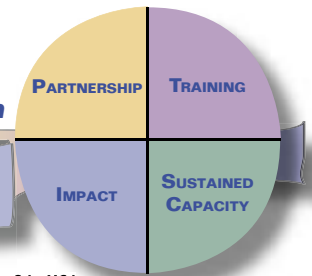


Partnerships in Excellence

Charting the Future in Global Health

Summer 2004



Yearly Update from the Centers for Disease Control and Prevention, Division of International Health, Epidemiology Program Office, Atlanta, GA, USA

Partnerships in Excellence (PIE) is a yearly newsletter that aims to inform U.S. and global partners in public health training programs about activities of the international community at the Centers for Disease Control and Prevention.

Current and past issues of PIE can be viewed at our Web site: <http://www.cdc.gov/epo/dih>.

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From the Director's Desk.....

Mark White
Director, Division of International Health



Governments, foundations, and international agencies are allocating unprecedented amounts of money to improve health in developing countries. Recently The Lancet published a landmark commentary pointing out that this money can only make a positive impact on peoples' health if there are large numbers of "competent motivated health workers" to deliver preventive and therapeutic care. (To access this article, go to www.TheLancet.com/search/search.isa and ask for Volume 363, Issue 9419, Page 1469.)

The article reminds readers of the practice of some non-government organizations (NGOs) of hiring the best health workers out of government systems, leaving the government systems weak. The authors challenge the public health community to find better models to train more health workers faster to higher standards, while improving public health and the systems that deliver it.

The Division of International Health (DIH) is proud of the accomplishments of Field Epidemiology Training Programs (FETPs), Public Health Schools Without Walls (PHSWOWs), the Data for Decision-Making (DDM) project, and allied programs that have partnered with CDC for nearly 25 years to produce approximately 3,500 graduates in over 30 countries. Little noticed by academics in developed countries, many of these programs have evolved over time to meet the public health needs of their populations. They exemplify practical system building and impact. DIH strives to evolve with them and to collaborate with them and other partners to continue to support and strengthen these in-country training and service centers. Thailand and Brazil provide two good examples.

When HIV struck Thailand in the mid-1980s, there was no categorical program to deal with it. As Bruce Weniger describes (in the 1999-2000 Annual Report of the HIV/AIDS Collaboration in Thailand), the Thai FETP, which had been established in 1980, defined the problem by doing surveys, identifying risk factors, and providing staff to the HIV program and HIV and AIDS Control Consortium. By working with a broad partnership that includes other government officials, staff in NGOs, and the media, the FETP contributed to structural changes in the government to show a direct improvement in the public's health.

In 2003, the Brazilian FETP traced a series of severe adverse reactions to endotoxin-contaminated parenteral solutions. Working quickly with others, they arranged for a product recall that undoubtedly saved many lives. Several years ago they identified an epidemic caused by a contaminated drug for treating patients with parasitic disease. The drug was banned in Brazil until it could be made safe. It was also banned in other countries after the investigation was presented at a regional meeting of the Training in Epidemiology and Public Health Intervention Programs Network (TEPHINET). This important global organization is a partnership that includes applied epidemiology training programs, the World Health Organization, and the Centers for Disease Control and Prevention. It provides a voice for FETPs as well as a venue for continuous quality assurance and sharing of best practices. The Gates Foundation recently provided a grant for \$350,000 for a global meeting of the network in Beijing in November 2004. TEPHINET's other funders have included the U.S. Agency for International Development, CDC, and the governments of Canada and Spain.

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Partnerships in Excellence

From the Director's Desk . . . (continued)

DIH is currently working with a number of newly established programs to improve the public's health while building better public health systems through training and consulting. We have learned a great deal from working with our partners in new programs in China, India, and Brazil.

New DIH planning and evaluation templates include explicit objectives in system building and immediate health impact. Partnerships in many countries are designed to combine both traditional epidemiology and management components formerly taught as separate courses in the Data for Decision-Making Project. The governments of Jordan and Egypt have chosen to focus on non-communicable disease control, and the Philippines stresses empowering local governments and building laboratory networks. In Zimbabwe, the Public Health School Without Walls partners with the Ministry of Health, CDC, and local government units to

train and support staff and implement HIV control programs. These programs involve many colleagues from CDC in areas ranging from chronic disease to infectious disease and public health practice. Because most programs are sustained as part of local ministries of health, they provide perfect platforms for others to introduce new infrastructure and capacities.

The challenges that remain are awesome. The large population and sudden spread of SARS in China underline the importance of training large numbers of health workers at many levels rapidly. DIH is creating systems for developing and supporting mentoring networks so programs in large countries and regions can grow rapidly. An exciting example is mini-modules, an innovative computer-assisted learning system that allows local trainers to compose or translate materials and disseminate them rapidly to health workers at any level of the system.



July 2004

Dear Colleagues:

Welcome to the second issue of *Partnerships in Excellence (PIE)*, the annual newsletter from CDC's Division of International Health (DIH) in Atlanta. In our first issue in 2003, we tried to describe who we are and how we work within and beyond the Centers for Disease Control and Prevention to assist countries in efforts to improve the health of their people. In our 2004 issue, we focus more on profiles of some of the people around the world who are working in epidemiology training programs and on the accomplishments of the trainees and staff of these programs.

We are proud to highlight the accomplishments of ministries of health, universities, and other institutions that have implemented these successful training programs. We are an enthusiastic partner in such efforts, as we are invited and encouraged to participate. And we report in our newsletter on these programs and activities as a partner, a colleague, and a partisan – in recognizing excellence in program operations and accomplishments that improve the practice of public health throughout the world.

We invite your input for future issues of *PIE* and encourage you to contact us at rec1@cdc.gov (Elliott Churchill) or zno4@cdc.gov (Juliette Mannie) with queries, as well as with comments and suggestions about the current or future content. Thank you again for your interest in the newsletter.

R. Elliott Churchill, MS, MA
Managing Editor, Partnerships in Excellence



Elliott and Juliette at work on the 2004 DIH Newsletter

A Conversation with Dr. Mufuta Tshimanga

Interview conducted by John Orr
Executive Director, TEPHINET

Mr. Orr: I had the pleasure of speaking to Dr. Mufuta Tshimanga, the current director of Zimbabwe's Public Health School Without Walls (PHSWOW) during his visit to Atlanta to attend the annual EIS Conference in April 2004. He is a member of the faculty of the Department of Community Medicine within the University of Zimbabwe School of Medicine. Dr. Tshimanga was kind enough to spend some time explaining the history of his program and to share a few insights into the challenges both he and his program face.

