Updates from the Field…

Strengthening Public Health Systems and Workforce Capacity Globally

Winter 2012, Issue 9

Director's Message

Dear Colleagues:

— Peter B. Bloland

As we come to the close of 2012 and reflect on the state of public health throughout the world, I am proud that despite the challenges, we have achieved significant accomplishments. Working in partnership with ministries of health and other partners we have strengthened public health systems, built capacity, improved global health security, and saved lives through improved evidence-based decision making.

"During this year, we've achieved a number of notable milestones and accomplishments…"

Since 2009, through quarterly issues of "Updates from the Field" our staff in the field and in Atlanta have worked hard to keep our readers informed about global health issues by highlighting outbreak investigations such as polio, cholera, measles, Ebola, and dengue hemorrhagic fever. We've also spotlighted the careers of graduates of Field Epidemiology Training Programs (FETPs) around the world. Many of them are now in leadership roles within ministries of health or global health organizations such as the World Health Organization (WHO). We have also announced the launch of new programs such as the field-based Masters in Health Administration and Public Health in Morocco and new training in non-communicable diseases in 5 countries. We have provided updates on some of the Division's key programs such as the Integrated Disease Surveillance and Response, the Global Public Health Informatics Program, and a new effort to build or strengthen National Public Health Institutes. Recognizing that global health requires a collaborative effort, we have also featured stories on the work of many of our partner programs at CDC including the Global Disease Detection Operations Center. We have illustrated many of our collaborations with major global health programs and efforts, including the President's Malaria Initiative, Haiti's reconstruction effort in the aftermath of the major earthquake and subsequent cholera outbreak, and more recently, the global polio eradication campaign. Finally, we have included reports from external partners that we feel are of general interest to our subscribers, such as the article in this issue contributed by the Center for Strategic and International Studies (CSIS) on planning for a transition of PEPFAR activities to a technical assistance model in Botswana.

During this year, we've achieved a number of notable milestones and accomplishments, some of which have been described in previous editions of the newsletter and some which will no doubt be highlighted in future editions. Such accomplishments include our partner, TEPHINET's completion of pilot testing of the proposed FETP accreditation process; completion of the Division's multi–site evaluation of 9 CDC-supported FETPs; the launch of the first EIS International Night photo contest; and the Sustainable Management Development Program's contribution to the polio eradication campaign through efforts to improve program management capacity. There is growing interest in other countries and regions in the Integrated Disease Surveillance and Response (IDSR), the strategy for implementing IHR (2005) in sub-Saharan Africa. Notable milestones that we've reached in 2012 include the initiation of the first cohorts of a number of new programs— India EIS, and Yemen FETP, and the celebration of the first graduates from a number of other programs — FETPs in Iraq, Vietnam, and Morocco, and FELTPs in Mozambique and Central Africa. Congratulations to all!

Continued on page 15

Inside this issue:

Director's Message
- *Milestones in 2012* **1**

Highlights of investigations
- *Tanzania FELTP Residents Play a Key Role in Uganda's Ebola Outbreak Response* **2**
- *Angola FELTP Residents Investigate Anthrax Outbreak* **3**

Partnership Matters
- *Deputy Director General of Rwanda Biomedical Center has CDC on her Agenda* **4**
- *CSIS Global Health Policy Center Examines PEPFAR Transition in Southern Africa* **5**
- *Seventh TEPHINET Global Scientific Conference - Amman, Jordan* **6**

Graduate Corner
- *Recent Rwanda FELTP Graduate commits to Social Entrepreneurship and Building Capacity in Rwanda* **8**
- *APARET Fellows Participate in the 2012 European Scientific Conference for Applied Infectious Diseases Epidemiology* **9**

Training/Resources
- *Process Improvement Strategy Improves PMTCT Outcomes in Ethiopia* **10**
- *CDC joins forces to Build Capacity through the MEPI* **11**
- *Eastern Mediterranean Rapid Response Team Ready to Serve* **13**

What's New in DPHSWD?
- *New appointees, staff changes, articles, and more* **14**

Upcoming Conferences/Events
- *Upcoming Conferences/ Events* **15**

Happy Holidays

CS237185-A

Highlights of Investigations

Tanzania FELTP Residents Play a Key Role in Uganda's Ebola Outbreak Response

Submitted by Dr. Steven Wiersma, Tanzania- FELTP Resident Advisor

On July 12, 2012, the Uganda Ministry of Health (MoH) in Kibaale district received reports of a 'strange and highly fatal illness.' In response, the MOH established the National Task Force for Ebola Outbreak (NTFEO). The East, Central, and Southern Africa Health Community (ECSAHC) requested support from the Tanzania Field Epidemiology and Laboratory Training Program (T-FELTP). T-FELTP provided two staff to support the Uganda efforts. Mr. Ahmed Abade and Dr. Prosper Ngure joined the Uganda team which identified the cause of the outbreak as Sudan Ebola hemorrhagic fever (HF).

