Dear Partners and Friends,

Greetings from the Advisory Board and Secretariat of TEPHINET. In this report, we are proud to share examples of key activities demonstrating our growth and impact in 2016 as a global network of Field Epidemiology Training Programs (FETPs), trainees, and graduates.

As we reflect upon nearly two decades of work and define our goals for the future, we find ourselves returning to a crucial question: What is the added value of TEPHINET in the realm of public health?

As TEPHINET expands, the response to this question becomes increasingly important. Our network has seen tremendous growth since our early years. In 1999, fewer than 10 programs were members of TEPHINET. Today, our network comprises 69 programs working in more than 100 countries. From 1999-2006, the TEPHINET Secretariat operated with a maximum of three staff members. Today, it has 15.

As with any organization, sustaining TEPHINET’s growth requires clearly defining the unique value we can continue to bring to our members. We believe that the value of TEPHINET lies in our mission of empowering and mobilizing a skilled epidemiology workforce to protect all people better, faster, and with quality across the globe. As a global network, we carry out this mission through:

- Helping FETPs improve training and operational quality by aligning with common standards through our accreditation program
- Mobilizing human resources to respond to public health emergencies
- Sharing information through scientific conferences and digital means
- Implementing projects that support FETP sustainability and public health activities

These will continue to form the backbone of TEPHINET’s activities. Ultimately, TEPHINET saves lives by strengthening global health systems through building capacity for disease surveillance and outbreak response through FETPs and regional FETP networks.

Today, in the year of the 20th anniversary of TEPHINET, we would like to say thank you for the support of our member programs, graduates, and partners and recognize the contributions of our Advisory Board, staff, the Task Force for Global Health, and the commitment of our network. You ensure that TEPHINET will only continue to get stronger. We are very grateful for your partnership and hope you share our pride in what we have been able to accomplish together.

Dr. Carl Reddy
Chair of the Advisory Board

Dr. Dionisio José Herrera Guibert
TEPHINET Director and Advisory Board Member
Mission & Vision

MISSION

TEPHINET’s mission is to strengthen international public health capacity through initiating, supporting, and networking field-based training programs that enhance competencies in applied epidemiology and public health practice. Its member programs are mostly hosted within local ministries of health, independent research institutes, or academic institutions and consist of field epidemiology training that can take up to two years to complete, depending on the type of program. Upon completion, graduates receive a certificate of completion from the institutions within which their programs operate.

VISION

TEPHINET’s vision is to improve health through a global network dedicated to quality training in applied epidemiology and public health practices. Toward this end, it strives to support and strengthen existing programs, assist in the development of new ones, enhance applied research activities of programs, improve response to public health emergencies, and link competent professionals in field epidemiology to responding agencies.

FETPs and FELTPs are designed to strengthen public health systems in four specific ways:

1. To increase the number and quality of field epidemiologists in the public health workforce;
2. To develop worldwide capacity for timely detection, investigation of, and response to public health emergencies;
3. To improve capacity to collect public health data through improved disease surveillance systems and use the data collected effectively;
4. To promote the use of evidence-based recommendations in public health decision-making and policies.

The TEPHINET Secretariat

TEPHINET was founded in June 1997 with support from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and the Foundation Merieux. With a secretariat based in Atlanta, Georgia, USA, TEPHINET has existed for two decades and is the only global network of field epidemiology training programs, spanning multiple regional networks, sub-regional programs, and national programs around the world. Overall, TEPHINET comprises 69 programs training epidemiologists from more than 100 countries. Currently, there are more than 10,000 FETP trainees, 6,500 graduates, and 1,000 students in our network. TEPHINET was incorporated as a program of The Task Force for Global Health in 2008.

The TEPHINET Secretariat provides logistical and management support to FETPs through funded projects, mainly from the CDC. TEPHINET also supports FETPs through its accreditation program for quality training, providing opportunities for information sharing and professional development of trainees through scientific conferences, online networking, and other initiatives.

www.tephinet.org
Through its cooperative agreements with the CDC in 2016, TEPHINET serves as an implementing partner on more than 50 projects worldwide supporting FETP operations and training, strengthening surveillance and lab systems, administering mini-grants for FETP trainees to conduct field investigations, and other projects aimed at building local public health capacity to fight Zika, flu, polio, hepatitis, and non-communicable diseases, among other topics.

39 pre-conference workshops were held at field epidemiology network conferences in 2016.*
*This includes FETP International Night 2016, the 8th Southeast Asia and Western Pacific TEPHINET Bi-regional Scientific Conference, the 9th TEPHINET Regional Scientific Conference of the Americas, the 6th AFENET Scientific Conference, and the 5th EMPHNET Regional Conference.

In 2016, TEPHINET supported the execution of biosafety and biosecurity training workshops attended by more than 350 epidemiologists in Egypt, India, Indonesia, & Morocco.

More than 1,604 health professionals were members of EpiCore.*
*http://epicore.org - EpiCore is a virtual community of health professionals using innovative surveillance methods to verify outbreaks of infectious diseases. TEPHINET is a partner on this initiative.

More than 10,000 field epidemiologists have graduated from a TEPHINET member FETP.

