CDC Global Health Security Agenda/Ebola Grantee Meeting

Accountability. Results. Sustainability.
Over 40 Years of Commitment to Preventive Medicine and Public Health
AMP at a Glance in 2015

- Founded in 1972
- Based in France with field offices in sub-Saharan Africa
- 8 AMP offices
- Over 100 employees
- 60 countries where AMP works or has worked
- Budget 2015: €12.7 million
AMP Core Areas & Objectives

**Vaccinology Research aim:**
Enhance scientific evidence to determine optimal immunization policies

*Focus areas:*
- Disease burden / surveillance
- Field-based vaccine evaluations
- Pharmacovigilance
- Health economics
- Medical anthropology
- Laboratory capacity development

**HRH & Training aim:**
Overcome the global health worker shortage

*Focus areas:*
- Human resources management
- Professional network development
- Training design and delivery (including eLearning)

**Immunization & HSS aim:**
Contribute to improving vaccine delivery and coverage

*Focus areas:*
- Immunization program support
- Logistics and supply chain management
- Supervised on-the-job training
- Technology field testing

**HPID aim:**
Support national health authorities to determine appropriate immunization policies and strategies

*Focus areas:*
- Institutional development (through NITAG creation / strengthening)
SNAP-SHOT OF AMP TRAINING ACTIVITIES

- Training for laboratory capacity development
- Technologies and health logistics training
- Epidemiology and Vaccinology Training
- Training in Vaccine pharmacovigilance
- Training on outbreak investigation
- Training in disease surveillance
- Training for Vaccine introduction
Laboratory Capacity Development

- **Aim:** Provide advice and assistance to improve diagnostic facilities in sub-Saharan Africa through **technical training of laboratory staff**, technology transfer, and use of microbiological mobile laboratories for rapid field diagnosis

- **Operational interventions:**
  LaboMobi®, an all-terrain vehicle that serves as a complementary tool for national reference laboratories to support
  - microbiological analysis of epidemic prone diseases at national and cross-border level
  - Implementation of field studies research
  - Point-of-care diagnostics in remote settings
  - **Training supervisions of technicians in district laboratories**
Technologies and Health Logistics

Aims:

- Enable LMICs to design, implement, and evaluate efficient logistics systems
- Support and strengthen knowledge and skills of health supply chain managers

Types of training interventions:

- Evaluation of training needs and development of training plans
- Adaptation and creation of tailor-made training materials
- Development of communities of practice
- Field testing and feasibility studies

Objectives:

- LOGIVAC project led to the creation of the first regional logistics reference center for Francophone Africa to support training + knowledge sharing among supply chain managers
- Designed to strengthen the skills of staff engaged in managing the logistics systems of public health services

Results:

- Improvement of the performance of vaccine logistics management, quality of immunization, quality of data, and of health workers motivation

Impact: Improvement of the performance of vaccine logistics management, quality of immunization, quality of data, and of health workers motivation

Partners: Benin’s Ministry of Health, IRSP

Funder: BMGF

Dates: 2013-present

Location: Benin
Epidemiology and Vaccinology Training

Masters 2 in Vaccinology & Management (MIVA / former EPIVAC)

Objectives:
One-year training in epidemiology, applied vaccinology and management for district medical officers:
- Face-to-face, distance and supervised on-the-job training
- Training provided by national supervisors to district medical officers
- Improve immunization systems, particularly at district level, by strengthening participants’ technical and managerial skills

Partners: Governments, international organizations, vaccine industry, African and French universities

Funders: Sanofi Pasteur, French Ministry of Foreign Affairs, European Union, BMGF

Dates: 2002-present

Locations: Benin, Burkina Faso, Cameroun, Central Africa Republic, Côte d’Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, Togo

Results Since 2002

- 1825 supervision reports
- 496 district medical officers trained
- 490 master’s theses
- 52 supervisors trained
- 11 participating African countries
- 10 national networks of immunization professionals developed

- Received 2014 Gates Vaccine Innovation Award for Improving Immunization Programs in Africa
- Impact on EPI performance (publication in process):
  - EPIVAC districts have significantly better coverage than non-EPIVAC districts
  - Non-EPIVAC districts have significantly worse indicators than EPIVAC district
Training on outbreak investigation

Objectives:
With self-learning guide and distance learning material:
- Improve health officer’s abilities and know-how in yellow fever outbreak’s investigation

Impact:
- Better identification of yellow fever cases and epidemic vectors
- More effective outbreak response

Funder: WHO

Locations: Benin, Burkina Faso, Cameroon, Côte d’Ivoire, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal, Sierra Leone and Togo
Training on Vaccine Pharmacovigilance

**Objectives:**
- Help medical and non-medical health workers to identify AEFIs resulting of RTS,S vaccination and then take appropriate action

**Impact:**
- Staff are able to identify/diagnose AEFIs
- AEFIs are better treated
- Population is more open to RTS,S introduction

**Partners:** GlaxoSmithKline (GSK), University of Lomé, University of Geneva, private pediatric society of Benin, local health authorities

**Funder:** GSK

**Dates:** 2011-2016

**Locations:** Senegal, Burkina Faso, Ghana, Kenya, Tanzania
Training on disease surveillance

Objectives:
With face-to-face training and communication:
- Reinforce Community Health Workers skills in malaria surveillance and prevention
- Raise rural population awareness on malaria

Impact:
- Better detection of malaria cases and implementation of prevention measures
- Reduction of infection rate

