

Updates from the Field...

Strengthening Public Health Systems and Workforce Capacity Globally

Spring 2012, Issue 6

Director's Message

Dear Colleagues:

In December 2011, Dr. Thomas Frieden, Director, Centers for Disease Control and Prevention (CDC) activated CDC's Emergency Operations Center (EOC) to increase support to the Global Polio Eradication Initiative. In January 2012, India marked its first year free of polio cases. Overall, polio incidence worldwide has dropped more than 99% since 1988, when global eradication efforts began. Despite this remarkable success, recent progress has been slow and there have been some setbacks. On 21 January 2012, the World Health Organization's Executive Board (WHO/EB), alarmed by the unexpected upsurge of cases in Nigeria, Pakistan and Afghanistan in 2011, declared the completion of polio eradication a "programmatically emergency for global public health."

In Nigeria and Pakistan the continued circulation of two wild poliovirus (WPV) serotypes was accompanied by spread to other countries, despite the introduction of national emergency polio eradication plans. By activating the EOC, Dr. Frieden made a very strong statement regarding CDC's commitment to achieving polio eradication. Within our Division of Public Health Systems and Workforce Development (DPHSWD), programs are actively engaged in the effort. For example, the Sustainable Management Development Program (SMDP) is partnering with CDC's Global Immunization Division and the



— Peter B. Bloland

"By leveraging the skills, energy, and local knowledge of its residents and graduates, FETPs are uniquely positioned to provide valuable service to the Global Polio Eradication Initiative, their fellow citizens, and all humanity."

World Health Organization to improve management of polio eradication programs in endemic countries. There have also been many discussions here at CDC about how our partner Field Epidemiology Training Programs (FETPs) around the world have been involved in polio vaccination campaigns and we are actively looking at how they could assist even more with this effort.

In this edition of our newsletter, we have a report from Pakistan, one of three countries with ongoing polio virus transmission. Dr. Rana Jawad Asghar reports on a successful collaboration between Pakistan's FETP and the polio eradication effort. Pakistan has developed a national version of Stop Transmission of Polio (N-STOP) teams that capitalize on FETP graduates and residents (fellows) to access difficult to reach places and people. In the past, STOP teams have relied heavily on external personnel participating in three-month assignments to assist countries with acute flaccid paralysis surveillance and planning and implementation of vaccination campaigns.

By leveraging the skills, energy, and local knowledge of their residents and graduates, FETPs are uniquely positioned to provide valuable service to the Global Polio Eradication Initiative, their fellow citizens, and all of humanity. FETPs in the three last endemic countries (Nigeria, Afghanistan, and Pakistan) as well as FETPs in other countries where international travelers have brought polio virus back or those countries remaining at high risk of

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re-introduction, should look at this effort as a high priority and investigate how to partner with the Initiative. This effort is an opportunity to contribute substantively to improving public health for generations to come, a goal that is central to the philosophy of FETPs.

— Peter B. Bloland, D.V.M., M.P.V.M.
Director, Division of Public Health Systems and Workforce Development
U.S. Centers for Disease Control and Prevention

Center for Global Health

Division of Public Health Systems and Workforce Development



Updates from the Field..

Highlights of Investigations

N-STOP: Pakistan's Fight Against Polio

Submitted by Dr. Rana Jawad Asghar, Resident Advisor, Dr. Rana Muhammad Safdar and Dr. Poonam Mazher, Faculty, Pakistan Field Epidemiology and Laboratory Training Program

The eradication of polio in Pakistan is an ongoing struggle. While tremendous progress has been made, the program faces many challenges and ongoing poliovirus transmission in Pakistan poses a threat to other countries. In 2011, 1/3 of all global polio cases (197) were diagnosed in Pakistan, including 2 cases of type-3 virus, a strain on the verge of elimination elsewhere in Asia. Approximately 1/3 of all districts in Pakistan report polio cases. Persistent transmission of poliovirus is evident from continuously positive environmental samples. Oral poliovirus vaccine (OPV) is not reaching enough children in high risk areas. Mass displacement of populations and damaged health infrastructure due to floods, especially in the northern Sindh and southern Punjab, have complicated access to some areas.

Nonetheless, the Government of Pakistan (GoP), working in partnership with the Centers for Disease Control and Prevention (CDC) and other international partners, remains determined to eliminate polio in Pakistan.

In 2009 the national Expanded Programme for Immunization (EPI)/GoP requested the Pakistan Field Epidemiology and Laboratory Training Program (FELTP) to conduct a vaccine coverage survey in the Districts of Multan and Muzaffargarh where a cluster of polio cases was identified. After observing the methodological approach of the FELTP residents (fellows), EPI and the World Health Organization (WHO) invited the Pakistan FELTP to assist them in polio eradication work throughout Pakistan. After a year of preparations, a national version of Stop Transmission of Polio (N-STOP) was launched in April 2011. N-STOP is a collaborative initiative of the Pakistan FELTP, EPI, WHO, United Nations International Children's Fund (UNICEF) and

CDC (Atlanta, GA, USA) and supports Pakistan's National Emergency Action Plan (NEAP). The program is being supported by CDC's Global Immunization Division and is considered by GID to be a model for similar programs being planned in other countries.

Stakeholders and partners identified 16 high-risk districts for the first deployment of N-STOP assignees beginning on April 4th 2011. N-STOP teams were staffed with FELTP alumni and residents as well as trainees of a FELTP-organized "surveillance and outbreak response" training course. Awareness of the local area and culture helped N-STOP members rapidly secure local ownership and support of the health management teams and the community. Team members helped develop district and union council (UC) plans, involving local political and religious leaders. Specific attention was given to reaching nomadic populations and families that had previously refused routine vaccination. Members revitalized non-functional EPI centers and gained the commitment and assistance of education departments, female health workers, and community volunteers. Access to insecure areas was supported by security agencies.