More than 1,200 trainees were enrolled in a TEPHINET member program in 2015.*
*2016 data is still being collected.

By the Numbers

TEPHINET currently comprising 69 member programs working across more than 100 countries.

818 FETP Trainees presented their field work through oral or poster presentations at a field epidemiology network conference* in 2016.
*This includes FETP International Night 2016, the 8th Southeast Asia and Western Pacific TEPHINET Bi-regional Scientific Conference, the 9th TEPHINET Regional Scientific Conference of the Americas, the 6th AFENET Scientific Conference, and the 5th EMPHNET Regional Conference.

As of September 2016, 1,604 health professionals were members of EpiCore.*

More than 350 epidemiologists in Egypt, India, Indonesia, & Morocco presented their field work through oral or poster presentations at a field epidemiology network conference* in 2016.

3 FETPs were accredited by TEPHINET in 2016:
- Epidemic Intelligence Service
- Canada Field Epidemiology Program
- United Kingdom Field Epidemiology Training Programme

NEW PROJECT AIDS TO LINK FETP ALUMNI

From the Ebola outbreak to the spread of the Zika virus, never has there been a greater need to facilitate collaboration among Field Epidemiology Training Program (FETP) alumni, who are the “boots on the ground” in the fight against diseases across the globe.

“We all know the saying that ‘time is money,’ says Carolina Casares, a consultant with TEPHINET. ‘But with epidemiology, the saying is ‘time is lives.’ It has become clear that we need a platform for FETP alumni to be able to connect.’

Over the last several years, TEPHINET donors and partners have been exploring innovative surveillance, including the use of nontraditional sources of information such as social and mass media. From the need to connect—and more methods than ever to do so—came the idea for a global FETP alumni network. Although there are an estimated 6,500 FETP alumni working worldwide, there is no global-level alumni network currently in place.

TEPHINET is leading the development of such a network with input from the Public Health Informatics Institute (PHII) at The Task Force for Global Health, and support from the Centers for Disease Control and Prevention (CDC) and a steering committee of global partners representing FETPs in each region. “The success of this project really depends on the support of our regional partners and FETPs,” says Miriam Alderman, deputy director of TEPHINET.

TEPHINET aims to launch the platform at the 9th TEPHINET Global Scientific Conference in August 2017 in Chiang Mai, Thailand. “TEPHINET is celebrating its 20th anniversary, and as more and more fellows are trained through our member FETPs, it helps us to understand what our alumni are doing,” says Brendan Crosby, a project manager for TEPHINET. “With TEPHINET’s growth, this project is a way to promote the work of our FETP graduates and share information and ideas.”
The Road to Accreditation

TEPHINET ESTABLISHES QUALITY IMPROVEMENT STANDARDS FOR FIELD EPIDEMIOLOGY TRAINING PROGRAMS

In March 2016, the TEPHINET Global Accrediting Body (GAB) convened for the first time to decide on granting accreditation status to the Field Epidemiology Training Programs (FETPs) that applied during its first cycle of accreditation. The ultimate decision -- to award accreditation to the FETPs in Canada, the United Kingdom and the United States -- represents nearly a decade of close collaboration among TEPHINET, its FETPs and many partners to develop a road to accreditation for all FETPs across the globe.

“The purpose of accreditation is to define and align FETPs with common standards,” says Dionisio Herrera Guibert, MD, PhD, director of TEPHINET. “Among TEPHINET’s strategic goals, accreditation is TEPHINET’s primary initiative to improve the quality of FETPs and to develop a strong global workforce that is ready and willing to respond to public health threats.”

Quality improvement for all FETPs across TEPHINET is one of the overarching goals of accreditation — even if it doesn’t result in the FETP’s accreditation right away — according to Samantha Wilson-Clark, MD, MPH, a member of the TEPHINET Accreditation Working Group (AWG), a working group comprised of elected representatives from each of the TEPHINET regions who help develop accreditation policies, process and procedures while providing continuous leadership and technical expertise for evaluation and quality improvement technical oversight of the accreditation process. To move forward with the accreditation process, FETPs must meet basic eligibility requirements, which include:

- The majority of residents’ time is spent in field work (minimum of 68 weeks)
- The duration of the program is at least 21 months
- Training is conducted as a service to country public health priorities
- At least two cohorts have completed the program, and continuous cycles of recruitment have been established

The standards for accreditation, which were developed over a five-year period by the AWG with input from the global network of programs and partners, are grouped into four domains:

- Management, infrastructure and operations,
- Integration with public health service and value,
- Staffing and supervision, and
- Selection and training of residents.

The four basic phases of accreditation, which can take up to one year for FETPs to complete, begin with a self-assessment. FETPs prepare for accreditation by assessing their alignment with FETP accreditation standards by completing the Accreditation Readiness Assessment. From the Accreditation Readiness Assessment, FETPs get a clear picture of whether they’re ready to proceed with the full accreditation process.

“The work they’ve done gives FETPs the opportunity to do a conscientious program assessment using the accreditation minimum indicators and standards as the framework for their assessment,” says Carmen Sanchez, MD, MOH, MPH, TEPHINET consultant for accreditation. “The process and the resulting report helps many of the programs identify areas for quality improvement, as well as generate data for new program proposals and reports.”