Prosper Njau, Cohort IV resident (centre) and Ahmed Abade Laboratory Resident Advisor (right) preparing to enter an isolation ward during an Ebola outbreak in Kibaale District, western Uganda. With them is a senior nursing officer working for Doctors Without Borders/ Médecins Sans Frontières (MSF).

Initial cases of Ebola HF occurred in farmers who were clearing a forest for cultivation that harbored primates, bats, and other wild animals. Several caves within the vicinity of the forest that harbor bats were also identified. After the first death, some of the caregivers and visitors of the deceased died of similar symptoms. Symptoms included high-grade fever, diarrhea, vomiting, body weakness, and bleeding from the nose and mouth. Clusters of transmission linked to

Coordination, logistics and supervision

National Task Force For Ebola Outbreak

Field work

- Health Facility Ebola Response teams (case management team)
- Surveillance and Laboratory (Allert response, active case finding and contact tracing, serosurveillance and ecological studies)
- Social Modbilization (Broadcasting, door to door health education)
- Psychosocial Support (Breavement, counseling, comunity reintegration and follow-up home visits)

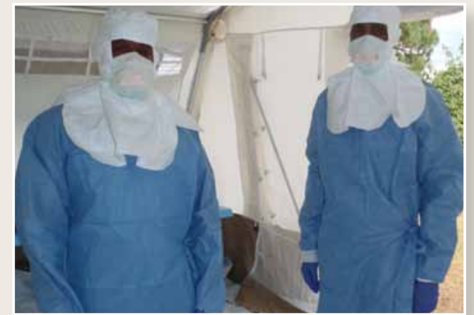
The organization of Ebola response team

At the district level, the response is coordinated by the district task force team, which resembles the national response team.

the initial cases were then reported in a nearby village and in health facilities where patients went for care.

Through door-to-door interviews to identify cases, individuals suspected to have the disease were isolated in Ebola camps, where they were provided with clinical care and psychosocial support. Blood samples were collected and transported to the Uganda Virus Research Institute in Entebbe for confirmation. Contacts of those affected by the disease were then notified and monitored for 21 days (the maximum incubation period for Ebola HF).

With the support of the media and community leaders, the T-FELTP social mobilization team developed posters, conducted door-to-door canvassing, and developed media announcements to educate and sensitize the community about the Ebola HF outbreak. Mobile number hotlines were also established and disseminated to all districts neighboring the outbreak zone. Using the hotlines, the national taskforce alerted health care facilities about outbreaks and promptly followed up on reports of suspected cases.



Ahmed Abade and Dr. Prosper Njau participate in case management to promote personal protection and biosafety procedure adherence during Ebola outbreak investigation in Uganda, 2012.

Tanzania FELTP residents Ahmed Abade and Dr. Prosper Njau joined the surveillance and laboratory team to participate in daily fieldwork and serve as the liaison between the team and Uganda's National Task Force for Ebola Outbreak. The surveillance and laboratory team managed contact tracing, alert response, sample collection, transportation, and communication of results. Meanwhile, district task force members coordinated outbreak response efforts by managing resource mobilization, security, and logistics.

As of August 22, 2012, a total of 74 suspect cases were identified; 10 were confirmed; 13 were probable cases and 50 were discharged as non-cases following negative laboratory tests for Ebola virus. Out of the 24 confirmed and probable cases, 17 died, giving the case fatality rate of 71%. Two patients were still under clinical care by the case management team; their latest laboratory results for Ebola virus polymerase chain reaction (PCR) were reactive, indicating that these patients were still infectious. Since August 4, 2012, no new cases have been reported.

"The Ebola outbreak investigation and response was a huge undertaking which required a collaborative effort and the input of many local, national, and international stakeholders," Dr. Steven Wiersma, Tanzania- FELTP Resident Advisor, said. "As a result of this collaboration, we were able to prevent the disease from spreading further and save lives as well as better prepare Uganda and Tanzania for similar outbreaks."