N-STOP officers overcame many challenges, including difficult terrain, poor security, and an ongoing negative perception of OPV. N-STOP has helped launch vaccination campaigns for high-risk populations and, as of April 2011, has supported covering 53 new areas with vaccination; 5,106 missed children and 2,670 individuals who initially refused OPV due to religious or tribal reasons have been vaccinated. In addition, a standard NEAP implementation guidance document was developed. N-STOP has motivated more



Dr. Mumtaz Ali Laghari (FELTP alumnus (2009-2011), FELTP-NSTOP officer) vaccinating kids in camps for flood affected persons in Hyderabad, Sindh.



Dr. Muhammad Dawood Kasi (FELTP alumnus (2008-2010), FELTP-NSTOP officer) vaccinating/checking vaccination coverage among children in Quetta Balochistan.

than 400 religious leaders to participate in or endorse the national polio eradication campaign. N-STOP officers have also been instrumental in revising microplans in 279 high risk UCs and establishing more than 70 District and Union Council Polio Eradication Committees in keeping with NEAP guidelines.

These efforts have contributed to increases in vaccination coverage indicators in a substantial portion of Pakistan. Despite many challenges, the N-STOP campaign continues to make steady progress towards a 'Polio Free Pakistan'.

**For further information please contact:
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Updates from the Field..

Highlights of Investigations

The Road to Haiti's Recovery and Establishing the First FETP Cohort in Haiti

Submitted by Dr. McKenzie André, DPHSWD

In January 2010, the world looked on as Haiti struggled to survive the aftermath of the devastating earthquake that shattered Haiti's infrastructure and left hundreds of thousands of people homeless, and in need of urgent medical attention. Over 230,000 people died, over 300,000 were injured, and more than 2,000,000 were displaced. This situation created increased risk for infectious diseases from overcrowding and poor living conditions. CDC was among the first U.S. government agencies to provide Haiti with immediate assistance.

According to staff from the Health Systems Reconstruction Office, the lead program for CDC's response efforts, it became clear that epidemiological support for the Ministère de la Santé Publique et de la Population (MSPP), the Haitian Ministry of Health, was needed. Discussions to establish a Field Epidemiology Training Program (FETP) began in June 2010. The rollout of the program was postponed due to the demands of responding to the cholera outbreak which occurred in the same year. According to Dr. McKenzie André, (CDC, FETP), the response to the cholera outbreak further demonstrated the need for epidemiologic capacity development within MSPP. In the coming months (post cholera) the ability to collect and evaluate surveillance data as well as respond to possible outbreaks of disease would be paramount in helping MSPP respond to future outbreaks.

A little over a year after the devastating earthquake, CDC began screening candidates for the Haitian FETP which is modeled after the pyramid structure of the Central America FETP and based on the CDC's Epidemic Intelligence Service program. The Central America program



HAITI-FELTP residents working in small groups on a case study.

is based on a three-tiered structure which targets different levels of government (local, departmental, and national) for training in field epidemiology. The curriculum of each level varies in the amount of time and depth devoted to each subject area so that the material corresponds to the participants' work functions.

Since the program was established in the midst of a major crisis, the FETP decided to focus on the intermediate curriculum which could be completed in between 9 to 12 months. To identify promising candidates while also quickly providing basic field epidemiology training, the basic course within the tiered structure was modified into a screening course to help select intermediate and advanced level candidates. Two candidates were identified by the MSPP to attend the advanced 2-year course in the Central America Program that began in May 2011. Intermediate level training in Haiti officially began in November 2011 and includes 12 residents, including four physicians, five nurses and three statisticians.

According to Dr. Magloire, from the Directorate of Epidemiologie et Laboratory



Dr. McKenzie André giving a lecture on Surveillance and Public Health during the basic screening course.

Research, "The MSPP is fully engaged and pleased with CDC's support to Haiti in helping us to establish FETP as a program that will help build capacity as well as change the culture of MSPP by introducing epidemiology into the community. This is the beginning of a Haitian owned epidemiology program."

According to Haiti-FETP Resident Advisor, Dr. Fabienne Laraqe, "Future plans include leveraging all the actors and participants to provide mentors for training; partnering with NGOs and local universities; and identification of basic epidemiology skills and competencies which address the immediate needs of the MSPP."

Updates from the Field..

Partnership Matters

Is it time for Field Epidemiology and Laboratory Training Programs for the whole of Africa? The Dar es Salaam Agenda for Action, December 2011

Submitted by: Hon. Hadji Mponda- Minister of Health Tanzania, Peter Mmbuji, Nasir Sani-Gwarzo, David Mukanga, Mufuta Tshimanga, Peter Nsubuga

A good public health system requires a competent workforce to promote practical and appropriate public health interventions using sustainable local strategies. Africa therefore requires public health professionals who can develop feasible health strategies, enabling countries to progress towards achieving the health-related Millennium Development Goals.

In December 2011, the Minister of Health and Social Welfare of Tanzania, Hon. Hadji Mponda hosted nine ministries of health (Democratic Republic of the Congo, Ethiopia, Ghana, Mozambique, Nigeria, Rwanda, South Sudan, Uganda, Tanzania, and Zimbabwe), represented by their Ministers or delegates at a Ministerial Roundtable meeting to discuss the future of Field Epidemiology and Laboratory Training Programs (FELTPs) as a strategy to strengthen public health systems in Africa.

The Ministerial Roundtable was part of events to mark the 5th Anniversary of the African Field Epidemiology Network (AFENET) which was held jointly with the 4th AFENET Scientific Conference December 11-16, 2011 in Dar es Salaam, Tanzania. The conference theme was "Field Epidemiology and Laboratory Training Programs as a Platform for Public Health Systems Strengthening". The conference was attended by more than 400 participants. Over 120 oral and poster presentations by residents and graduates of African FELTPs were made, interspersed with several keynote addresses by global public health experts.