“The self-assessment component allows for FETPs to assess if they’re ready for accreditation,” Wilson-Clark says. “But it also allows FETPs to determine where there is room for improvement. It provides concrete evidence of where needs persist so they can take that information to funders and partners in an effort to bolster support and make the necessary changes.”

FETPs that complete the internal readiness assessment and wish to apply during an open accreditation cycle next submit a Letter of Intent (LOI) and a Certification of Eligibility to TEPHINET. After TEPHINET’s acknowledgement of the LOI and verification of the FETP’s Certification of Eligibility, the FETP is invited to submit an online accreditation application and supporting documentation.

Next, TEPHINET assigns a review team to each accreditation application. If the application process provided sufficient information to move forward, a site visit will be scheduled. FETPs have an opportunity to respond to any weaknesses identified by the review team before the documents go to the GAB for final review and determination of an FETP’s accreditation status.

Though the accreditation process is an arduous one, its benefits are far-reaching. For FETPs, accreditation provides increased credibility and demonstration of involvement in public health efforts, increased program accountability, a visible commitment to quality improvement, increased regional and international recognition and increased program sustainability. Accreditation also benefits FETP residents and alumni by improving their career trajectory, offering extensive training and providing a prerequisite for international hire. Ministries of Health (MOHs), funding agencies, donors and other participating organizations benefit from accreditation because it validates the ability of the FETP to provide essential public health services and provides explicit expectations of the level of quality of services and graduates.

Through the TEPHINET Accreditation Working Group ( pictured) conducted a training for accreditation reviewers in Stockholm, Sweden (TEPHINET, February 2017). For a list of members, please visit tephinet.org/accreditation.

“TEPHINET’s vision consists of improvements in people’s health through a global network dedicated to quality training in applied epidemiology and public health practice,” Herrera says. “Our accreditation program strengthens global public health capacity by supporting well-qualified professionals in field epidemiology through training, service and a constant quest for quality improvement.”
Transitioning From an Emergency to a Long-term Intervention Strategy

TEPHINET AND CDC COLLABORATE ON MULTIPLE PROJECTS TO ADDRESS ZIKA IN LATIN AMERICAN COUNTRIES

If you look at almost any list of the most prevalent health stories of 2016, Zika is sure to be at the top. From travel advisories to many Latin American and Caribbean countries to the confirmation of the link between Zika and microcephaly in newborns of infected mothers, Zika dominated headlines throughout the year. Fortunately, as 2017 approached, evidence pointed to a slowing in the Zika virus. In December 2016, during the 9th TEPHENET Regional Scientific Conference of the Americas, FETPs developed and signed a working regional strategy to continue supporting the development of regional surveillance strategies to monitor mosquitoes that may be carrying the virus. In December 2016, during the 9th TEPHENET Regional Scientific Conference of the Americas, FETPs developed and signed a working regional strategy to continue working on Zika, which is expected to become endemic in the Americas.

“TEPHINET’s work on Zika ultimately contributes to building a long-term strategy and preparedness throughout Latin America,” said Dionisio Herrera Guibert, M.D., director of TEPHENET. “The implications of these projects for the region include a better-prepared public health workforce, stronger lab systems for detecting Zika and enhanced methods of evaluating data collected on the disease.”

One such project is the development of FETP Frontline Surveillance Training (FETP-Frontline) curriculum on Zika-related epidemiological topics including vector control and birth defects for pregnant women, as well as birth defects in newborns that could be related to Zika.

Participants spend up to 12 days in three classroom-based workshops. Then, they spend the remaining eight to 10 weeks back at their jobs where they conduct field projects to practice, implement and reinforce what they have learned. These projects include:

• creating a report with summary tables and charts of the surveillance data routinely collected at their agency;
• conducting monitoring, evaluation and feedback visits at some of the reporting sites;
• performing a health problem analysis; and
• participating in a case or outbreak investigation.

“Frontline is a very simple epidemiological training that aims to develop capacity on data collection and analysis, reporting and many other skills,” Mansur says. “Frontline training speeds up capacity to identify a new outbreak, react quickly and improve vector control actions.”

In the first half of 2017, FETP-Frontline is being deployed in several counties and regions, including Brazil, Colombia, Paraguay, Peru, Haiti, Uruguay, and the Caribbean sub-region. More than 100 students will participate in the trainings.

“Our hope is that Frontline will provide a workforce that is trained and better prepared to understand how to react,” Mansur says. “In 2017, we are expecting Zika to transition from epidemic to endemic. Now, we need to do what needs to be done to make sure we maintain control over Zika.”

With that in mind, TEPHENET is collaborating with the Centers for Disease Control and Prevention (CDC) to strengthen the capacity of countries in Latin America and the Caribbean to fight the disease. A group of 13 projects is focused on training health workers on how to identify and respond to outbreaks and equipping laboratories with tests to identify the disease. TEPHENET is also supporting the development of regional surveillance strategies to monitor mosquitoes that may be carrying the virus. In December 2016, during the 9th TEPHENET Regional Scientific Conference of the Americas, FETPs developed and signed a working regional strategy to continue working on Zika, which is expected to become endemic in the Americas.