Mr. Orr: Dr. Tshimanga, will you please give us some insights on origins and history of Public Health Schools Without Walls?

Dr. Tshimanga: Zimbabwe's Public Health School Without Walls dates back to 1993. It is one of several programs established with the help of the Rockefeller Foundation at about the same time – the others being in Uganda, Ghana, and Vietnam.

Public Health Schools Without Walls have been designed to fit the circumstances of developing countries as well as to meet their students' aspirations. The aim is to turn out a steady supply of people with the ability and leadership skills to manage the public health problems of the countries in which they are situated. The programs combine academic course work offered in a university setting and include supervised field work in the service of the health ministry – the hallmark of the Epidemic Intelligence Service (EIS) model of training.

The Rockefeller Foundation has long been interested in backing efforts to train public health practitioners, in both an effective and an efficient manner for service in developing countries from the outset. The concept of a Public Health School Without Walls obviously appealed to decision makers at the Foundation. However, regular financial assistance from the Rockefeller Foundation for the Zimbabwean program ceased 3 years ago; the U.S. Centers for Disease Control and Prevention is now a regular contributor of financial aid to the program.

Mr. Orr: What are the greatest challenges in managing the Public Health School Without Walls in Zimbabwe?

Dr. Tshimanga: Let me describe briefly two such challenges. The first is to sustain efforts to graduate people with the requisite knowledge and skills for the tasks that await them. There is high turnover among both faculty members in the university and supervisors in the field. There is constant pressure to increase the number of graduates of the program. The program began with a class of five. By 2003, the size of the class had risen to eighteen. The current class size is ten. The second challenge is to cope with the general decline in funding available to pay for research and to buoy up the program.

Mr. Orr: Please tell us something about your own career.

Dr. Tshimanga: My enthusiasm for public health traces back to 1986 when I began work at the district level in Zimbabwe. My duties included both clinical responsibilities



Dr. Mufuta Tshimanga at International Night reception

and responsibilities for community outreach programs and immunization programs. After several years at the district level, I enrolled in the Zimbabwe's Public Health School Without Walls program. Sometime later, I became the program's director.

Mr. Orr: What qualities are desirable for an effective program director?

Dr. Tshimanga: I think that is the most difficult question you have asked me. I believe I would have to say that the two attributes most desired in a program director are a commitment to public health and skills as a negotiator. A commitment to public health is necessary simply to sustain the effort and devote the time required to meet the demands of the job. The design of the Public Health School Without Walls is such that the director must be acceptable to both the hierarchy within the university and the hierarchy within the ministry. This is a delicate balance, and it requires considerable skill in negotiating. A challenging job can be made almost impossible if the program director loses the confidence of the university or the ministry.

A Workshop for TEPHINET Authors

John Orr

Executive Director, TEPHINET

TEPHINET was formed in large measure to promote excellence among its FETP member programs with respect to the rigor of the science practiced and the manner in which findings are shared. One of the objectives students of an FETP are expected to achieve is to prepare work that is suitable for publication in a peer-reviewed journal.

At its meeting in October 2003, TEPHINET's board of directors earmarked a sum of money in its operating budget to cover the cost of assisting FETP trainees with having their work published. At a subsequent meeting in January, the board passed

a resolution to the effect that TEPHINET would pay for an extended stay of two individuals, from developing countries, who prepared the best abstracts from among those that were accepted for presentation at the "International Night Session" of the EIS Conference in Atlanta in April 2004.

TEPHINET's board of directors delegated the task of choosing two researchers to the *ad hoc* committee responsible for vetting abstract submissions and chaired by Dr. Ed Maes. Elliott Churchill assisted Ms. Sheillah Matinhure of Zimbabwe and Dr. Manuel C. Mapue II of the Philippines, the two researchers

chosen, in editing their work. By the end of the week, Ms. Matinhure submitted her article entitled "Impact Evaluation of the Batsirai Peer Education Programme" to *The International Social Science Journal* and Dr. Mapue submitted his article entitled "Fatal Gas Poisoning on a Commercial Barge, Philippines 2003" to *The International Journal of Occupational and Environmental Health*.

Ms. Matinhure and Dr. Mapue appreciate the opportunity and hope that their articles will appear in forthcoming editions of these two journals.



Ms. Sheillah Matinhure and Dr. Manuel Mapre compare notes during the 2004 CDC-TEPHINET Writers' Workshop



Update from the Competency-Based Training, Evaluation, and Surveillance Branch

Douglas Klaucke, Branch Chief

This has been a busy year for the CBTES, and I'd like to highlight a few of the many activities of the Branch.

First, the "Probability Proportional to Size Cluster Sampling," "Predictive Values," and "Standard Deviation and Standard Error of the Mean" mini-modules have been completed and are available for use on the DIH website at <http://www.cdc.gov/epo/dih/minimodule.htm>. A mini-module is a small computer-based learning module that addresses a specific need in epidemiology training. Each module is approximately 10 pages long and addresses only one or two specific learning objectives. These modules can be used as interactive exercises that complement lectures, as "drills" within a case study to practice a skill, and as a reference for students to consult at their convenience. Additional mini-modules on "Analyzing Multiple Risk Factors," "Comparing Morbidity and Mortality Among Populations," "Graphing Descriptive Ecologic Studies," and "Constructing an Epidemic Curve" will be available soon.

A second project is the development of an FETP curriculum guide that directly and explicitly relates the classroom and field training activities to the competencies that are expected of an FETP graduate. Instructional goals and proficiency levels are being defined for each of the following 10 competency domains: epidemiologic methods, biostatistics, communications, computer technology and software, public health surveillance, laboratory methods and biosafety, management and teamwork, prevention effectiveness and economic

evaluation, training and mentoring, and the epidemiology of disease and injury. Then, using the latest instructional design principles, we will take a fresh look to see how we can most effectively and efficiently help FETP trainees to develop specific competencies in these domains. Each classroom or field activity will be connected to one or more instructional goals and redundancies and gaps will be identified and addressed. New materials will be developed to address the gaps.