For further information, please contact Dr. Steven Wiersma at sow9@cdc.gov.

Updates from the Field...

Highlights of Investigations

Angola FELTP Residents Use One Health Approach to Investigate Anthrax Outbreak

Submitted by Augusto Lopez, MD, Medical Epidemiologist, CDC

Field activity at Bonga Community for active case finding. Investigation team links to the right Dr. Sadiq Omar (WHO), Dr. Aleixo Macaia (FELTP Resident), Dr. Gabriela (Provincial Veterinary Department); Dr. Claudia Sicato (FELTP resident) Dr. Gabriel (Quilengues District Medical Officer); Mr. Felix Veterinary Technician.

In January 2012, and for the first time since Angola's independence, human cases of anthrax were reported in Quilengues, a municipality in southern Angola with 123,005 inhabitants The economy of Quilengues largely depends on livestock (an estimated 85,000 cattle, 109,700 goats, 21,285 sheep, 23,500 pigs and 187,000 chickens). The outbreak occurred only three months after the start of the Angola Field Epidemiology and Laboratory Training Program (A-FELTP). A total of 14 human deaths and 576 cattle deaths were reported.

News of the outbreak spread quickly due to the vital role of livestock in the community's livelihood. Dr. C. Sicato, A-FELTP resident first heard about the rapid cattle death while listening to a radio interview among leaders of the Quilingues municipality. "As a new resident in the FELTP, my ears perked up when I heard leaders of the community on the radio expressing their concerns that a cattle disease appeared to have spread to humans," said Dr. C. Sicato.

A multidisciplinary team comprised of provincial health services, veterinary services, army health services, and three A-FELTP residents was quickly established. Dr. Moreira, A-FELTP Resident Advisor led the investigation. The team aimed to 1) identify and report cases of human anthrax in Quilengues; 2) identify and trace the risk factors that triggered the outbreak; 3) evaluate local health workers' abilities to recognize anthrax in the community; and 4) develop a community health education and risk communication campaign.

Upon searching for active cases of the disease in the community through door-to-door canvassing, the team identified 30 cases of anthrax in humans and 988 deaths in cattle. The team then conducted interviews with 13 people identified as having symptoms of anthrax through direct or indirect contact with animals. Sixty-nine percent reported having direct contact with livestock. The team determined that risk factors in contracting anthrax and triggering the outbreak may have included raising unvaccinated cattle, having a dying animal in the corral, and a lack of veterinary care.

Interviews were also conducted among 20 health workers of the province to assess their knowledge of anthrax. Only 30% of these health workers had heard about anthrax, and only 20% could recognize the symptoms and signs of the disease.

Dr. Paula Paixão FELTP resident preparing for a sample collection on a sick animal in Impulo community.

After the investigation, in accordance with the International Health Regulations (IHR, 2005), the multidisciplinary team collected the anthrax data which were reported to the World Health Organization by the ministry of health. A risk communication plan was developed by the multidisciplinary team and implemented through meetings with traditional leaders from all the municipalities as well as village meetings with the community to educate them about transmission of anthrax and its prevention. Residents also worked with the community to develop health education flyers with photos alerting the community about risk factors associated with eating meat from animals dying from anthrax and treatment options. FELTP residents trained health workers on how to identify cases and improve rates of vaccination in cattle. "The establishment of the multi-disciplinary team for this investigation emphasizes the importance of CDC's One Health approach to improve health outcomes through coordination among medical, veterinary, and environmental communities to ensure effective and rapid response and information sharing about zoonotic diseases and other threats to human health in accordance with International Health Regulations (IHR, 2005)," said Dr. Lopez. He added, "The establishment of the Angola FELTP was particularly timely, and we are glad that were able to respond quickly and make recommendations to prevent the spread of anthrax to other parts of Angola and across borders."

Women from Impulo community during Health Education

For further information, please contact Dr. Augusto Lopez at acl9@cdc.gov.

Updates from the Field...

Partnership Matters

Deputy Director General of Rwanda Biomedical Center has CDC on her Agenda

Submitted by Ruth Cooke Gibbs, MIS, MPH, Associate Director for Communications, DPHSWD, CDC

Dr. Anita Asiimwe, Deputy Director General of Rwanda Biomedical Center (3rd on left) accompanied by Felix Ndagije, CDC-Rwanda HIV Prevention Team Lead (1st on the left), and Dr. Pratima Raghunathan, CDC-Rwanda Country Director (center left), meet with Dr. Carmen Villar, CDC Chief of Staff (head of table), and Dr. Pattie Simone, Principal Deputy Director, CDC Center for Global Health at CDC Headquarters in Atlanta.