“While Zika thus far has a low mortality rate, it still carries a high burden for families because of its relation to microcephaly in newborns,” says Mariana Mansur, Ph.D., a project manager for TEPHENET. “This curriculum teaches participants strategies for more quickly identifying Zika in pregnant women, as well as birth defects in newborns that could be related to Zika.”

In February 2017, training was launched in the Dominican Republic to train health workers on Zika-related topics. Students learned about the epidemiology of the Zika virus, managing an emergency outbreak, allowing the public health effort to shift from managing an emergency to developing a long-term strategy for identifying and responding to future outbreaks of Zika.

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Frontline training speeds up capacity to identify a new outbreak, react quickly and improve vector control actions.”

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National Stop Transmission of Polio (N-STOP) Program and TEPHINET Prove to be Powerful Partners in the Fight to Eradicate Polio in Pakistan

TEPHINET SUPPORT HELPS BUILD AND SUPPORT ROBUST WORKFORCE

350,000. That’s the number of cases of polio virus that were reported across 125 endemic countries in 1988. Much has changed in 30 years. In 2015, only 74 cases of polio were reported. Today, Pakistan is one of just three countries where polio remains endemic.

Fortunately, the National Stop Transmission of Polio (N-STOP) program is working to help eradicate polio in Pakistan since 2011. N-STOP is the result of collaboration with several organizations, including the Centers for Disease Control and Prevention (CDC), the Pakistan Field Epidemiology and Laboratory Training Program (FELTP), the Expanded Program on Immunization in Pakistan (EPI), as well as the federal Ministry of Health and provincial health departments in the country and TEPHINET. The N-STOP program is also a pivotal component of the Global Polio Eradication Initiative (GPEI) in Pakistan, which is supported by CDC and three other international partners: World Health Organization (WHO), the Bill and Melinda Gates Foundation (BMGF), and the United Nations Children’s Fund (UNICEF).

N-STOP provides technical assistance to immunization campaigns at the district level. “To be successful, decision-making, activities and responsibilities related to polio vaccination, eradication and reporting have been cascaded down to the local government level under Pakistan’s National Emergency Action Plan or NEAP,” says Khurram Butt, a project manager for TEPHINET. “So at the district level, where N-STOP operates, the District Coordinating Officer or DCO relies very much on TEPHINET-supported N-STOP officers because they’re a great technical resource.”

The backbone of the N-STOP program, these officers often work in dangerous conditions to investigate outbreaks, plan campaigns and conduct routine immunization.

“Our (N-STOP officers’) biggest challenge in the field is not having resources to travel to remote, hard-to-reach areas,” Butt says. “That is why the logistical support from TEPHINET is invaluable. The role of N-STOP officers is all about being outside, constantly monitoring eradication activities and going to different locations. TEPHINET helps make sure they have a vehicle, a safe place to stay, and a team of security and community mobilization personnel – all the things they need to go into communities.”

TEPHINET currently supports 64 N-STOP officers assigned in 52 high-risk districts, agencies, and towns as well as eight Emergency Operations Centers (EOC) and response units across Pakistan. This number is expected to increase to 75 officers during the next year.

N-STOP officers in Pakistan have been instrumental in helping bridge the gap between the health department, district administration and international partners before, during and after immunization campaigns. They have also played a key role in establishing and functionalizing 46 District Polio Control Rooms (DPCRs) in high-risk districts/agencies. N-STOP officers actively participate in surveillance, routine immunization and post-campaign monitoring activities. This highly collaborative work has led to an increase in immunity in children younger than five years old to 88 percent in 2015, up from 77 percent in 2011. Pakistan had the lowest ever annual number of polio cases in the country in 2016 (20 cases). The total number of cases reported for 2017 so far remains two.
Field Epidemiology Training Program (FETP) trainees from around the world have benefitted from receiving mini-grants — usually in the range of $3,000 to $5,000 — funded by the Centers for Disease Control and Prevention (CDC) and the Skoll Global Threats Fund and administered by TEPHINET. Since 2010, TEPHINET has administered 130 CDC-funded mini-grants totaling $638,000 – and the program continues to grow. The CDC-funded mini-grant program awarded 34 grants for the 2015-2016 grant year and 30 for the 2016-2017 grant year. Three cycles of Skoll mini-grants have been funded, totaling $82,188 and providing 13 grants.

Awarded through a competitive application process, grants are given to FETP trainees who will then serve as the principal investigator on a project designed to analyze existing health surveillance data in a particular subject area within his or her country. Thus far, CDC-funded grants have reached 37 countries and all World Health Organization (WHO) regions.

General topical areas for mini-grants range from non-communicable diseases to environmental health and emergency response, the use of new technologies in disease surveillance, and special pathogens and zoonotic diseases, among others. In 2016-2017, TEPHINET will administer several mini-grants focused on Zika response; these applications are currently under review. Subject matter experts from TEPHINET partner institutions, including the CDC and Skoll, serve as application reviewers and mentors to the mini-grantees during the implementation of their projects. Grantees also receive mentorship from their local FETP. David Sugerman, M.D., MPH, FACEP, who is the acting team lead for FETP-related grants at the CDC, says much of the value of the mini-grant program is in the mentorship residents receive.