On 26 April 2004 a new Field Epidemiology and Laboratory Training Program (FELTP) was inaugurated in Kenya. This is only the 4th 2-year applied epidemiology training program in Africa, and the first new one in over 10 years. Please see the article later in this newsletter describing this program in more detail.

Among other activities, the CBTES

Branch is coordinating the revision of the *FETP Developmental Handbook*, a guidebook for establishing field epidemiology training programs. In Africa, we are also working with Regional Office of WHO and various ministries of health to strengthen integrated disease surveillance and response systems; we are collaborating with the Global AIDS Program of CDC to build epidemiologic capacity in Zimbabwe and Ethiopia. The CBTES branch has also been developing training materials for programs to combat micro-nutrient malnutrition, collaborating with the National Center for Injury Prevention and Control on a training course and injury surveillance manual for developing countries, and providing ongoing assistance in the development of FETPs. It has been a busy, exciting and productive year.



Dr. Lawson Ahadzie confers with surveillance workshop participants in Ghana

Update from the Public Health Systems Development Branch

Rubina Imtiaz, Branch Chief

The Public Health Systems Development Branch was able to place an experienced field epidemiologist, Dr. Robert (Bob) Fontaine, as the resident advisor to the China FETP (CFETP) in Beijing in late 2003. Since then, Bob and the China Team have worked closely with the CFETP staff to conduct didactic training for the third cohort of 10 trainees and conducted a workshop for “mentors” (provincial supervisors of the trainees). Our group also collaborated in China with CDC’s National Center for Infectious Disease to conduct a “Global *Salmonella* Surveillance, Level 3” training course in May 2004. Plans are under way to conducting a laboratory systems assessment with the help of the CDC’s Division of Laboratory Services, PHPPO. The CFETP presented several quality papers at the TEPHINET Bi-Regional Conference in the Philippines in November 2003. Of these, the presentation on “SARS: Effectiveness of Quarantine” received

the award for best oral presentation at the conference.

In India, a resident advisor has been selected and recruited by WHO in partnership with India and CDC. The advisor is expected to be placed at the India FETP-MAE in Chennai by August 2004. Staff and trainees from the IFETP-MAE presented several papers at the TEPHINET conference also and received an award for the best poster. The priority for the program now is to develop a medium-term plan for strengthening the quality and expansion of field activities through various partners in India.



Staff and trainees in Central American FETP prepare to conduct a field investigation

The Jordan program has been institutionalized as a Department in the Jordanian Ministry of Health. This placement should facilitate obtaining more resources and additional staff over the next 5 years to assure sustainability and transfer of the program to Jordan after the planned departure of the CDC resident advisor.

DIH recently completed a very successful, 17-year collaboration with the Philippines DOH, and we are continuing our work with the FETPs in Egypt and Brazil. DIH is working with our Central American partners to develop a transitional plan wherein over the next 2 years the host governments will have increasing input in their programs, and DIH will assume a supportive, secondary role. Gua-

temala, El Salvador, and Costa Rica have already assigned resources from the MOH for the FETP, and Dominican Republic has made a commitment to name a national tutor (coordinator) for their program. The regional program in the Central Asian Republics (CARs) has taken off very well with the recruitment of an FETP resident advisor and assistant. The program recently recruited its second cohort and is working closely with the Division of Laboratory Services, PHPPO, to develop the laboratory component needed to support surveillance.

DIH continues to receive requests from an increasing number of countries to start FETPs, but severely limited resources dictate that we can only hope to fulfill a few of these requests. We hope that the Futures Initiative (current CDC reorganization) will create a climate in which we can expand and extend our international partnerships.



Central Asian trainee, Dr. Eldar, consults with others during a field survey

International Night – Epidemic Intelligence Conference, 2004, Atlanta, Georgia

Elliott Churchill

Senior Communications Officer, DIH

The 53rd Annual Epidemic Intelligence Conference included an International Night program that attracted an audience of more than 200 people to hear a series of six scientific presentations and to view a group of six posters from participating global health partners.

Co-Moderators for the session were Dr. Stanley Foster, CDC retiree and Professor in Emory University's Rollins School of Public Health, and Dr. Dionisio Herrera, Assistant Director of the Spain Field Epidemiology Training Program and current Chairman of the Board of the TEPHINET (Training in Epidemiology and Public Health Interventions Network) worldwide group of training and service programs. Dr. Foster began the session by mentioning one of the cardinal principles that has been applied by CDC in creating and maintaining partnerships in global health. He illustrated this principle by paraphrasing a Chinese parable:

Walk with our colleagues; Listen to them. As they succeed, walk away, hearing their pride in saying, "We did it ourselves."

Presentation topics in the evening session included such diverse areas as occupational health, toxic exposures, and a survey of injuries. Titles and authors are listed below for the reader's reference.

A poster session also generated a great deal of interest on the part of the audience. Six posters were displayed in the auditorium, and audience



International Night audience of 200 people hear exciting presentations

members were invited to view posters and talk with the authors between 7:00 and 7:30 p.m., when the oral presentation session began. See listing of titles and authors below.

One of the high points of these International Evenings is the presentation of the William H. Foege Award, which goes to the group of authors whose presentation demonstrates the greatest utility in having a positive impact on public health. This year's winners were Ms. Luciane Daufenbach and her colleagues from Brazil, whose study of barium toxicity had far-reaching effects in several areas of Brazil, and whose intervention averted many adverse reactions and deaths.

Congratulations to all of the presenters – of both orals and posters – in The

2004 session of EIS Conference International Night.

Oral Presentations

Luciane Z. Daufenbach, C.P. Nascimento, A.A.M. Santos, L.Q. Santi, P.C. Fonseca, M.C. Brito, F.M. Barbosa, E.H. Carmo, D.L. Hatch

Barium Toxicity after Exposure to Contaminated Contrast Solution—Goiás State, Brazil, 2003.

Neyla Gargouri, A. Belbeisi, A. Haddadin, H. Walke
Proportion of *Entamoeba histolytica*, *Salmonella* spp. and *Shigella* spp. among Diarrheal Patients Visiting Health Centers – Jordan 2003



Co-moderators Foster and Herrera present certificates to participants

Manuel C. Mapue II, G. May-as, J. Derogongan, R. Timbang, J. Navarro, J. Lopez, M. Lim-Quizon
Ammonia Poisoning among Workers Aboard a Milling company Barge—Philippines.