Dr. Anita Asiimwe extended a recent trip to the United States by accepting an invitation to visit the Centers for Disease Control and Prevention (CDC) in Atlanta. Dr. Asiimwe currently serves as the Deputy Director General of the Rwanda Biomedical Center and Head of the Institute of HIV Disease Prevention and Control (IHDPC) where she supports and guides the Ministry of Health in various policies.

Her visit to CDC provided an opportunity for her to gain a broader understanding of federal-state relations in the design and promotion of public health programs in the United States, tour some of CDC's facilities, and share some of Rwanda's successes.

Rwanda has made tremendous strides to improve health outcomes including reductions in maternal and child mortality, universal coverage of antiretroviral treatment, decreased rates of malaria-related deaths, and high immunization rates. Rwanda's gains in recent years have been attributed to the government's policies and according to Dr. Asiimwe, "good leadership, governance, and management." Dr. Carmen Villar, CDC Chief of Staff, and Dr. Pattie Simone, Principal Deputy Director, Center for Global Health, welcomed Dr. Asiimwe, Dr. Felix Ndagije, CDC-Rwanda HIV Prevention Team Lead, and Dr. Pratima Raghunathan, CDC-Rwanda Country Director. The 3-day visit included tours of CDC's Emergency Operations Center and HIV Laboratory; and high-level meetings across the agency to discuss disease specific programs and the process of surveillance and data reporting between the state and federal levels.

As part of CGH's Global Health Matters Seminar, Dr. Asiimwe gave an impressive presentation, "Rwanda's Public Health Achievements: How Policies and Programs Produce Progress." At the conclusion, Dr.

Dr. Pattie Simone, Principal Deputy Director, CDC Center for Global presenting CGH Partnership Award to Dr. Anita Asiimwe, Deputy Director General of Rwanda Biomedical Center, after her presentation at CDC Headquarters, August, 2012.

Pattie Simone presented Dr. Asiimwe with the CGH Director's Partnership Award, which Dr. Asiimwe accepted on behalf of the Rwanda Ministry of Health.

Dr. Asiimwe also met with DPHSWD staff and Emory University's International Association of National Public Health Institutes (IANPHI) to discuss the development of a National Public Health Institute. CDC and IANPHI are working closely with Rwanda to develop a project that will strengthen Rwanda's IHDPC.

During an interview with Ruth Cooke Gibbs, DPHSWD Communications Officer, Dr. Asiimwe discussed Rwanda's struggles and achievements after the period of genocide. Dr. Asiimwe spoke passionately about the importance of equality, good leadership, accountability, and partnerships with CDC and other agencies.

"The main resource that Rwanda has is the people... we are looking at how we can ensure… that people can …contribute to the growth and economic development of the nation... leadership… has contributed to the successes we have in health…"

When asked about the value of CDC's partnership in helping Rwanda, Dr. Asiimwe responded, "CDC can help Rwanda to achieve those goals by maintaining the good partnership we have, but even making it much stronger. CDC is … a partner who comes in and listens to you and is ready to support and achieve what you think is best for your own people."

According to Dr. Asiimwe , "My visit to CDC and other public health facilities within the U.S. was of great value. As we … continue to work … to improve health outcomes in Rwanda and strengthen the National Public Health Institute, the information gathered, and relationships established through this visit will prove to be invaluable and I look forward to even greater success."

"We call [Rwanda] a land of a thousand hills, but at the same time a land of a million smiles …. So we appreciate the great partnerships we have with all our partners to further improve the well being of Rwandans and thus maintaining the million smiles."

For further information, please contact Ruth Cooke Gibbs at icn6@cdc.gov.

Updates from the Field...