The Ministerial Roundtable noted the following:

1. Africa lacks clinical care and a public health preventive workforce and both are critical in addressing communicable and non-communicable diseases;



Ministers and Representatives of Ministries of Health, CDC, and AFENET, after the Ministerial Round Table meeting. Seated (L-R) Prof. Abdulsalam Nasidi- Nigeria, Dr. Richard Nduhuura- Uganda, Dr. Hadji Mponda- Tanzania, Hon. Kayanza Pinda- Tanzania Prime Minister, Hon. Yatta Lori Lugor- South Sudan, Dr. Henry Madzorer- Zimbabwe, and Dr. Dadi Jimma- Ethiopia. Standing (L-R) Dr. Peter Mmbuji- Program Director, Tanzania FELTP, Dr. Deo Mtasiwa- Chief Medical Officer, Tanzania, Dr. Peter Bloland- CDC Atlanta, Dr. Justin Wane- Rwanda, Dr. Appiah-Denkyira- Ghana, Dr. António Guilherme Mujovo- Mozambique, Prof. Mapatano Ali- DRC, Prof. Mufuta Tshimanga- AFENET Chairman and Mr. David Mukanga- AFENET Executive Director

2. African FELTPs, which are jointly hosted by ministries of health and training institutions, have existed for nearly two decades and have produced many public health leaders. Since 2004, the number of programs has increased with some combining field epidemiology with public health laboratory and veterinary epidemiology training. The programs have a high graduate retention rate, with many graduates continuing to practice public health in their home countries; and

3. AFENET has a five-year productive experience with FELTPs and seeks to sustain them in Africa and develop new ones.

The Ministerial Roundtable resolved to adopt a five-year action plan for immediate implementation and support by their respective governments and partners. The delegates called for strengthening collaboration through continued support, and expressed appreciation for the contributions of partners in developing FELTPs in Africa especially the U.S. Department of Health and Human

Services through CDC, the U.S. Agency for International Development (USAID), the U.S. Department of Defense, the World Health Organization, the Bill and Melinda Gates Foundation, the Rockefeller Foundation, the Ellison Medical Foundation, and the European Union.

At the end of their deliberations, the Ministerial Roundtable resolved and adopted the "Dar es Salaam Agenda for Action of Public Health Systems Strengthening for African Nations through FELTPs" which states in part:

1. FELTP as a national strategy: All African nations shall adopt FELTP as a key national strategy for health systems strengthening and develop career paths for FELTP graduates to ensure effective and efficient utilization of resources.
2. Each country creates a budget line for FELTPs: Health Ministers shall advocate for and ensure dedicated national funding for these programs in their respective national budgets, to ensure sustainability of FELTPs.

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Updates from the Field..

Partnership Matters

CDC Represents United States in Consultative Working Group to Draft New PAHO Budget Policy

Submitted by Denisse Betancourt, DPHSWD

A special working group with representation from the Pan American Health Organization (PAHO) member countries met in Washington, D.C., in February at the PAHO headquarters, to discuss and draft a new budget policy to guide the allocation of PAHO resources starting in 2014. Once finalized, the new policy will be presented for approval by all PAHO Member States during the Pan American Sanitary Conference in September 2012.

PAHO's current budget policy has been in effect since 2006 and was extended through 2013 to allow time for the Consultative Working Group to produce a new policy, which is expected to respond to the needs and changing environment for technical cooperation in the Americas.

According to Denisse Betancourt, Budget Officer for CDC's Division of Public Health Systems and Workforce Development and US Representative to the PAHO Consultative Working Group, "The Consultative Working Group is made up of representatives of Brazil, Chile, Granada, Peru, the United States, and Venezuela. The working group was appointed by PAHO's Executive Committee in September 2011 with a mandate to analyze the current budget policy and also to review trends in the budget policies of other intergovernmental agencies, globally and regionally, to identify relevant good practices." All PAHO Member States will have the opportunity to react to the group's work and to offer input before the document is finalized.

According to Mr. Roman Sotela from the PAHO Budget Policy Consultative Working Group, "The development of the new PAHO budget policy should coincide with, and respond to, the implementation of financial and management reforms



PAHO Consultative Working Group

Front: (L-R) Ms. Patricia Cabrejo, Program Budget Specialist PBR/WDC, Dra. Milagro Clareth Vera Fereira, General Director for Management MOH (Venezuela), Ms. Denisse Betancourt, Centers for Disease Control & Prevention, Budget Officer, Center for Global Health (United States), Mr. Arionaldo Bomfim Rosendo, Sub-Secretary of Planning and Budget Ministry of Health (Brasil), Dr. Rosina Salerno, Evaluation Advisor, Internal Oversight and Evaluation Services PAHO (WDC), Sr. José Ignacio Dougnac Vera, Chief of Management & Planning (CHILE), Sr. Percy Minaya, Regional Coordinator for Central America and Caribe, CDC – TEPHINET COAG (Peru)

Back: (L-R) Mr. Ian Stein, Advisor, Planning and Resource Coordination PAHO, Mr. Roman Sotela, Senior Advisor, Program Budget Management PAHO, Mr. Terron Gilchrist, Consultant/Advisor in the Ministry of Policy (Granada), Mr. Ruben Suarez, Senior Advisor, Public Policies, Regulation, & Health Financing PAHO, and Dr. Oscar Jesus Alberto Mujica, Advisor, Social Epidemiology/PAHO

at the World Health Organization (WHO), and with the development of the new PAHO Strategic Plan for 2014-2019." The rationale of the WHO Reform is responding effectively and efficiently to the needs of Member States requiring predictable and sustainable financing for WHO.

Recommendations on principles and criteria to guide the development of a revised budget policy developed at the first meeting will be presented in March to PAHO's Subcommittee on Program, Budget, and Administration. The working group will meet again in early April and initiate a consultative process with PAHO Member States. The resulting proposed policy will then be presented to the PAHO Executive Committee during its June 2012 meeting, and eventually to the Pan American Sanitary Conference in September.

For further information, please contact Denisse Bettancourt at cvz1@cdc.gov.

Tell us what you think...