Sheillah Matinhure, G. Woelk, J. Chirenda, M. Tshimanga, W. Nyamayaro, D. Jones
Impact Evaluation of the Batsirai Peer Education Programme among Commercial Sex Workers in Chinohoyi Town, Mashonaland West Province, Zimbabwe, 2003

Dawn Norton et al.
Field Trial of Flocculent-Disinfectant Treatment for Improving the Quality and Microbial Safety of Pond Water for Drinking Bangladesh, 2003

Shuquan Qu, Ruiwei Jing, Aihua Hao, et al.
A Household-Based Survey of Injury—Beijing, China.

Posters

Ali Alradaidah, F. Shehab, H. Walke
Outbreak of Diarrhea during a Period of Water Scarcity – Jordan 2003

Wildo N. de Araujo, A.L. Neto, H.H.D. Pelluci, C.F.J. de Miranda, E.H. Carmo, D.L. Hatch
Outbreak of Pharyngitis and Post-Streptococcal Glomerulonephritis – Minas Gerais State, Brazil, October – November 2003

Greice Madeleine Ikeda do Carmo, W.A. Alves, D.F. Vilar, D.B. Rolim, E.D. dos Santos, A.Q. Sousa, I.C. Coelho, J.C. Sidrim, D.B. Menezes, L.P. Mello, I.S. Mirrales, E. Hoffer, E.H. Carmo, D.L. Hatch
First Outbreak of Melioidosis in South America: Results of an Investigation – Ceará State, Brazil, 2003

Taiseer Innab, F. Shehab, H. Walke
Diarrhea Outbreak from Drinking Spring Water – Jordan 2003

Omar F. Nimri, F. Shehab, H. Walke
Health-Related Quality Of Life Measures in Jordan, 2002

L.G. Sibanda, D. Jones, J. Chirenda, M. Tshimanga, B. Mabaera
Acceptability of Infant Feeding Options by HIV-Positive Women in Prevention of Mother-to-child Transmission programmes (PMTCT) in Mazowe District, Zimbabwe, 2003

A Conversation with two FETP trainees who gave oral presentations at International Night of the 2004 EIS Conference in Atlanta, April 2004

A Conversation with Dr. Qu Shuquan, China FETP Trainee

**Interviewer: Nadine Sunderland
Instructional Design Specialist, DIH**

Question 1: What was the most challenging part of preparing your presentation for this evening's program?

Dr. Qu Shuquan: Preparing to speak in English and finding background material for the talk. In China, it is more difficult to conduct medical literature searches and find reference materials.

Question 2: Did you have review and rehearsal sessions with your teachers and mentors before this program?

Dr. Qu Shuquan: Yes. In China, I practiced too many times to remember. I also practiced on the plane and about four times in the U.S. (I arrived about 4 days before the talk). Bob Fontaine, Jim Mendlein, and Zeng Guang all helped me with developing the objectives for the talk.

Question 3: What were you most worried about in terms of how your presentation would be received by the conference audience?



Dr. Qu Shuquan describes preparation for his International Night presentation to DIH's Jim Mendlein and Nadine Sunderland

Dr. Qu Shuquan: I was most worried about the audience understanding the cultural background for the talk and about my English skills. I was concerned I would not understand the point of the questions the audience asked.

Question 4: What advice would you give a trainee in your program next year about preparing a presentation for CDC's EIS Conference?

Dr. Qu Shuquan: Be well prepared; know enough background information about your talk, work closely with your teachers, and keep practicing.

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Partnerships in Excellence

Conversations (continued)

A Conversation with Ms. Luciane Daufenbach, Brazil FETP Trainee

Interviewer: Denise Traicoff
Instructional Design Specialist, DIH

Question 1: What was the most challenging part of preparing your presentation for this evening's program? Please describe.

Ms. Luciane Daufenbach: The most challenging part was the many details. The outbreak itself was very challenging: it covered a large geographic area and involved many organizations, including clinics and radiologists. Regarding the preparation of the presentation, the language itself was a problem, but not an impossible one.

Question 2: Did you have review and rehearsal sessions with your teachers and mentors before this program? If yes, please describe the process.

Ms. Luciane Daufenbach: Yes, we had several practice sessions, but most significantly I presented at five conferences in Brazil, because of the importance of the outbreak on morbidity and mortality.

Question 3: What were you most worried about in terms of how your presentation would be received by the conference audience?

Ms. Luciane Daufenbach: My biggest worry was that I wanted to do well at the conferences and effectively demonstrate the work of the FETP in Brazil.

Question 4: What advice would you give a trainee in your program next year about preparing a presentation for CDC's EIS Conference?

Ms. Luciane Daufenbach: Above all they should work together. The work we did was a collaboration among the municipalities, the state, laboratory,



Ms. Daufenbach and colleagues describe award-winning study to DIH's Denise Traicoff

and several other organizations. We worked as a team throughout the outbreak and as we developed and practiced the presentation. As far as the presentation goes, be sure to verify the quality of the data, and work on the presentation format: make the slides simple, clear, and easy to read.

very important, and I am very proud of it, and I want to dedicate the award to all my colleagues.

*Note: Ms. Luciane Daufenbach and her colleagues received the 2004 William F. Foege award for the investigation that resulted in the greatest positive impact on public health.

Question 5: How do you feel about the award* you received tonight?

Ms. Luciane Daufenbach: I am here representing my colleagues in Brazil. I am very happy because our program is very good, and we are here representing the whole team. The FETP in Brazil is



The Brazil team celebrates winning the Foege Award at International Night

A Visit with Co-Moderators of International Night, CDC, April 2004

Interviewer: Tippavan Nagachinta
Medical Epidemiologist, DIH

Dr. Nagachinta: I had the opportunity to speak with Dr. Stanley Foster and Dr. Dionisio Herrera, Co-Moderators of the International Night special session of CDC's 2004 Epidemic Intelligence Conference. Dr. Foster and Dr. Herrera had just finished the evening's session and were pleased for an opportunity to comment on the presentations and other activities.

Question 1: Do you consider this evening's program a success? In what way?

Dr. Foster and Dr. Herrera: Absolutely a success. And we would say that the way to characterize that success is to say that the scientific quality of all the presentations – both orals and posters – was outstanding. The program was also a success in that it provided the audience of people from wide-spread epidemiology programs an opportunity to hear about public health science being conducted in many different parts of the world. This special session puts an international face on the conference, much of the rest of which is focused on public health issues within the United States.