Partnership Matters

CSIS Global Health Policy Center Examines PEPFAR Transition in Southern Africa

Submitted by Alisha Kramer, Program Coordinator and Research Assistant, CSIS Global Health Policy Center

This is a critical time for the global HIV/AIDS response and U.S. leadership. Recent scientific advances suggest that implementation of a combination of high impact HIV prevention interventions will dramatically reduce new HIV infections. Simultaneously, highly effective antiretroviral therapy is allowing HIV-positive individuals worldwide to live healthy, productive lives. This confluence of effective treatment and prevention interventions serve as the underpinning to the U.S. Government's recent commitment to achieving an AIDS-free Generation. But, significant challenges remain. The current fiscal environment has placed pressure on PEPFAR programs to reduce funding levels while continuing to scale up critical treatment and prevention interventions. To explore this issue more closely, the Center for Strategic and International Studies (CSIS) Global Health Policy Center (GHPC) examined plans for a PEPFAR transition to increased country ownership in Botswana.

CSIS is a nonpartisan, nonprofit organization based in Washington, D.C. that conducts research and analysis to provide decision-makers in the U.S. Government with strategic insights and pragmatic suggestions on U.S. policy approaches. Since its establishment in 2008, the CSIS Global Health Policy Center has reported on a wide range of global health issues, including HIV/AIDS, malaria, non-communicable diseases, polio, and U.S. multilateral engagement; used its convening power and nonpartisanship to host public events and high-level discussions on key priority areas in global health; and provided recommendations to policymakers in the legislative and executive branches.

The GHPC collaborates with the Centers for Disease Control and Prevention (CDC), recognizing its value as a data-driven agency with a global perspective and a wealth of technical expertise. The GHPC relies on CDC talent both in the United States and when conducting field research around the world and recognizes CDC's unique contributions to the USG HIV/AIDS response. In Botswana, CDC has several HIV program priorities going forward, including testing and counseling, HIV/TB control, as well as prevention of mother-to-child transmission, male circumcision and HIV treatment–interventions proven to be pivotal in dramatically reducing new HIV infections.

The CSIS delegation to Botswana in August 2012 examined the country's strategy for achieving an AIDS-free Generation in the context of a projected transition of PEPFAR support in Botswana to a technical assistance role (report available at Competing Pressures for U.S. PEPFAR in Botswana: Rising Ambitions, Declining Resources. *https://csis.org/publication/competing-pressures-us-pepfar-botswana*).

The following challenges emerged as key priority areas for this transition: covering and containing costs; increased urgency and action around prevention; recruitment and retention of health professionals; community engagement through NGOs; and strengthened health planning and management. The challenge of recruiting and retaining qualified specialists is particularly acute in Botswana. Many health professionals are foreigners and turnover is frequent. As one U.S. official explained, "If there is any one thing that will hamper sustainability, it's the human resource issue."

There is also a need for properly qualified hospital administration professionals. Too often, clinical specialists, untrained in hospital management, are placed in administrative and managerial positions. Many doctors see this as a desirable promotion. However, this takes qualified specialists—already in short supply—out of clinical practice and places them in administrative positions for which they may lack training.

In order for the U.S. to successfully transition PEPFAR support to a technical assistance model in Botswana, it will be important to continue to focus on Botswana's human resource capacity. Workforce capacity building is a key goal of CDC's Sustainable Management Development Program (SMDP) which has worked with several partners to enhance HIV/AIDS programs and services by strengthening the leadership and management skills of mid-level public health managers in Botswana. SMDP has taught 15 trainers and more than 200 HIV/AIDS program managers from government agencies and community based organizations. In addition, SMDP has initiated a new collaboration with Botswana's Ministry of Local Government and the National Association of State and Territorial AIDS Directors to strengthen the management capacity of District AIDS Coordinators. Such capacity building is one important approach to improve in-country management and administration of public health institutions.

For further information, please contact Alisha Kramer at AKramer@csis.org.

Updates from the Field...

Partnership Matters

Seventh TEPHINET Global Scientific Conference in Amman, Jordan Attracts Health Leaders and Scientists from Across the Globe

Submitted by Genessa Giorgi, MPH, Public Health Advisor, DPHSWD

"During the past year, the Eastern Mediterranean region (EMR) has dominated the news, but unfortunately, some of the wonderful success stories were not highlighted. Having the 7th TEPHINET Global Scientific Conference in Jordan in the heart of Amman is a testament that amidst the challenges that we have faced in the region and around the world, we have made amazing progress in building capacity in disease surveillance and response and strengthening health systems globally" said Dr. Mohannad Al Nsour, Executive Director, Eastern Mediterranean Public Health Network (EMPHNET).

The Training Program in Epidemiology and Public Health Interventions (TEPHINET) conference was held November 10-15, 2012, and hosted by the Ministry of Health of the Hashemite Kingdom of Jordan, EMPHNET, and the Training Programs in Epidemiology and Public Health Network (TEPHINET). The conference also marked the 15th anniversary of TEPHINET's establishment in 1997.