“Mini-grants are a way for us to provide topical experience in non-communicable diseases for FETP residents in programs that are otherwise largely focused on infectious diseases,” Dr. Sugerman says.

“The residents are doing fieldwork and gaining skills that are highly relevant to the jobs they want to obtain. We have had grant awardees go on to be leaders within ministries of health in many countries.”

In addition to providing mentorship and experience to FETP residents, the financial investment of mini-grants allows residents to pay for things such as medical record extration, data collection, travel expenses and the hiring of additional personnel. In this way, the mini-grants help strengthen the public health workforce capacity in-country. In fact, according to a recent survey, TEPHINET CDC-funded mini-grantees have collectively trained more than 1,390 individuals and have hired more than 415 field workers to assist them with their projects.

As data collection and analysis concludes, trainees create a final report which summarizes their findings. The goal is for their report to be published in an academic journal and/or to be used as a foundation for improving health surveillance systems in-country.

TEPHINET mini-grants funded by the Skoll Global Threats Fund focus on innovative disease surveillance for rapid detection of disease outbreaks. Countries and regions where recipients have received Skoll mini-grants include Barbados, Central America, Haiti, India, Indonesia, Kenya, Paraguay, Senegal, Taiwan, Tanzania and Zimbabwe.

“These [Skoll] grants allow FETP trainees to work on research on outbreaks so that they can both detect and report them in a shorter amount of time,” says Mariana Mansur, Ph.D., project manager for TEPHINET. “They also can evaluate historic research, going back to analyze earlier data to inform future response.”

Mansur says the grants are often instrumental in improving infrastructure and early outbreak detection systems, while also training the workforce to respond to outbreaks. The grants also focus on recruiting and training FETP students to be registered and contribute to ProMed, an Internet-based reporting system dedicated to rapid global dissemination of information on outbreaks of infectious diseases and acute toxin exposure, as well as EpiCore, virtual community of health professionals using innovative surveillance methods to verify outbreaks of infectious diseases.

“These mini-grants are an additional opportunity to develop grantees’ research skills and contribute to stronger health surveillance and quicker response,” Mansur says.
Strengthening the Pool of First Responders

TEPHINET SUPPORTS BIORISK AND BIOSAFETY TRAININGS

When addressing threats to biosecurity and biosafety, Field Epidemiology Training Program (FETP) residents and graduates are essential. Through a grant with the Biosecurity Engagement Program (BEP), TEPHINET works in partnership with FETPs and CRDF Global to support training activities to detect and control dangerous disease outbreaks across the Middle East and North Africa region.

Within the U.S. Department of State’s Office of Cooperative Threat Reduction (CTR), BEP seeks to engage biological scientists and combat biological threats worldwide by providing assistance to reduce and mitigate biorisks, which include risks posed by infectious agents, toxins and weaponizable pathogens. BEP’s efforts are designed to prevent, detect and respond to existing and emerging global biological threats and are based on three pillars built on a foundation of sustainable capacity.

- **Biosecurity/Biosafety**: Increase biosafety and biosecurity through technical consultations, risk assessments and training courses and build the human capacity and internal expertise to create a sustainable culture of laboratory biorisk management.
- **Disease Detection and Control**: Strengthen the capacity for public and veterinary health systems to detect, report and control infectious disease outbreaks.
- **Scientist Engagement**: Enhance global health security and foster safe, secure and sustainable bioscience capacity through joint scientific collaborations designed to help prevent, detect, and respond to biological threats.
- **Sustainable Capacity**: Focus on long-term sustainability and capacity building that creates an infrastructure for biorisk management and disease detection and control at all levels within a country and region.

Under this grant, in 2016 and 2017, TEPHINET supported training workshops for field epidemiologists on biosafety and biosecurity measures in Egypt, Indonesia, Yemen, Iraq, India, Morocco and Tajikistan. Given the threat of emerging infectious diseases coupled with the existence of weaponizable pathogens, it is critical that new frontline public health professionals, including laboratory staff and field epidemiology trainees, be well-trained and informed about these dangers.

“As part of these workshops, FETP residents get important training in biosafety and biosecurity measures, in addition to following the standard curriculum,” says Lorie Burnett, a project manager for TEPHINET. “So while they’re learning about disease outbreaks, residents are also learning about biological risks and outbreaks, which increases their depth of knowledge and expands the number of people who are well-trained to deal with biological risks.”

In March 2017, TEPHINET helped implement a biosafety and biosecurity workshop at the National School of Public Health in Rabat, Morocco. The workshop provided FETP residents and others working across biorisk management with training focused on chemical, radiation emergencies and threats of infectious diseases. The knowledge acquired through this workshop and others helps build capacity in emergency preparedness and response. According to Burnett, training activities also have focused on strengthening the laboratory network in countries with increased risk of biological threats.

“There is a need to protect and secure laboratories so that there’s no unauthorized access to materials or contaminants that are housed in labs,” Burnett says. “Our goal is to strengthen the capacity of veterinarians in the country to prevent, detect and respond infectious disease threats in India.”

