates from the Field..

What's New in DPHSWD?

We Welcome:

- **Dr. Nancy Messonnier** has joined the divisions as the Acting Division Director.
- **Mary (Jude) Wilson**, Health Communication Specialist, has joined DPHSWD to work with the Associate Director for Communications on global health communication activities. Prior to joining the division, Jude worked in the Emergency Risk Communication Branch of the Division of Emergency Operations, Office of Public Health Preparedness and Response and in the Center for Injury Prevention, Division of Unintentional Injury Prevention.
- The Public Health Systems Strengthening Branch has a new ORISE Fellow, **Alyssa (Man Kai) Wong**, who will work with Dr. Helen Perry on the Integrated Disease Surveillance and Response team. Alyssa will work on the health research component of CDC's collaboration with WHO-AFRO, USAID and other partners to improve disease surveillance systems in the WHO Africa Region. Prior to joining CDC, Alyssa worked with the New York City Department of Health and Mental Hygiene on improving the NYC hospital syndromic surveillance and recording system.

New Regional Support Teams, FETP

- **Shua Chai, MD, MPH** relocated to Dhaka, Bangladesh as the new FETP Resident Advisor in January, 2013.
- **Kayla Laserson, ScD**, former Director of KEMRI/CDC Research and Public Health Collaboration, relocated to India as the new Field Epidemiology Training Program Resident Advisor in December, 2012.

We Wish Them Well

- After serving as the Division's Associate Director for Science from August 2009 to June 2011 and as Director of DPHSWD from June 2011 until January 2013, **Peter Bloland, DVM, MPVM** has accepted a temporary detail to the Malaria Branch. We wish him well, and thank him for his leadership and support of the division's global health initiatives to strengthen partnerships and build health systems globally.
- After 6 years with the division, **Nabil Ahmed, MPH**, Public Health Advisor for the South and Central Asia Region, has accepted a position with the Division of



Global Disease Detection and Emergency Response where he will serve as the Lead of the Management and Operations group. Nabil shared this note: "When I first came to this Division, we were a small group and now it's become a much bigger organization with a huge impact on CDC programs around the world. I truly believe in the FETP and wish the program much continued success."

- After completing a 6-month detail as a Health Communication Specialist with the Associate Director for Communications, **Janean Lomax, D.H.Ed., MSA**, has returned to her position as a Health Scientist with the National Center for Emerging & Zoonotic Infectious Diseases (NCEZID). Her last day with DPHSWD was January 11th.

Presentations, Publications and Reports

- SMDP conducted a course: Managing Polio: Creative Solutions to Complex Problems for 20 Stop Transmission of Polio (STOP) participants who are destined for Democratic Republic of Congo, Nigeria, and Pakistan. The course provided practical methods and tools to support STOP duties in the field. At the end of the training, participants wrote goal statements indicating how they intend to use what they learned. In addition, SMDP facilitated a plenary session for all STOP volunteers to enable them to use a methodical approach and simple tools to identify and prioritize the causes of a performance problem.

- In partnership with CDC Zambia, SMDP staff visited the University of Zambia School of Medicine in Lusaka in early February to conduct an evaluation of the recently launched Management for Public Health program for district health officers and other district health officials. A Public Health Prevention Service fellow currently assigned to SMDP collected data from program graduates and faculty to determine what management behaviors changed after completion of the six month program. SMDP also led a curriculum review to prepare for the next cohort.
- In early 2013 SMDP will launch Health Program Planning: Building Health Programs that Work, a new course intended to help mid-level managers effectively plan health programs. As part of its launch, SMDP hosted a webinar on January 29 on Prioritization Methods, which was attended by 25 participants from the U.S. and around the world. Instructed by Dr. Katherine Wilson of the Office of Surveillance Epidemiology and Laboratory Services, the webinar provided an easy-to-use tool to assist in prioritizing as part of health planning.

For further information, please contact **Monique Tuyisenge-Onyegbula** at von8@cdc.gov.