We were also impressed with the level of creativity shown in responding to public health problems — in terms of rapidity of response, appropriateness and effectiveness of interventions applied, and in the effective manner in which the results were written up and prepared for presentation at a professional meeting.

Question 2: Do you think these presentations represent a cutting edge of public health practice in a global setting? Please explain.

Dr. Foster and Dr. Herrera: The network designated as TEPHINET includes more than 30 training programs throughout the world. The presentations we heard and saw this evening represent the best of the work from these programs over the past year. It definitely represents cutting-edge science in public health practice in the developing world, where frequently resources, transportation, and communications capabilities are limited, to say the least. What we heard tonight documents the fact that public health practice is alive and well in these settings, and that the trainees in these programs are doing high-quality work that is going to have a positive impact on the health of the publics they serve.

Question 3: What tips would you offer to the presenters for improving their delivery of science to a conference audience?

Dr. Foster and Dr. Herrera: We are not sure we feel competent to offer them suggestions about presentations. The trainees and their mentors did a superb job in preparing, rehearsing, and ultimately delivering the reports they came to share. We are sure the intense rehearsals and the careful attention to detail in the choice of the visual images they used for their presentations made



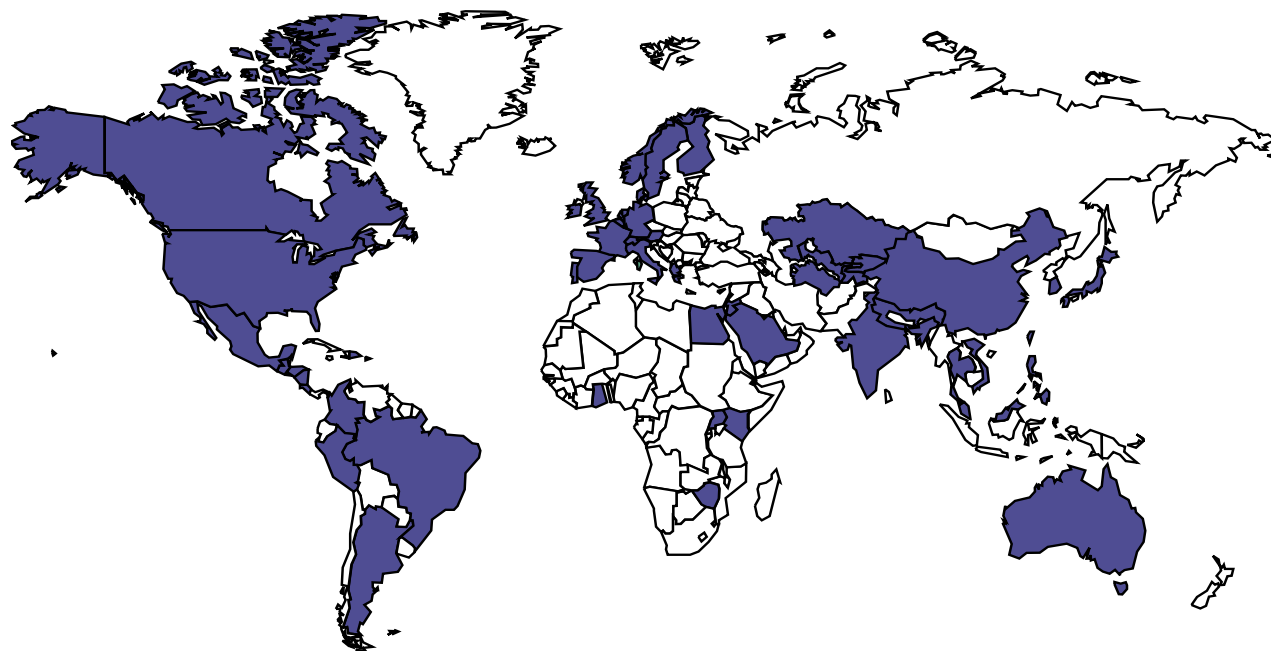
Dr. Herrera talks with Dr. Tippavan Nagachinta after her interview with the Co-Moderators of International Night

their presentations better than they would have been otherwise. About the only suggestion we can make is that they move ahead with the process of preparing and submitting their reports for publication in the peer-reviewed literature. These studies need to be shared with a wider audience than that at the EIS Conference. Public health officials around the world can benefit from these reports.

Question 4: As professors, what grade would you give to this session?

Dr. Foster and Dr. Herrera: Well, clearly after the answers we have provided you in this conversation, we must say that in evaluating the session on the basis of analytic methods, organization and presentation of the reports, effective visual aids, and professional and knowledgeable responses to queries in the question and answer period – the only possible grade to assign to the session is a solid A.

Field Epidemiology Training and Similar Programs - 2004



Program Location	Year Started	Website
Argentina	2001	www.direpi.vigia.org.ar
Australia	1991	
Brazil	2000	www.saude.gov.br/bvs/svs/index.htm
Canada	1975	www.hc-sc.gc.ca/pphb-dgspsp/fetp-pfei
Central America (Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua)	2000	
Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan)	2003	
China	2001	
Colombia	1992	
Egypt	1993	
European Union (EPIET)	1995	www.epiet.org
France	2003	
Germany	1996	
Ghana	1995	
India	2001	
Italy	1992	www.epicentro.iss.it
Japan	1999	http://idsc.nih.go.jp/fetpj/index_eng.html
Jordan	1999	
Kenya	2004	
South Korea	2001	
Malaysia	2003	
Mexico	1984	
Peru	1989	www.oge.sld.pe/Prec/todoprec.htm
Philippines	1987	http://www.doh.gov.ph/NEC/FETP.htm
Saudi Arabia	1989	
Spain	1994	
Taiwan	1984	
Thailand	1980	http://epid.moph.go.th/fetp/index.html
Uganda	1994	www.iph.ac.ug
United States of America	1951	www.cdc.gov/eis
Vietnam	1997	www.hsph.edu.vn
Zimbabwe	1993	

A Conversation with Dr. Neyla Gargouri, FETP and DDM Trainee, Jordan

Interviewer: Bassam Jarrar
Public Health Advisor, DIH

Question 1: As a laboratorian, why did you choose to join an applied epidemiology training program, and how does it fit with your work with the lab?