Updates from the Field... Strengthening Public Health Systems and Workforce Capacity Globally is a quarterly newsletter produced by CDC's Division of Public Health Systems and Workforce Development. The newsletter aims to inform residents and graduates of Field Epidemiology Training Programs, national and regional partners, and the general public about news, events, training, and resources of interest. We welcome your feedback and would like you to take a few minutes to complete a survey. Please click the link: <http://www.surveymonkey.com/s/GWSB6NB>. Please send any additional comments and or suggestions to Ruth Cooke Gibbs at icn6@cdc.gov.

Updates from the Field..

Partnership Matters

CDC Launches FETP NCD track in Six Countries

Submitted by Bassam Jarrar, Deputy Director, DPHSWD

In 2010, under the leadership of Dr. Thomas Frieden, Director, Centers for Disease Control and Prevention (CDC), CDC began to refocus its global health work to create better synergies between its programs and respond to pressing global needs. This effort included strengthening CDC's global non-communicable disease (NCD) work and building capacity and systems needed to address the increasing burden of NCDs in low- and middle-income countries (LMIC). When asked about the importance NCDs Dr. Frieden responded, "NCDs are an urgent challenge for countries in every corner of the globe and at every stage in development. Besides being the right thing to do, CDC has allocated funds to support NCD programs in low- and middle- income countries because NCD programs reduce poor health—leading to healthier, more productive people. Implementing prevention strategies, and working with countries to build capacity, promote healthy behaviors, and save lives is an important part of CDC's mission."

NCDs are rapidly becoming a factor in low- and middle-income countries where the rise of NCDs—combined with the already heavy burden of infectious diseases—is creating a double toll on the health of populations globally. WHO estimates that NCDs account for 60% of deaths worldwide, and with the majority of these deaths occurring in low- and middle-income countries, this trend will continue.

The Field Epidemiology Training Program (FETP) has been in existence for over 30 years and is widely recognized for its success in working with ministries of health to build epidemiology capacity in low- and middle-income countries. Although originally designed to help countries respond to infectious disease threats, FETPs have been increasingly part of the effort to address NCDs. In FY 2010, CDC's Division of Public Health Systems and Workforce Development (DPHSWD) and the National



FETP residents and Ajloun governorate staff discuss implementation of the physical activity project.

Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) began collaborating on an initiative to strengthen NCD capacity and systems in LMIC. Five countries (China, Thailand, Tanzania, Colombia and Jordan) were selected as 'focus countries' to implement a FETP- NCD track, and a sixth country, Brazil, is being added for FY 2012. FETP, with its long history of success in working with ministries of health to build capacity, provides an ideal platform to expand training on NCDs. The addition of NCDs to the FETP also provides CDC an opportunity to engage substantively with ministries of health in the focus countries to develop comprehensive NCD plans, formalize agreements with CDC, and jointly launch new NCD prevention programs. Michael Pratt, Senior Advisor for Global Health in CDC's NCCDPHP commented that, "This is a wonderful example of how existing global experience and infrastructure at CDC can be re-oriented to address new public health priorities in LMIC. A few well trained and well placed epidemiologists will be able to have real impact on NCD prevention in the pilot countries."

FETP residents focused on NCDs follow the same core curriculum as others in the program but their field work, projects, and other opportunities focus on NCD detection, analysis, and disease management approaches. These residents also receive mentoring from CDC experts with the goal of

producing a new generation of experts in NCD epidemiology and prevention.

NCD training modules for the FETP are being piloted in the six focus countries. Once these modules are finalized, they will be made available to the entire FETP community. The modules are flexible and can be delivered in both class room and non-class room settings. They can also be modified as needed to include different disease case studies to best serve a country's disease priorities.

FETP residents have also begun NCD field work. In China, FETP residents have conducted projects aimed at reducing salt intake among Beijing residents. They are also studying the effects of China's new policies preventing smoking in public places. In Jordan, FETP residents are focusing on increasing physical activity throughout the country. In Colombia, FETP residents are analyzing national surveillance systems for NCDs and risk behaviors.

CDC is hoping to finalize the development of the NCD modules by the end of September and begin to make them available to the FETP community. We are also planning to begin adding additional countries to the ones mentioned earlier.

For further information, please contact Bassam Jarrar at bmj0@cdc.gov or Victor Caceres at vac5@cdc.gov

Updates from the Field..

Graduate Corner

South Africa-FELTP Graduate Reflects on her Residency Experience

*Interview with Genevieve Ntshoe
SA-FELTP 2009 Graduate
Submitted by Ruth Cooke Gibbs and
Shelly Bratton, DPHSWD*

South Africa is one of the countries burdened with a high prevalence of infectious diseases such as HIV and TB; this constitutes a major health problem for many of our communities. I studied public health and epidemiology to gain the experience necessary to understand and address factors affecting the health of our population. I heard about the South African Field Epidemiology and Laboratory Training Program (SA-FELTP) and was motivated to enroll because of its residency based training. I completed my residency at the end of 2009 and went on to receive a Master of Public Health (MPH) degree from the University of Pretoria in April 2011. I am very grateful to the SA-FELTP because it afforded me a chance to pursue a career in public health.

The SA-FELTP gives residents an opportunity to combine academic training with applied epidemiology and laboratory management practices. This model allows residents to get an in-depth understanding of public health through the coursework and apply that knowledge by being actively engaged in public health related matters. Residents are also mentored by senior epidemiologists and health practitioners. As a result, residents acquire epidemiological skills and develop invaluable competences during the training period

During my residency, I was involved in different activities including: outbreak investigation, disease surveillance, surveillance systems evaluation, data management, and scientific writing. I was also given an opportunity to share my work with other public health professionals during international conferences. I made a poster presentation at the 58th Annual Epidemic Intelligence



Genevieve Ntshoe SA-FELTP graduate accepting Award for best oral presentation during 2009 AFENET Conference

Service (EIS) conference in Atlanta, Georgia in April 2009 as well as an oral presentation at the 5th Regional TEPHINET and 3rd AFENET Scientific Conference in Mombasa, Kenya in August/September 2009. I was awarded the prize for the best oral presentation at this conference. These presentations were based on the work that I did during my training in collaboration with the Epidemiology Division at South Africa's National Institute for Communicable Diseases (NICD). My most memorable assignment was participating in a team that screened patients suspected of contracting influenza A(H1N1)pdm09 virus in South Africa in response to WHO raising the influenza pandemic alert level to 5. A 24-hour hotline was established and specimens from patients meeting the case definition were tested at the NICD. In South Africa, pneumonia, including that caused by influenza, is rated as the second leading cause of death. These activities enhanced my communication and computer skills and my ability to write scientific papers, work in a team, and pay attention to details.