More than 400 officials from 63 countries – including Field Epidemiology Training Program (FETP) residents and graduates, public health officials, senior leaders, and subject matter experts from the U.S. Centers for Disease Control and Prevention (CDC), academic institutions, and a number of other national and international organizations – attended the conference. In addition, for the first time ever, live video streaming was available to allow those who were unable to attend the conference in person, to join the conference online.

Continued on page 7

During TEPHINET's Seventh Global Scientific Conference in celebration of TEPHINET's 15th Anniversary, Dr. Dionisio Herrera, Director, TEPHINET, (pictured left) and Dr. Abdul Latif Wreikat, Minister of Health, Jordan (pictured right) presented a plaque to Dr. Peter Bloland in appreciation of CDC and the Division of Public Health Systems and Workforce Development's extraordinary efforts and support throughout the development of the network.

Dr. Peter Bloland. Director, CDC, DPHSWD giving an address during the opening session of TEPHINET's Seventh Global Scientific Conference sponsored by Jordan Ministry of Health and the Eastern Mediterranean Public Health Network (EMPHNET), November, 2012 in Amman, Jordan.

Dr. Mark Rosenberg, President and Chief Executive Officer of Task Force for Global Health (second from left) joins other senior leaders for the opening session at the Seventh TEPHINET Global Scientific Conference in Amman, Jordan, November, 2012. Night 2012.

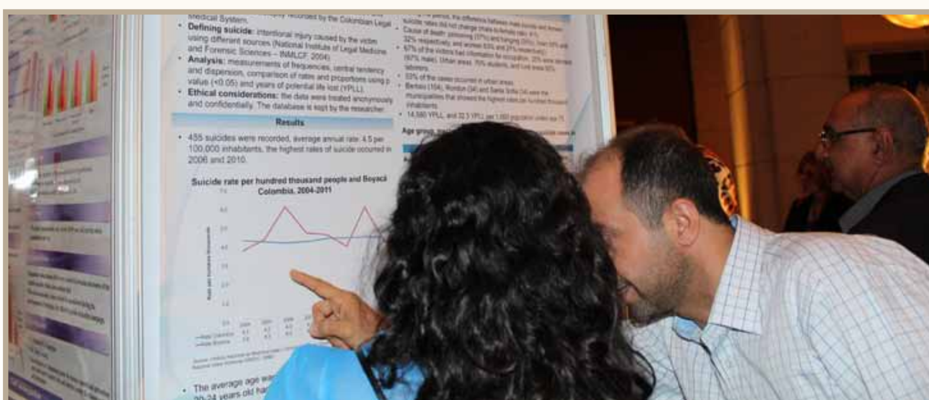
Participants viewing scientific posters during Seventh TEPHINET Global Scientific Conference, Amman, Jordan, November, 2012.

(L-R) Dr. Dionisio Herrera, Director, TEPHINET; Dr. Mohannad Al Nsour, Executive Director, EMPHNET; Dr. Akram Eltom, WHO Representative in Jordan and Head of Mission in Jordan; Dr. Abdul Latif Wreikat, Minister of Health, Jordan, Dr. Bassam Hajawi, General Director, Primary Healthcare Administration, Jordan Ministry of Health and Chairperson of the Seventh TEPHINET Global Scientific Conference Organizing Committee; Dr. Ziad Memish,(Deputy Minister for Public Health Affairs, Ministry of Health, Kingdom of Saudi Arabia and Chairperson of the Scientific Committee, and Dr. Peter Bloland, Director, CDC Division of Public Health Systems and Workforce Development.

TEPHINET Global Scientific Conference *continued from page 6*

(L-R) Dr. Pasakorn Sewi, Thailand FETP, Mike Engelgau, CDC NCD Advisor, China; Dr. Mohammad Tarawneh, Director, NCD Directorate, MoH-Jordan, Mr. Bassam Jarrar, Deputy Director, DPHSWD; Dr. Franklyn Prieto, NCD Program Coordinator, Colombia participating in a panel discussion on NCDs at the Seventh TEPHINET Global Conference, Amman, Jordan, November 2012.

Participants viewing scientific posters during Seventh TEPHINET Global Scientific Conference, Amman, Jordan, November, 2012.