Dr. Neyla Gargouri: I am a physician, and I am board certified in clinical laboratories and a sub-specialty in medical parasitology. When I was first recruited in the Ministry of Health, I was in charge of the Parasitology Department at the Public Health Laboratories. Then I had the opportunity to take part in the CDC “Data for Decision-Making” (DDM) program, and I realized that I did not want to be restricted to the laboratory diagnosis of parasitic diseases. I also wished to be involved in preventing them. This became clearer to me when a 2 year-old nomad boy died from visceral leishmaniasis. I made the laboratory diagnosis, but I thought my role should not end there. I wanted to go

out to the field and find out what the determinants of the disease were, understand the cycle of transmission, and prevent as many deaths as possible.

The same thing occurred with cutaneous leishmaniasis. The disease is expected to spread out in areas undergoing major environmental changes, and I believe my duty is not merely to sit in the laboratory waiting for the patients to come to take samples and confirm the diagnosis. As a physician, my responsibility is to prevent deaths, diseases, and disabilities not only at the patient’s level but also at the level of the community. To fulfill these obligations, I felt I needed more training in epidemiology, and so I joined the Field Epidemiology Training Program (FETP) in Jordan.



Dr. Gargouri in her laboratory

work plays a major role, not only for diagnostic purposes, but also for outbreak investigations. I believe the real challenge in Jordan is the improvement of the laboratory diagnosis and the establishment of laboratory-based surveillance. I also believe it is mandatory that close communication should exist between the laboratory workers and physicians – particularly concerning the recommended number and types of specimens to be submitted for examination, the clinical relevance of any diagnostic procedure, and the quality assurance and limitations of each test method and results obtained.

As a physician with a background in clinical laboratories and field epidemiology, I see my mission within the Jordan Ministry of Health as ensuring the essential link and communication among laboratorians, clinicians, and epidemiologists.



Counting cases in a field investigation

Question 2: How do you see the laboratory, epidemiology, and surveillance working together?

Dr. Neyla Gargouri: Understanding the etiology, epidemiology, and patterns of transmission of infectious diseases is essential for their prevention and control. This is the age of molecular biology, molecular analysis, and molecular epidemiology. In this regard, the laboratory

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Dr. Neyla Gargouri (continued)

Question 3: You finished both the DDM * and the FETP programs. How do you feel that the two programs work together effectively?

Dr. Neyla Gargouri: I simultaneously attended the DDM and FETP programs. They were useful in teaching participants how to design and conduct a research study and improve one's

scientific writing and communication skills. I think the two programs are complementary. During the FETP, I learned how to collect information in the field, manage, analyze, and present data. The DDM program taught me how to identify and analyze health problems based on scientific data, and how to set priorities, develop intervention plans, calculate their cost, and evaluate them.

* Note: CDC's Data for Decision-Making Program, begun in 1991, focuses on specific problems and tailored solutions that affect the leadership, management, strategy, problem-solving, and communications aspects of public health practice. A fuller description of this program can be found in the following reference: Marguerite Pappaioanou et al. Strengthening capacity in developing countries for evidence-based public health: the data for decision-making project. *Social Science and Medicine* 2003;57:1925-37.

A Visit with Dr. Gideon Amanyire – Uganda Public Health School Without Walls

Interviewer: Maina Wamuyu, Education Coordinator, Institute of Public Health, Makerere University, Kampala, Uganda

Background

Uganda initiated its PHSWOW in 1994 as a new program in the National Institute of Public Health of Makerere University. The Institute cooperates closely with the Uganda Ministry of Health to assure that the students are developing the competencies needed by the MOH. Successful students receive a Masters Degree in Public Health - the first class of 5 was graduated in 1996. Since then the class size has steadily increased, over 30 students were admitted into the most recent class. There are over 130 graduates of the program and over 90% of them are working as public health professionals in Uganda with many holding managerial positions in the Ministry of Health at both the central and district levels.

Question 1: Please describe the geographic area in Uganda in which you work. What special challenges exist as a result of social and political conditions there?

Figure 1. Map showing Kabarole District in Western Uganda



Dr. Amanyire: I work in the office of the District Director of Health Services of Kabarole District. I have been there in the capacity of a Fellow of the Institute of Public Health/ CDC-HID/AIDS Program since 2002.

The total population of the district is just under 400,000 people. Subsistence farming is the primary means of earning a living. Infant mortality is 68 deaths per 1,000 live births; expected number of children born to each mother is 7,

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Dr. Gideon Amanyire (continued)

with a maternal mortality of 424 deaths per 100,000 women of child-bearing age.

The major social challenges are poverty, ignorance and disease, which tend to reinforce one another. The Uganda Demographic and Health Survey (2001) estimates that more than 50% of the population lives below the poverty line. The same survey shows that only 53% of the population read and write in their vernacular. This has public health implications in terms of use of public health services. Although nearly 90% of all pregnant women attend antenatal care sessions at government health facilities, only 28% have the assistance of a trained health worker when their babies are born. Traditional medicine is still widely practiced, and some of the cultural beliefs and practices do not improve the public health outlook.

Malaria is the most common cause of mortality among children below 5 years of age, whereas AIDS is the most common cause of mortality among adults. The prevalence of HIV in Kabarole in 1991 has declined from 21% in 1991 to 12% (HIV Surveillance District Report, April 2003). As of December 31st, 2001, the district had reported a total of 3,436 cases of clinical AIDS (3,235 adults and 201 children), however, this may reflect substantial under-reporting. The district has also recorded an upsurge in the number of new cases of tuberculosis.

Question 2: Please tell us about the work you do with teenagers related to control and prevention of HIV/AIDS.



Dr. Gideon Amanyire

Dr. Amanyire: As part the core district health team (DHT), I am involved in Behaviour Change Communication (BCC) programmes, because information, education, and communication (IEC) material continues to represent the basis of the strategy used to control and prevent HIV/AIDS among teenagers. As a part of these programs, we carry out several activities to ensure that the young people are exposed to "a lot of noise" about HIV/AIDS. A selection of these activities include: drama workshops for both in- and out-of-school teenagers, essay writing competitions among secondary schools on selected themes related to HIV/AIDS, training head teachers and their staff on counseling and life skills for adolescents, providing video shows for groups of adolescents on themes about HIV/AIDS and STIs, presenting radio talk shows on local stations about HIV/AIDS, and helping to conduct behavior-change-monitoring surveys that are carried out every year to assess the outcome of all the intervention efforts listed above.