Training is available across the spectrum of health professionals. For example, TEPHINET supported a workshop on basic epidemiology for veterinarians in India in August 2016. TEPHINET awarded the National Institute of Epidemiology (NIE) in India a grant to initiate field epidemiology training programs for veterinarians in the country.

“Training veterinarians allows us to expand our pool of first line responders,” Burnett says. “Our goal is to strengthen the capacity of veterinarians in the country to prevent, detect and respond infectious disease threats in India.”

Participants at a biosafety and biosecurity training workshop at the National School of Public Health in Rabat, Morocco (photographer: Germain Bukassa, March 2017).
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*Non-voting members of the Advisory Board
**Acting representative

Secretariat Staff

LEADERSHIP

Dionisio José Herrera Guibert, MD, PhD
Director
Non-English Languages: Spanish, Portuguese

Dr. Herrera oversees TEPHINET’s global network of member programs that work to improve the capacity of developing countries to detect changes in disease and injury patterns and respond appropriately.

Prior to joining TEPHINET, Dr. Herrera was the Director of the Spain Field Epidemiology Training Program, a member of the Alert Unit for Rapid Response at the Institute of Health Carlos III Ministry of Health and Consumer Affairs in Madrid, Spain, Professor at Complutense University of Madrid, and a member of the steering committee for the European Programme in Intervention Epidemiology Training. During his public health career, he has also served as Field Epidemiology Senior at the Institute of Public Health of Autonomous Community of Madrid, a member of various international committees on field epidemiology and public health, and as a consultant to different organizations including WHO and CDC. He has worked principally on the development of field investigations, evaluation of epidemiological systems, and training in field epidemiology.

Other positions held by Dr. Herrera include consultant to the Minister of Health and Assistant in Cuba, Family Medicine specialist and Medical Doctor, graduate at the National Reference Center for Primary Attention in Cuba. Dr. Herrera holds a PhD in public health. He served as Chairman of the TEPHINET Advisory Board from 2002 to 2005 and has been a member of the Board since 2007. He has worked as a medical practitioner in Guinea-Bissau, Zambia, and Mexico. Dr. Herrera received his MD from the University of Medical Sciences of Havana and his PhD aequo cum laude from the Autonomous University of Madrid.

Miriam Alderman, MBA
Deputy Director
Non-English Languages: French

As Deputy Director, Ms. Alderman oversees the operational aspects of the TEPHINET secretariat. Prior to joining TEPHINET, she served for 11 years as a Supervisory Program Officer and Project Development Officer with the U.S. Agency for International Development in posts throughout Africa including Morocco, Ghana, Tanzania, and Madagascar. In this capacity, she led teams tasked with managing the strategy, project design, monitoring and evaluation, budgeting, reporting, and outreach and communications functions within the operating unit. A native of Atlanta, she began her international development career as a Peace Corps volunteer in Conakry, Guinea. She earned a bachelor’s degree in history from Yale University and an MBA from the University of North Carolina’s Kenan-Flagler Business School.
### Projects

**Shanti Bazouma, MPH**  
**Project Coordinator**  
**Non-English Languages: French, Spanish**

Ms. Bazouma supports multiple TEPHINET projects including the implementation of programs in Latin America. Prior to joining TEPHINET, she worked as a Program Associate with the Children Without Worms program at The Task Force for Global Health. Ms. Bazouma previously worked as a Project Coordinator for the School of Nursing at Emory University and assisted with pediatric nursing and HIV care programs in West Africa. She holds a master’s degree in public health from the University of Georgia.

**Lorie Burnett, MPA**  
**Project Manager**  
**Non-English Languages: French, Swahili**

Ms. Burnett manages a portfolio of projects primarily across the Eastern Mediterranean and North African regions. She joined TEPHINET from the CDC Foundation, where she was a Senior Program Officer specializing in PEPFAR, among a larger portfolio of public health projects. She previously worked for DeKalb County, Georgia, where she managed federal programs supporting social services and affordable housing development, as well as the United Way of Metropolitan Atlanta and the New York City Department of Homeless Services. She served as a Peace Corps Volunteer in Korogwe, Tanzania with a focus on community development and girls’ health education. Prior to joining the Peace Corps, she was a high school teacher for five years. She holds a BA from Wake Forest University, an MEd from the University of Georgia, and an MPA from New York University.

**Khurram Butt, MBA**  
**Project Manager**  
**Non-English Languages: Urdu**

Mr. Butt manages a portfolio of projects primarily within Pakistan. Prior to joining TEPHINET, he was the Head of Technical Services at Marie Stopes Society, Pakistan, where he headed the communications, social franchising, partnership management and monitoring and evaluation functions for the reproductive healthcare service provider for women. He was also a Fulbright scholar at the Graduate School of Public & International Affairs of the University of Pittsburgh, Pennsylvania, where he is pursuing his PhD in International Development. He has extensive experience in nonprofit program and project management with international foundations including eight years with the Aga Khan Development Network in Pakistan. He holds undergraduate and graduate degrees in business management from the Institute of Business Administration, Karachi, Pakistan.