Genevieve Ntshoe SA-FELTP graduate examine specimen in lab, 2009

People applying to SA-FELTP must be prepared to work harder, go an extra mile, and manage time and travel both within and outside of South Africa. However they should not be frightened by the workload as they will be mentored and will have hands-on training. At the end of the program they will not regret joining because they will be in position to build and strengthen surveillance systems that will in turn help in the prevention and control of diseases/outbreaks among our communities.

As a result of the training and skills gained during my residency, I am now an epidemiologist in the Centre for Vaccines and Immunology (CVI) at the National Institute for Communicable Diseases (NICD) of the National Health Laboratory Service (NHLS). My areas of responsibility include: data management, conducting new epidemiologic research, assisting with surveillance and research projects within the CVI and providing epidemiologic support to other units within the NICD and the Department of Health.

For further information please contact Dr. Seymour Williams – SA- Resident Advisor at sjw9@cdc.gov

Updates from the Field..

Training/Resources

Leveraging resources and strengthening health systems through partnerships for IDSR and IHR (2005)

Submitted by Dr. Helen Perry, DPHSWD

The Centers for Disease Control and Prevention's (CDC) close collaboration on the design, development, and implementation of Integrated Disease Surveillance and Response (IDSR) has developed strong partnerships with the World Health Organization's Regional Office for Africa (WHO-AFRO) and the United States Agency for International Development (USAID). IDSR is a strategy for strengthening national surveillance, laboratory, and response systems that focus on the leading causes of illness, death, and disability in African countries. Activities for each level of the system are designated for disease detection, reporting, analysis, investigation, response, communication, monitoring, evaluation, and preparedness. The IDSR framework also specifies African public health priorities including 40 priority diseases and conditions. These are diseases which are largely preventable with well-known and efficacious responses. Through this collaboration we have been successful in creating work plans, sharing financial resources and working together as a multi-agency team. These and other types of partnerships are vital to support countries in complying with the International Health Regulations (IHR) (2005) requirements to improve core capacities for surveillance, laboratory, and response. In the sub-Saharan region, WHO-AFRO, IHR (2005) core capacities are being met through the IDSR framework.

A recent workshop on implementation of IDSR and IHR (2005) illustrated how partnerships are instrumental in meeting IDSR and IHR (2005) requirements. For example, in December 2011 during the 4th African Epidemiology Network (AFENET)



Left to Right: Dr. Rudi Thetard, African Strategies for Health; Dr Helen Perry, IDSR Team Lead/CDC; Dr Peter Gaturuku, WHO-AFRO; Dr. Zebulun Yoti, WHO-AFRO; Dr Nathan Bakyaaita, WHO-AFRO; Ms Victoria Fort, ORISE Fellow; Ms Jenny Tegelvik, WHO/AFRO and USAID/EPT engaging in discussions about IDSR implementation in Africa.

conference in Dar es Salaam, Tanzania, the Division of Public Health Systems and Workforce Development's IDSR team collaborated with WHO-AFRO, The Stimson Center (a public policy institute), and George Washington University to organize a workshop on "Partners and Frameworks for IDSR and IHR (2005) Implementation". The organizers invited potential bilateral, multilateral, and national partners with an interest in IHR and IDSR implementation to share perspectives on sustainable investment in integrated disease surveillance and response, laboratory, and public health workforce capabilities. The workshop was attended by surveillance officers, public health epidemiologists, and IHR focal points from several African countries. Representatives of donor agencies and disease specific programs from CDC, and other organizations also participated.

Partners from the U.S. Department of Defense and U.S. Department of State introduced their perspectives towards IHR (2005) implementation, and the Centers for Disease Control and Prevention shared a brief history of its partnership activities in African countries including technical assistance, disease specific control and prevention programs, strengthening of surveillance and response systems, and applied epidemiology training programs.

WHO-AFRO presented updates on IDSR and IHR (2005) implementation from the 46 African countries, and also included experiences with preparedness and response to recent outbreaks in African countries. These examples illustrated important challenges faced by countries that not only need to strengthen their public health workforce and infrastructure capacities, but also adjust to the widening scope of public health events requiring a response due to environmental, industrial, and chronic disease causes.

A national perspective on partner coordination for IDSR and IHR (2005) implementation was given by the Kenyan Ministry of Public Health and Sanitation (MoPHS). A series of recent cholera outbreaks have occurred in Kenya and require a multi-sectoral approach. To ensure effective use of partner resources and linkages to Ministry goals and objectives, the MoPHS decided in 2011 to develop a strategic plan to improve coordination of partner expertise and resources. During the joint planning exercise, more than 20 national and external partners identified and reviewed key activities and grouped them into thematic areas of advocacy, resource mobilization

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Updates from the Field..