Question 3: How has your experience as a trainee in the PHSWOW program helped in your professional work? What skills or tools have you acquired that make your job easier? What would you like to see added to the program in the future?

Dr. Amanyire: The training in PHSWOW has helped to further my profession in terms of competence, confidence, creativity, courage, character, and above all ethics and integrity. The main skills that I have acquired to make my job easier are those I gained in the training program in Management, Communications, and Research.

What I would like to see added to the program in the future is a comprehensive training module on management of HIV/AIDS, which must be addressed urgently and swiftly as the global emergency it represents. Fortunately for the Makerere University Institute of Public Health, there is a great opportunity for students in post-graduate programs to rotate through the Academic Alliance for AIDS Care and Prevention, which offers this module and is located nearby. I recommend that we avail ourselves of this wonderful opportunity right away.

Interview with Dr. Haitham Saudi, Data for Decision-Making Project, Jordan

**Interviewer: Bassam Jarrar
Public Health Advisor, DIH**

Question 1: How did you become involved with the Data for Decision-Making Project in Jordan?

Dr. Saudi: I am not sure how to answer that question. Perhaps you remember my suggesting to you that I was allowed into the program by mistake. I did not see how I fit with all of the other learned and high-achievement participants. Apparently, someone suggested my name, and the rest, as they say, is history. For whatever reasons, I was admitted into the program, participated in it and thoroughly enjoyed and benefited from it, and now I am back out in the real world practicing medicine again. The before and after from my point of view are GOOD, but the in-between (while I was in DDM) was GREAT.

Since I completed the DDM program, I have been named Chief of Training, Maternal & Childhood Health Services of the Jordan Ministry of Health. My intention is to apply the strategies and training from DDM in my new job, because we have many health problems to deal with. In addition to all of the tools and techniques DDM provided me, I became part of a group of colleagues (including trainees and the trainers as well). Any time I meet or hear about somebody who was related to DDM, I have a feeling of great pleasure, as one does when recognizing a valuable and dear person who has been a mentor.

All of you who conducted this program were kind and patient in a wonderful way. Your patience and clear commitment to see us through the difficulties of technical

and challenging material have created in me a new person – one who is full of confidence about scientific methods and approaches to solving public health problems and one who no longer fears to fail or make a mistake. At the beginning of the training, I understood the words the trainers used – but had no grasp of the ideas behind them. The trainers, as well as the mentors from the program (Dr. Henry and Dr. Fawaz*) were always available, whenever I needed them, and I required many conversations, discussions, and tutorial sessions to be able to begin to progress in my path of learning.

Then Elliott (Elliott Churchill, DIH/CDC) came, and she woke up something inside me, motivating me to be creative with language and communications-based strategies. Before I had her course, I had been asked several times to prepare abstracts and submit them for consideration for this conference or that one – but I never did. Why? Because I did not know how to write an abstract — what the component parts were, who would read and evaluate it, what uses it could be put to in computer-based searches of the literature, and the like.

Since I had the “Excellence in Reporting Science” course last fall, I have created and submitted an abstract, had it accepted, and given my first oral report at a conference. My abstract was accepted and



Dr. Haitham Saudi examines a patient

the report was presented at the 4th scientific day for the Princess Rahma Educational Hospital with cooperation with Jordanian Pediatric Society & University of Science & Technology. It was the last presentation, and on the basis of feedback from the audience, I can say that it was the most favorably received. People made comments such as “The best comes at the end” and “We almost cried because of the images you created.” There was a great deal of spirited discussion and many questions.

What an experience! One I thought never to have. And now I have a communications product that may be published in a journal and benefit other public health workers in my subject area. It makes me very proud – it is a wonderful feeling.

* Co-Directors of the program: Dr. Fawaz Shebab of the Jordan Ministry of Health and Dr. Henry Walke, CDC Resident Advisor.

A Conversation with Dr. Turat Kozukeev – Central Asia FETP

Interviewer: Maureen Sinclair
Public Health Advisor, DIH

Question 1: How did you learn about the Field Epidemiology Training Program (FETP) in Almaty? Why did you want to enter the program?

Dr. Kozukeev: I had worked on a sentinel surveillance program for hepatitis. Dr. Michael Favorov, Director, CDC Office in Central Asia, visited the laboratory and told about the need for more analytic epidemiology in Central Asia. I was interested in this idea, and when I heard from Michael that the program was starting I applied and passed through the testing process to be selected. I had looked up information about biostatistics on the internet and realized that knowledge of this area would be valuable to my work.

Question 2: I am told that you participated in investigating a large outbreak of brucellosis in Kyrgyzstan in 2003. Please describe the situation for us and tell us how your FETP training helped you conduct your duties in the investigation.

Dr. Kozukeev: I was interested in brucellosis because I once worked as an assistant for an epidemiologist, and we saw many cases of brucellosis in my country. It continues to be a substantial problem in my home region, so it continues to interest and concern me. The investigation you mention involved a large number of cases of brucellosis in one region of Kyrgyzstan. I learned how to conduct outbreak investigations and how to apply various study designs in the FETP course. I also learned how to collect and analyze data and how to work with data bases.



Dr. Turat Kozukeev with his Kyrgyz Ministry of Health supervisor, Dr. Nurbolot Usenbayev

The main result of this investigation was the understanding of just how little is known about the routes of transmission of brucellosis in this area. When I reported the results to the Ministry of Health, the Swiss Red Cross heard about the investigation and used my findings to create an information-sharing campaign in the community.

Question 3: What do you hope to be doing professionally in 5 years? How will your FETP experience prepare you for this position and these duties?

Dr. Kozukeev: I hope to become a world-class epidemiologist – up to international standards. I want to do research to help the Kyrgyz Ministry of Health. They have a

data base that contains a large body of information about diseases in the country, but the data need to be analyzed and interpreted and appropriately disseminated. I will use the knowledge I gained in the FETP program to do these tasks, and I will subsequently make recommendations to the ministry for strategies to improve health in Kyrgyzstan. I hope that some day we will have a public unified computerized information system for all infectious diseases in Kyrgyzstan.

Question 4: What advice would you give to a young physician applying for admission to the Central Asian FETP?

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Dr. Turat Kozukeev (continued)

Dr. Kozukeev: The most important thing is that you must think about how you will use the knowledge that you gain in the program in your job in your ministry of health. How can the knowledge be used to improve your work and the work of your agency?