**Amy Jackson**  
**Temporary Project Coordinator**

Ms. Jackson manages a portfolio of projects, primarily within Eastern Europe, and assists TEPHINET with grant reporting. She previously worked at The Carter Center and United Way of Metropolitan Atlanta in grant writing and project management capacities. With more than 12 years of experience, Amy’s work with various funding agencies has included USAID, United States Department of State, The W.K. Kellogg Foundation, and The Robert W. Woodruff Foundation.

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**Brendan Crosby, MPA**  
**Temporary Project Coordinator**  
**Non-English Languages: Spanish**

Brendan joins TEPHINET as a temporary project coordinator after several years working on public health and food security programs in South Sudan, Nigeria and Liberia. Originally from St. Paul, Minnesota, Brendan’s interest in global health started while serving as a United States Peace Corps volunteer in rural Paraguay. Prior to joining TEPHINET, Brendan worked with the International Organization for Migration managing border surveillance activities in Ebola endemic counties throughout Liberia. Brendan holds a master’s degree in Public Affairs from the University of Minnesota Humphrey School of Public Affairs focusing on international program management and strategic planning.

**Mahamadou Dao, MPA, LLM**  
**Program Assistant**  
**Non-English Languages: French**

Mr. Dao provides logistical and programmatic support to multiple TEPHINET projects. He started a career at CARE International in Cote d’Ivoire as a field supervisor on a Women’s Empowerment Program. He also worked on a Return and Reintegration of Internally Displaced Persons program to help bring back peace within local communities torn by political antagonisms. While completing his master’s degree in public administration, Mr. Dao worked at The Carter Center as an intern where he supported the institution’s West African Democratic and Governance team. Prior to joining TEPHINET, Mr. Dao was a Project Assistant at the National Democratic Institute for International Affairs in Washington, DC. Mr. Dao received a master of law degree from the University of Cote d’Ivoire and a master of public administration from the University of West Georgia and is currently completing a certificate in project management at Emory University.

**Claire Jennings, MA**  
**Project Manager**  
**Non-English Languages: Spanish**

Ms. Jennings manages a portfolio of projects primarily within Latin America and the Caribbean (LAC) focusing on Non-Communicable Diseases (NCDs). She joined TEPHINET with more than ten years of project and program management experience in various international development sectors. She has previously worked on projects in the LAC and East African regions and at the Pan American Health Organization, focusing on gender and ethnicity mainstreaming in PAHO and member countries. She started out as a Peace Corps Volunteer in Panama, where she started developing her passion for economic development, human rights, environmental/sustainability issues, adult learning and capacity building, and intercultural competency development. She holds a BBA degree from the University of Georgia and a MA from the University of Minnesota.
Adam Johnson
Program Assistant | Non-English Languages: Japanese, Spanish

Mr. Johnson provides logistical and programmatic support to multiple TEPHINET projects but focuses on Zika in the Latin America and Caribbean region. He studied International Business Management at Southern Adventist University in Collegedale, Tennessee. There he was an acrobat working with children on drug/alcohol abstinence and obesity for four years. He then moved to Japan to work for the Council of Local Authorities for International Relations and Department of Education as an English teacher. He is currently studying full time at Georgia State University for his MPH in health management and policy. Learning two foreign languages from childhood, he is passionate about cultural differences.

Mariana Mansur, PhD
Project Manager | Non-English Languages: Spanish

Dr. Mansur manages a portfolio of projects primarily within Latin America and the Caribbean. She served at the United Nations Development Programme as Program Manager for more than 10 years in Cuba and Belize, where she was in charge of implementing complex health programs funded mainly by the Global Fund to fight AIDS, Tuberculosis and Malaria. She then joined HIVOS in Guatemala as Country Director from 2012-2013, and in 2014, she was relocated to Plan International in Dominican Republic as Resource Mobilization Coordinator. She holds a bachelor’s degree in Chemical Engineering from Technical University of Havana, Cuba, and a PhD in Biology from Universidad Autonoma de Madrid, Spain, with a focus on Molecular Biology and Biochemistry.

Clare Sigelko
Project Coordinator | Non-English Languages: Spanish

Ms. Sigelko manages the TEPHINET conference abstract platform and supports the implementation of multiple projects including non-communicable disease-focused mini-grants to FETP trainees. Prior to joining TEPHINET, she worked for The Carter Center on the Mental Health Liberia Program, which aims to build capacity and strengthen Liberia’s mental health workforce as well as to support the implementation of a national mental health policy and plan. She brings more than five years of experience working in international development, domestic non-profits, and social services. Ms. Sigelko holds a bachelor of arts from Macalester College.

Amber Ellithorpe
Senior Administrative Assistant | Non-English Languages: Spanish

Ms. Ellithorpe provides office and event management to TEPHINET. She has more than 20 years of administrative assistant and event planning experience in both the non-profit and for-profit sectors. She was born in California and lived in Costa Rica, Venezuela and Panama from the ages of three to 13. Ms. Ellithorpe is fluent in Spanish and English, having learned both languages simultaneously, and is well-versed in written translation as well as some spoken translation. She and her husband, Ken, have been married for 24 years and have three children ranging from 17 to 20 years old. She enjoys traveling and getting to know new cultures as well as spending time with her family at home. Amber is an amateur photographer and loves to read historical fiction.