Training/Resources

Sustainable Management Development Program Launches 2012 Webinar Series

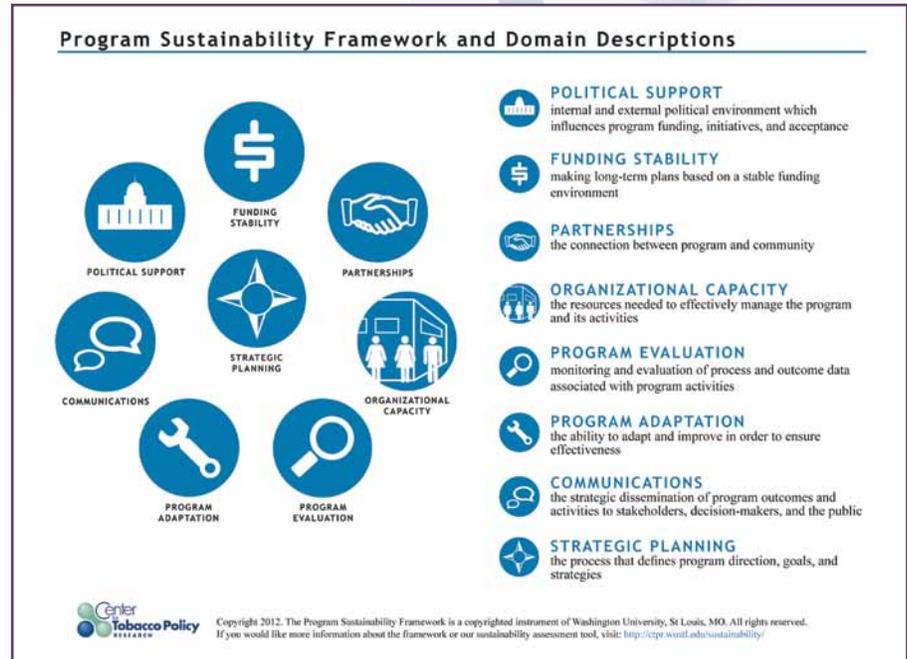
Submitted by Dacia Davis, DPHSWD

To support an online community of practice and provide continuing education, the Division of Public Health Systems and Workforce Development's Sustainable Management Development Program (SMDP) launched the 2012 webinar series with a session on Program Sustainability. In partnership with Washington University's Center for Tobacco Policy Research in St. Louis, Missouri, SMDP was fortunate to have researcher Annaliese Calhoun facilitate the highly interactive session. Participants learned about a framework and tool for assessing sustainability, while sharing their own experiences. The sustainability framework was developed from a comprehensive literature review and expert-informed design. The assessment tool encompasses domains identified as essential to any public health program's sustainability.

When asked why SMDP chose to engage participants through this medium, Dr. Elizabeth Howze, team lead for SMDP said, "We are always looking for effective ways to leverage expertise and expand our reach, and we have found that webinars are an engaging and cost-effective way to teach and learn. Through this and other upcoming webinars, in 90 minutes or less, participants from around the world have the opportunity to hear the best evidence on program sustainability and other topics and can interact with the facilitator and with each other to practice what they learn."

SMDP plans regular webinars throughout the year, focusing on themes related to the eight domains of the Sustainability Framework, from the perspective of management and leadership.

Those who missed the webinar can view the [archived version](#). SMDP is available for



The Program Sustainability Framework was created by Washington University's Center for Tobacco Policy Research. Throughout the year, SMDP will be featuring the different domains in its webinar series.

follow-up technical assistance via the SMDP online community, hosted by [TEPHINET](#).

Coming in March: "How will Monday be different?" Stakeholders frequently recommend training as a solution to an organization's problem. It is not unusual for a training event to be announced before a needs assessment is even conducted. In this session, participants will learn key questions to ask to better focus training and share experiences on conducting a needs assessment that will lead course participants toward applying what they learned. The session is related to the domain of Organizational Capacity in the Washington University Sustainability Framework.

For upcoming webinars, please visit the [TEPHINET](#) site for event announcements.

For questions or to suggest a webinar topic, please contact Denise Traicoff at dtraicoff@cdc.gov.

Training Resources Leveraging resources

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and coordination, laboratory, water sanitation and hygiene, disease prevention and health promotion, and disease outbreak preparedness and response. The resulting 5-year plan is organized around these thematic areas thus enabling the Ministry to improve coordination of resources and coverage of areas of highest risk for cholera.

The examples shared during the workshop provided valuable insights into how international and national partners can work together on common goals for improving disease surveillance, laboratory and response capacities that will improve the health and well-being of African communities.

Updates from the Field..

Training/Resources Epi Info Software Training in Bamako, Mali

Submitted by Sara Bedrosian CDC, Office of Surveillance, Epidemiology and Laboratory Services (OSELs)

In December 2011, public health officials in Bamako, Mali received training on CDC's public domain statistical software for data analysis, Epi Info™ 3.5.3. Epidemiologists, doctors, chemists, biologists, and statisticians received a comprehensive overview and hands-on training using Epi Info's suite of tools. CDC's Epidemiology and Analysis Program Office (EAPO) Staff members conducted a five-day training that was delivered in French and included lectures, custom databases and Epi Map.

Participants brought specific examples of their work to the training that were discussed at length. Topics included not only usage and best practices of the Epi Info software but also data exchange practices and interoperability of public health information tools. Epi Info will support the participants' day-to-day activities and improve aspects of their work, such as data quality and assurance, timeliness and completeness of reporting, data analysis, visualization and presentation of data.

In addition, Gerald Jones, IT Specialist with CDC, presented the newly released Epi



Roger Mir, CDC Computer Scientist (fourth from the left in the front row) and Gerald Jones, CDC IT Specialist (fourth from the left in the back row), both from OSELs/EAPO in Atlanta, GA, with participants in Mali who received the training on CDC's public domain statistical software for epidemiology Epi Info™ 3.5.3. participants from Mali.

Info™ 7. The participants were impressed by the Epi Info 7 feature that allows Epi Info to support not only Microsoft Access databases but also MS SQL Server databases. This feature enables concurrent multi-user data entry and analysis while still providing the flexibility to collect data on standalone machines. Roger Mir, Computer Scientist with CDC, provided personal copies of Epi Info 7 and informed the group that no administrative rights or IT support is needed for setup.

The CDC Epi Info team provides training to the Epi Info user community both domestically and internationally at no fee. Epi Info training is available to both Spanish and French speakers. The Epi Info team also provides help desk support on demand.