Participants viewing scientific posters during Seventh TEPHINET Global Scientific Conference, Amman, Jordan, November, 2012.

Under the theme Communicable and Non Communicable Diseases: Public Health Challenges for Response, a wide range of regional and global public health challenges were presented during the conference which included pre-conference workshops on humanitarian emergencies, polio, ethics, One Health, and International Health Regulations (IHR, 2005) training modules for epidemiologists.. "The global interest in this conference was truly outstanding. The scientific committee received and reviewed 760 abstract submissions on a variety of topics including food and water borne diseases, noncommunicable diseases (NCDs), and vaccine preventable diseases. The top 251 abstracts were recommended for oral and poster presentations. The quality of the abstracts and presentations has greatly improved, so we are pleased that we are making an impact through these training programs. We are very grateful to our Jordan colleagues for their organization support for the conference," said Dr. Dionisio Herrara Guibert, TEPHINET Program Director.

During the conference, 120 ministry of health officials (mostly FETP residents and graduates) gave oral presentations about their public health work and 116 presented posters. Topics ranged from the role of FETP in responding to and containing cholera outbreaks to programmatic efforts to reduce the number of motorcycle injuries.

In addition to the oral and poster presentations, nine roundtable discussions were held to address issues of increasing priority and importance to FETPs and global health security. Roundtables included topics such as mass gatherings, reaching IHR (2005) compliance, health systems strengthening (HSS), civil vital registration statistics, biosafety and waste management, and non-communicable diseases. Dr. Peter Bloland, Director of CDC's Division of Public Health Systems and Workforce Development, led a roundtable on HSS that explored how countries are ensuring the availability of strategic epidemiologic information, strengthening public health institutions, establishing laboratory networks, building a skilled workforce, implementing public health programs, and supporting critical operational and applied research. "This workshop helped increase awareness about the role of public health in HSS globally and led to a lively exchange of ideas about how field epidemiology capacity and other components of public health serve as platforms for HSS," said Dr. Bloland.

The conference closed with a ceremony featuring Dr. William H. Foege, former CDC Director, Emeritus Presidential Distinguished Professor of International Health, Emory University, and Senior Fellow, Bill and Melinda Gates Foundation; Dr. Mark Rosenberg, President and Chief Executive Officer of Task Force for Global Health; Dr. Larry Brilliant, President of the Skoll Global Threats Fund and Senior Adviser; and Dr. Jim Yong Kim, President of the World Bank. During the ceremony these distinguished global leaders discussed what motivated them to enter public health, how the work of the epidemiologists shapes public health action and saves lives, and what they hope for the next generation of epidemiologists.

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

Updates from the Field...

Graduate Corner

Recent Rwanda FELTP Graduate Commits to Social Entrepreneurship and Building Capacity in Rwanda

Submitted by Ruth Cooke Gibbs, MIS, MPH, Associate Director for Communications, DPHSWD, CDC

Dr. Landry Mayigane conducting an outbreak investigation in Rwanda.

Dr. Landry Mayigane outside CDC headquarters in Atlanta, Georgia.

Dr. Landry Mayigane, Rwanda FELTP graduate discussing poster presentation on climate change vulnerabilities in Rwanda at the Global Development Symposium in Guelph, Canada, May 2012.

"I wish to encourage other people who are interested in making a difference to join FETP and support communities by responding to outbreaks and building strong health systems in Africa."

Landry Ndriko Mayigane DVM, MSc, is the Director of the Poultry Program at the Rwanda Agriculture Board (RAB) and a recent graduate of the Rwanda Field Epidemiology and Laboratory Training Program (R-FELTP).

Prior to joining R-FELTP, Dr. Mayigane worked as a consultant for the Food and Agriculture Organization (FAO) of the United Nations, Emergency Center for Transboundary Animal Diseases. There, he gained experience in establishing surveillance systems, conducting outbreak investigations, organizing simulation exercises for Avian Influenza, and developing pandemic contingency plans for Senegal, Togo, and Rwanda.

While his experience with FAO was very valuable, Dr. Mayigane felt the need to acquire more skills in field epidemiology and decided to enroll in the Rwanda FELTP. " I felt that the skills gained through hands-on field experience as well as the coursework would be of value and help me to support the Ministry of Agriculture and Animal Resources in Rwanda more effectively, particularly in controlling outbreaks in the livestock population," said Dr. Mayigane. "FETP has revolutionized the way I think and the way I analyze situations."