Funder: SANOFI Aventis

Locations: Several countries in West Africa, including Ivory Coast, Senegal, Burkina Faso, Benin
Training for Vaccine introduction

Objectives:
- Ensure the safe introduction of the Rotavirus vaccine at district and health facility levels with face-to-face training
- of medical staff and EPI staff/vaccinators

Impact:
- Vaccine introduction is well accepted among the targeted population
- Vaccine properly administered (quality and quantity)

Funder: WHO

Locations: French and English speaking African countries
Other training thematics

- Health promotion
- Advocacy for vaccination financing and HRH improvement
- Critical care management
- Etc.
Thank you
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Accountability. Results. Sustainability.
Division of Global Health Protection
Center for Global Health
Centers for Disease Control and Prevention (CDC)
Epidemic Intelligence Service

• 1951: An early warning system against biological warfare and man-made epidemics

• Now expanded into a surveillance and response unit for all types of epidemics, including chronic disease and injuries
FETP

- FETPs were developed in response to country requests for “EIS” like programs
- Started in 1975 as Global Epidemic Intelligence Service (GEIS): Later became Field Epidemiology Training Program (FETP)
Accomplishments

- FETPs/ FELTPs exist in 60 countries
- 92% of graduates remain in local government service
- 70% of programs have been sustained for 10 or more years
- Of 29 programs originally provided with a CDC program director, 19 continue without this assistance
“Typical” FETP Training

- Two-year, full-time postgraduate training
- Approximately 20% class work and 80% field placement
- Trainees assigned to positions that provide epidemiologic service to the MoH/DoH
- Closely supervised, on-the-job, competency-based training
- Graduates may receive a certificate or a degree
• **Program Goals:** To enhance health system capacity in disease surveillance and response

• **Implemented by (CDC) in collaboration with GOP/National Institute of Health (NIH), and other institutional partners**
FELTP – Timeline

• 2003: MoH Pakistan requested CDC to start FELTP
• 2004-05: Series of visits by CDC experts / meetings with Pakistani counterparts at MoH/NIH/DoHs
• 2005: NIH recommended as host institution
• 2006: Full time Resident Advisor assigned
  FELTP officially launched
• 2007: National Steering Committee notified
  First training course started
• 2009: Active Viral Hepatitis Sentinel Surveillance
• 2011: NSTOP initiative
• 2013: Veterinarian joined 2 years FELTP program
• 2014: Pakistan Army joined 2 years FELTP program
Program Partners

- Ministry of National Health Services, Regulations and Coordination
- Pakistan National Institute of Health
- Pakistan Army
- Pakistan National Agriculture Research Council
- University of Health Sciences – Lahore
- Health Services Academy, Islamabad
- University of Washington
- World Health Organization (Geneva and Pakistan)
- HHS
- United States Agency for International Development
- DoS
- CDC Global Immunization Division (GID)
- CDC Division of Global Health Protection
- CDC National Center for Influenza and Respiratory Diseases
- CDC National Center for HIV, Hepatitis, TB, STD Programs
Field Epidemiology and Laboratory Training Program (FELTP)

8 Cohorts
- 88 completed two years training (6 cohorts)
- 46* currently in two cohorts (7th and 8th Cohort)
Scientific Contributions: FELTP Fellows

International Trainings
• 16 fellows selected for Emerging Infectious Disease fellowship/ One Health fellowship at the Universities of Iowa and Florida (2009, 2010, 2013, 2014)

100 Abstracts in International Scientific Conferences
• EIS conferences (6)
  • 5 consecutive years of acceptance
• TEPHNINET Global conference (26)
Short term trainings

- Trained more than 1000
  - Disease surveillance
  - Outbreak response
  - Rapid Response teams
  - Dengue surveillance and response
  - Lab QA, Biosafety
Sustainable Surveillance System
(will provide a career structure for field epidemiologists)
Map FELTP Alumni, Fellows and NSTOP

Updated 2 June 2015
N-STOP Pakistan
NSTOP Pakistan

- Idea conceived and developed in Pakistan
- Now being followed in other polio endemic countries
- The operational responsibilities of NSTOP relies on FELTP/CDC

2011:
- Deployed in 16 high risk districts for 6 months

2015:
- Expanded to 45 areas and 62 officers
- Integral member of DPCRs (now being placed at EOCs)
Acute Viral Hepatitis
Acute Viral Hepatitis Sentinel Surveillance

- First such initiative in Pakistan for identifying risk factors for all types of viral hepatitis with laboratory component
- Only hepatitis surveillance system in the “whole region” providing unique risk factor information

Reported cases of Acute (Newly Diagnosed) Acute Viral Hepatitis (June 2010 – August 2014)
Other important Initiatives

• **IHR compliance**
  (*Legal Framework for Disease Surveillance*)
  - A legislative document was approved with provincial feedback by MOH

• **Public Health Lab Network and Laboratory Quality Systems**
  - Strategic framework for PHLN and proposal for IDSRS already developed by NIH

• **One Health**
  - Promote Animal and Human side collaborations (One Health)
Next Steps

• Frontline FELTP

• Strengthening of Provincial Disease Surveillance and Outbreak response units

• Expansion of DSRU in selected Divisions/Districts

• Strengthen laboratory networks

• Expansion of sentinel sites both in numbers and addition of other priority diseases

• Increase in class size and two cohorts a year (60/year)
Thanks!