Have You Heard: Epi Info™ 7 is now available for download! Epi Info 7 provides rapid assessment of disease outbreaks; development of small to mid-sized disease surveillance systems; ad hoc component integration with other large scale public health information systems; and use as continuous education of public health professionals.

Epi Info 7 has a powerful new Visual Dashboard and gives the ability to visualize data on case-based cluster maps (similar to Google maps), social network analysis graphs, create drag-drop templates, have forms with more than 255 fields, link records together to create exposure relationships or contact tracing, and integrate Early Aberration Reporting System (EARS) algorithms.

Epi Info 7 is easily used in environments with limited resources, limited network connectivity, and limited IT support. Epi Info 7 is flexible and scalable, while enabling data collection, advanced statistical analyses, and geographic information system (GIS) mapping capability similar to Google maps. Epi Info 7 can be downloaded and run directly from a USB drive.

Download Epi Info 7 at www.cdc.gov/epiinfo. For further information please contact Harold Collins at iud9@cdc.gov

Partnership Matters The Dar es Salaam Agenda for Action, December 2011 *continued from page 4*

3. Action plan with budget: The Ministerial Roundtable endorsed a 5-year action plan with a budget which will serve as the principal advocacy tool used for soliciting support from governments and partners.

4. Mandate to AFENET: The Ministerial Roundtable mandated AFENET to coordinate and monitor the implementation of African FELTPs in addition to providing technical and other assistance to countries with FELTPs.

We hope that the Dar es Salaam Agenda for Action will spread beyond the nine ministries of health that signed it to all the 50 countries in the African Union. We also hope that this Agenda will lead to a decade of FELTP development as a means to strengthen public health systems in Africa for a healthier Africa.

Follow this link to read the Dar es Salaam Agenda for Action: http://www.afenet.net/new/images/stories/publications/dar-es-Salaam_Agenda_for_Action_signed.pdf

Updates from the Field..

“What’s New?”

We Welcome:

- The Division’s Public Health Systems Strengthening Branch new Branch Chief — Dr. Dennis Lenaway. Dennis comes to the Division after working on strengthening domestic health systems with the Office of State, Tribal, Local, and Territorial Support (OSTLTS), and the Office of Surveillance, Epidemiology and Laboratory Services (OSELS).
- Jacqueline Dudley, who joined FAETP in January as a Management and Program Analyst. Jacquie has worked at CDC for 12 years and brings a variety of experience from other federal agencies as well.
- Monique Tuyisenge-Onyegbula, has returned after maternity leave. Monique has a split appointment between SMDP and IDSR.
- James Ransom (JR) has joined the Division as the Resident Advisor for FETP in South Sudan. Prior to joining CDC, JR was an epidemiologist with Doctors Without Borders in Dadaab, Kenya, and in Dawei, Myanmar. He has also served as the HIV/STI Research & Surveillance Specialist with the Ministry of Health in East Timor. He completed his graduate studies at Antioch University and is originally from Washington, DC.

We Wish Them Well:

- Jim Vaughan was a Health Education Specialist with the FELTP program for many years. Before joining CDC, Jim served eight years in the Air Force. Jim retired from CDC in December 2011.
- Hiari Imara-Jabbie was a Public Health Advisor with FELTP Branch for 5 years. She is now working with CDC’s Division of Reproductive Health.
- Rebecca Moritz, who was with the FAETP Branch for the past 2 years, is now working in CDC’s Division of Viral Diseases.
- Elizabeth (Liz) Kim, worked with the Global Public Health Informatics Program (GPHIP) for three years. Her last day with GPHIP was in January.

- Dr. Peter Nsubuga, who devoted 11 years to developing and strengthening FETPs in the Africa region, has left the division to pursue other interests. We thank Peter for his commitment and dedication to the division and all the countries he worked with over the years.
- Andy Weathers shared this note: “When I joined the Division in 2003, I worked with Central Asia, Brazil and Kenya and Southern Sudan. As with many things, change is often necessary for growth. I have been offered a position with the National Institute for Occupational Safety and Health’s World Trade Center Health Program; one where I would be working with the first responders of the 9/11/01 tragedy. I give my sincere thanks to all of the people I have worked with over these last several years and wish you all the best.”

Publications:

- Rolle Italia V, Pearson M, Nsubuga P. Fifty-five years of international epidemic-assistance investigations conducted by CDC’s disease detectives. *Am J Epidemiol* 2011;174 (Suppl:S97–S112)
- Volkov, B. B. (2011). Internal evaluation a quarter-century later: A conversation with Arnold J. Love. In B. B. Volkov & M. E. Baron (Eds.), *Internal evaluation in the 21st century*. *New Directions for Evaluation*, 132, 5–12.

Speaking Engagements:

- Denise Traicoff, SMDP, was the invited guest speaker at the January 2012 meeting of the International Society of Performance Improvement (ISPI), Atlanta Chapter and spoke about SMDP’s work in this field by highlighting the development and deployment of their Management for Improved Public Health online community of practice Denise described the three-year process of developing this online community. In attendance were workforce development professionals from business, nonprofit organizations and academic institutions.

New Funding Partners:

- The Bloomberg Foundation has provided funding to support the Division’s initiatives to strengthen national capacities for tobacco control in sub-Saharan Africa (SSA).

The goals of this initiative are to strengthen the capacity of national ministries of health to promote tobacco control policies and programs and to provide a multi-sector model for other NCD initiatives in SSA. Potential countries for consideration include those that have youth and adult data on tobacco use and key tobacco control measures. The following countries are scheduled to implement the Global Adult Tobacco Survey (GATS) in 2012-2014: Kenya, Uganda, Nigeria, South Africa, and Cameroon.

- The Bill and Melinda Gates Foundation has provided funding to support the Division’s efforts to assist in achieving global polio eradication by decreasing the threat of polio virus importation and potential transmission in three key high risk countries in Africa by strengthening routine immunization and increasing the national capacity to detect and respond to outbreaks of polio and other vaccine-preventable diseases. Ethiopia, Uganda, and South Sudan were chosen for this project based upon a history of re-introduction, current risk designations in the polio risk assessment exercises, need for strengthening of the national immunization programs, presence of Field Epidemiology Training Program (FETP) or potential to join a regional FETP program, and feasibility.