Thomas Jackson, MBA
Financial Analyst

Mr. Jackson oversees TEPHINET’s finances. He has 15 years of experience in the public and private sector as a revenue accountant, cost allocation accountant, project accountant, auditor, and staff accountant. Prior to joining TEPHINET, he served as a budget analyst for the Georgia Department of Public Health. He earned his undergraduate degree with a concentration in accounting from Tennessee State University and holds a master’s degree in accounting from Argosy University.

Tina Rezvani, MA, MS
Communications Specialist | Non-English Languages: Farsi, French

Ms. Rezvani manages communications for TEPHINET. She previously worked for The Carter Center where she coordinated the Rosalynn Carter Fellowships for Mental Health Journalism, a program supporting journalists interested in reporting on mental health issues to educate the public and reduce stigma against people with mental illnesses. There, she had the opportunity to work with journalists in the United States, Romania, South Africa, and Colombia. Before that, she interned for The Carter Center and assisted with fundraising efforts for its global health programs. Ms. Rezvani has also worked for an advertising agency as well as for Georgia State University as a research assistant. She completed her bachelor’s degrees in anthropology and comparative literature at Emory University and master’s degrees in anthropology and marketing at Georgia State University.
DEVELOPING A BETTER-PREPARED WORKFORCE

Facilitating the Exchange of Public Health Knowledge to Develop a Better-Prepared Workforce

TEPHINET conferences provide an opportunity to the trainees of our member programs to present their field work to an international audience of experts, usually faculty members and trainees of TEPHINET member programs (this is generally one of the requirements for program completion). The contacts and the opportunities offered by these conferences are invaluable in efforts to build the capacity of public health systems in all countries – particularly in developing countries.

TEPHINET plans and sponsors numerous conferences that facilitate connections among field epidemiologists throughout the world and provide them with the most up to date public health research and information.

Global Conferences

Regional conferences, which provide opportunities for FETP members to network with colleagues from neighboring countries, are held on the years between global conferences and often focus on issues endemic to that region. For example, in December 2016, TEPHINET sponsored the 9th TEPHINET Regional Scientific Conference of the Americas in Paraguay, and the theme of this conference was new strategies and challenges for an integrated response to Zika and other diseases in the Americas. In November 2016, TEPHINET sponsored the 8th TEPHINET Southeast Asia and Western Pacific Bi-regional Scientific Conference in Cambodia, which focused on global health security through local health sustainability.

TEPHINET also co-sponsors the European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) with the European Centre for Disease Prevention and Control and provides support to the African and Eastern Mediterranean regional conferences sponsored by the African Field Epidemiology Network and the Eastern Mediterranean Public Health Network.

WORKSHOPS

Typically, TEPHINET conferences are preceded by a day of 10-15 workshops. The host country FETP, the CDC, and WHO often sponsor these workshops along with other health organizations and TEPHINET partners who sponsor FETP residents’ attendance.

REGIONAL CONFERENCES

FETP International Night

Each year, TEPHINET co-sponsors FETP International Night with the CDC during the latter’s EIS Conference. Selected FETP trainees and graduates showcase their field studies through poster and oral presentations. International Night is an EIS Conference tradition offering a valuable opportunity to incorporate international perspectives into a local conference. In 2016, TEPHINET received 211 abstracts for International Night; six were selected for oral presentation and 16 for poster presentation.

TEPHINET Program Directors Meeting

Each year, TEPHINET convenes its member FETP directors and coordinators for a strategic meeting to discuss issues of common concern, such as the sustainability of FETPs. These meetings present opportunities for FETP leaders to learn from each other’s successes and failures. In June 2016, TEPHINET hosted a program directors’ meeting at the Institute of Health Carlos III at the National School of Public Health in Madrid, which received the participation of 74 representatives from 55 countries. During this gathering, the TEPHINET Accreditation Working Group sought feedback from the program directors on its accreditation standards and indicators, the results of the first cycle of FETP accreditation were announced, and the development of an online alumni network for all FETPs was proposed and discussed. Other issues for group discussion included challenges to the sustainability of individual FETPs and methods for increasing FETP alumni engagement.

GLOBAL CONFERENCES

Since the first TEPHINET Global Scientific Conference in Canada in 2000, TEPHINET has sponsored a global conference nearly every two years. These conferences connect FETP residents, graduates, mentors, directors, and other public health professionals to share information, develop professional relationships, and highlight their programs’ achievements.

Over the years, interest in the conferences has steadily increased, demonstrating the ever-growing need for public health professionals to share the results of their work to better facilitate epidemiological training and disease outbreak response. In 2000, the first TEPHINET Global Scientific Conference received 150 abstracts from FETP residents and alumni. Currently, as TEPHINET prepares for its ninth global conference to take place in Thailand in August 2017, we have received more than 1,100 abstracts. This increase reflects the growth of TEPHINET’s membership and a rise in the number of trainees whose abstracts are approved for submission by their programs.

Global conference abstracts submitted by year:

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 OTHER EVENTS

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

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- Centers for Disease Control and Prevention (CDC)
- U.S. Department of State
- World Health Organization
- CRDF Global
- Hivos International
- Skoll Global Threats Fund
- Plan International
- CDC Foundation
- U.S. Naval Medical Research Unit (NAMRU)

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