How will it improve the public's health? There are many examples of people gaining knowledge from some of the best universities in the world but not using the knowledge they obtain. We must use the knowledge we gain in our training programs. You

have to work hard on everything that you are given during the program and then teach others what you have learned – share the knowledge with your colleagues.

Launching the Field Epidemiology and Laboratory Training Program (FELTP) in Kenya

Peter Nsubuga
Medical Epidemiologist, DIH

In 2003, the Division of International Health received funding from the Ellison Medical Foundation through the CDC Foundation to implement a regional field epidemiology training program in Kenya. It is the first field epidemiology program with CDC to train field epidemiologists and laboratorians in the same program, hence the name Field Epidemiology and Laboratory Training Program (FELTP). While epidemiologists will learn about biosafety and laboratory field practices, the laboratorians will learn the fundamentals of field epidemiology competencies, in a two-year, degree-granting program.

The FELTP represents a collaboration of many organizations. Within CDC, the Division of International Health is working with the National Center for Infectious Diseases. In Kenya, the National Ministry of Health, the Kenya Medical Research Institute, the Jomo Kenyatta University of Agriculture and Technology, and the CDC/Kenya office, have all been important and active partners. The FELTP is also part of the new International Emerging Infections Program (IEIP) supported by CDC's National



First class of Kenya FELTP trainees, with resident advisor Christopher Tetteh, program manager Sopiato Likimani and DIH staff Douglas Klaucke and Karen Giesecker

Center for Infectious Diseases and located in Kenya. The IEIP will be responsible for the laboratory aspects of the training and will provide the laboratory resident advisor. The goal of the FELTP is to strengthen the epidemiologic and laboratory services of the Kenya Ministry of Health and the East African Region.

Dr. Christopher Tetteh, the FELTP Resident Epidemiology Advisor, moved to Kenya in December 2003 to start program preparation. The first class began on April 26, 2004 and included seven residents, three laboratory management residents and four applied epidemiology residents.

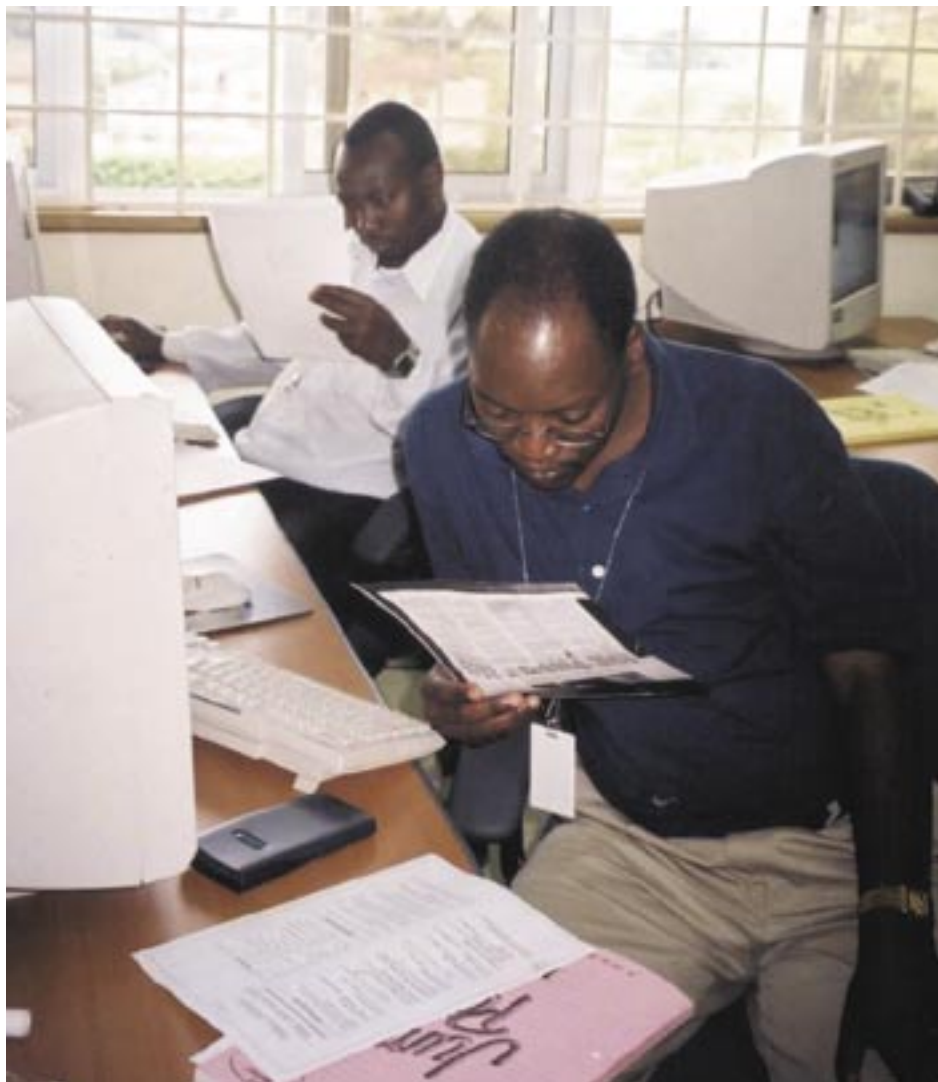
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Kenya FELTP (continued)

The laboratory management residents have degrees and experience in medical lab or biochemistry. In particular, they have worked in laboratory activities related to outbreak investigation, thus bringing an orientation to field epidemiology. The epidemiology residents are physicians with experience as district medical officers or as disease control program coordinators. Together the group represents many of the major technical skills demanded by outbreak investigations.

The program is off to an active start and began providing service to the Kenya Ministry of Health even before their introductory course period was complete. In mid-May 2004, the FELTP was invited to assist the investigation and control of an outbreak of jaundice in Eastern Kenya and a suspected outbreak of measles in Northeastern Kenya. In June, the residents were tapped to participate in an investigation of presumed aflatoxin poisoning that had killed over 71 persons over the previous two months in two districts of eastern Kenya.

At least as important as the skills the participants will learn, they will work together on teams to improve public health, solving acute public health problems, and improving the public health surveillance and disease control systems. We anticipate that the Kenya FELTP will become a model for joint field epidemiology and laboratory training programs in other countries.



Trainees in Kenya FELTP analyze health-related data

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