Conferences:

- Nykiconia Preacely assisted with The Programme for Advanced Research Epidemiology Training (APARET), in holding an Initiation Workshop for its first cohort of eight fellows from 9-20 January 2012 in Kampala, Uganda. During the workshop, residents (fellows), from Burkina Faso, Ghana, Nigeria, Tanzania, Uganda, and Zimbabwe, were introduced to their mentors. They also received knowledge and skills in project management, clinical and epidemiological research, good clinical practice, ethics in epidemiology, sample size computation, data collection, management and analysis, and report writing.

For more information please contact Victoria Fort at iqy2@cdc.gov

Updates from the Field..

Conferences/Events

Upcoming...

- Fighting the Scourge of TB/HIV Co-Infection: Are Vaccine and Novel Diagnostics the Solution?, 3 March 2012, Munich, Germany, http://www.international-health.uni-muenchen.de/conferences_workshops/symposium_infect_immu/index.html
- Healthy People Conference - Healthy Aging, 6 to 7 March 2012, Loma Linda, California, <http://www.healthypeopleconference.org>
- NCDCV 2012-National Conference on Exploring the Linkages between Drug Usage and Criminal Victimization, 8 to 10 March 2012, TIRUNELVELI, Tamil Nadu, India, <http://www.ncdcv2012.edu.ms>
- 5th International Online Medical Conference (IOMC 2012), 3 to 11 March 2012, Online, <http://www.iomcworld.com/2012/>
- The 8th International Symposium on Pneumococci and Pneumococcal Diseases, 11 to 15 March 2012, Iguacu Falls, Brazil, <http://www.kenes.com/isppd>
- 28th Annual Scientific Conference and General Meeting of the Association of Public Health Physicians of Nigeria (APHPN), 19 to 23 March 2012, Calabar, Cross River State, Nigeria, <http://www.publichealthnigeria.com>
- 15th World Conference on Tobacco or Health, 21 to 24 March 2012, Singapore, <http://wctoh2012.org/>
- New Frontiers in Global Health Leadership; Building Strong Health Systems to Respond to Non-Communicable Diseases, 28 March 2012 to 1 April 2012, Tucson, AZ, United States, <http://ghi.arizona.edu/news/2011/new-frontiers-global-health-leadership-building-strong-health-systems-respond-non-commu>
- 2012 3rd International Conference on Biotechnology and Food Science(ICBFS 2012), 7 to 8 April 2012, Bangkok, Thailand, <http://www.icbfs.org/>
- 20th International Conference on Health Promoting Hospitals and Health Services, 11 to 13 April 2012, Taipei, Taiwan, <http://www.hph2012.com/default.asp?page=10>
- 12th Social Research Conference on HIV, Hepatitis C and Related Diseases-Theme: Silence & Articulation, 12 to 13 April 2012, Sydney, New South Wales (NSW), Australia, <http://nchsrconference2012.arts.unsw.edu.au/>
- Disaster Resilient Communities, 17 to 18 April 2012, Melbourne, VIC, Australia, <http://innovativeem.com>
- The World Drug Safety Congress Americas, 17 to 20 April 2012, Boston, Boston, United States, <http://www.healthnetworkcommunications.com/2012/world-drug-safety-congress/>
- 61st Annual Epidemic Intelligence Service Conference, International Night, Wednesday, April 18th, 2012 from 6-10 p.m., Crowne Plaza Ravinia, Atlanta, GA 30346, <http://www.tephinet.org/conferences>
- e-Health Africa Conference 2012: Integrating m-Health into e-Health Strategy Implementation, 18 to 19 April 2012, Nairobi, Kenya, Kenya, http://www.anadach.com/e-Health_Africa_Conference_2012.htm
- Global Forum 2012, 23 to 26 April 2012, Cape Town, Western Cape, South Africa, <http://www.forum2012.org>
- World Congress on Public Health, 23 to 27 April 2012, Addis Ababa, Ethiopia, <http://wfpha.confex.com/wfpha/2012/cfp.cgi>
- Population Health- Methods and Challenges Conference, 24 to 26 April 2012, Birmingham, United Kingdom, <http://www.populationhealthchallenges.com>
- HIV Management 2012: The New York Course, 10 to 11 May 2012, New York, New York, United States, <http://newyorkcourse.com>
- Environmental Pollution and Public Health (EPPH2012), Special Track within iCBBE2012, 17 to 20 May 2012, Shanghai, China, <http://www.icbbe.org/epph2012>
- 12th World Congress on Environmental Health: New Technologies, Healthy Human Being and Environment, 21 to 27 May 2012, Vilnius, Lithuania, <http://www.ifeh2012.org>
- 2012 ISHEID: International Symposium on HIV & Emerging Infectious Diseases, 23 to 25 May 2012, Marseille, France, <http://www.isheid.com>
- Advances in Medicine 2012, 2 to 3 June 2012, Hong Kong, Hong Kong, Hong Kong, <http://www.mect.cuhk.edu.hk/AIM2012>
- Turmoil and Tenacity: The Progress of Public Health in Botswana, 3 to 12 June 2012, Gaborone, Botswana, <http://www.ciee.org/ifds/seminars/botswana/index.aspx>
- MedicReS World Congress GOOD MEDICAL RESEARCH, 6 to 9 June 2012, Vienna, Austria, <http://www.ic2012.medicres.org>
- International Environment and Health Conference (IEHC2012), 6 to 7 June 2012, Penang, Malaysia, <http://www.ppsk.usm.my/conference/ehc12.nsf/>
- XXII World Congress: Global Wellbeing, 16 to 21 July 2012, Melbourne, Victoria, Australia, <http://ifhe2012.org>
- XIX International AIDS Conference, 22 to 27 July 2012, Washington D.C, United States, <http://www.aids2012.org/>



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.