When asked what makes FETP so unique he responded, "There is a great match between theory and practice, and the program gives residents an opportunity to directly apply what they learn in class to the challenges in the field."

During his training in Rwanda, Dr. Mayigane participated in a number of outbreak investigations involving humans (e.g., malaria, measles, cholera, H1N1), as well as outbreak investigations involving animals (e.g., Newcastle disease, coccidiosis, brucellosis, African swine fever). He also conducted an evaluation of the clinical decision tree used for respiratory diseases in Rwanda's treasured mountain gorillas, and conducted several training sessions on disease control to build capacity among health professionals and poultry farmers in Rwanda.

Dr. Landry Mayigane and graduates of the first Rwanda FELTP cohort. The resident advisor, Dr. Simon Antara (first line, third person from right in a green shirt) and Hon. Minister of Health in Rwanda, Dr. Agnes Binagwaho (first line, in the middle in a red traditional attire) (Credit- RFETP/NURSPH).

His most memorable field training experience was coordinating a poultry vaccination campaign from January to May 2012 to prevent the spread of Newcastle disease. This was the first large-scale vaccination campaign of poultry conducted in Rwanda, particularly a campaign targeting village chickens. "We vaccinated around 950,000 backyard chickens in marketplaces and households across the country," said Dr. Mayigane.

Dr. Mayigane is very committed to his work as a 'disease detective,' as well as his work with poultry farmers in Rwanda, where he provides leadership and guidance on social entrepreneurship. Social entrepreneurship 'helps generate income for households, improves the livelihood and food security of communities in Rwanda' said Mayigane. His passion for this aspect of his career was

Continued on page 14

Updates from the Field...

Graduate Corner

APARET Fellows Participate in the 2012 European Scientific Conference for Applied Infectious Diseases Epidemiology in Scotland

Submitted by Nykiconia Preacely, DrPH, MPH, CDC

APARET Panel Discussion: (left to right Elia John Mmbaga, Muhimbili University, Tanzania; Frode Forland, Royal Tropical Institute, Holland; Ellis Owusu-Dabo, Kumasi Centre for Collaborative Research, Ghana; Arnold Bosman, European Centre for Disease Prevention and Control, Sweden; Sheba Gitta, African Field Epidemiology Network, Uganda; Axel Hoffman, Swiss Tropical and Public Health Institute, Switzerland. Moderated by Norbert Schwarz, coordinator of the APARET programme from the Bernhard Nocht Institute for Tropical Medicine in Hamburg, Germany. (Photo Christian Winter)

In October 2012, during the 2012 European Scientific Conference for Applied Infectious Diseases Epidemiology (ESCAIDE) in Edinburgh, Scotland, 8 fellows from the first cohort of the African Programme for Advanced Research Epidemiology Training (APARET) presented their research as part of the final APARET seminar. Delivering presentations on scientific research is an essential component of the program. Research topics were diverse ranging from Low Cost Computers for the Diagnosis of Malaria, to Cervical Cancer Screening Uptake, and Diabetes and Hypertension.

APARET Cohort 1: (from left to right) Michael Owusu, Kumasi, Ghana; Joseph Opare, Accra, Ghana; Aisha Abubakar, Zaria, Nigeria; Notion Gombe, Harare, Zimbabwe; Azma Simba Ayoub, Dar-es-Salaam, Tanzania; Isidore Bounkoungou, Ouagadougou, Burkina Faso; John Bua, Kampala, Uganda; Bernard Sawadogo, Ouagadougou, Burkina Faso. (Photo Christian Winter)

APARET is a 4-year advanced epidemiology training program established in 2011 through funding from the European Commission (EC) to support independent research activities of African epidemiologists who have completed a Field Epidemiology Training Program (FETP) or equivalent training. The program aims to promote south-south collaborations among African partner organizations and south-north collaborations with European and U.S. partners.

The APARET team, back row: Axel Hoffmann, Christian Winter, Ralf Krumkamp, Sven Poppert, Andreas Jansen, Mammadou Sawadogo, Sheba Gitta, Ellis Owusu-Dabo, Jan Hattendorf, Elia John Mmbaga. Front row: Norbert Schwarz, Stella Ekallam, Michael Owusu, Joseph Opare, Aisha Abubakar, Notion Gombe, Azma Simba Ayoub, Isidore Bounkoungou, Nykiconia Preacely, Bernard Sawadogo, Elizeus Rutebemberwa. (Photo Christian Winter)

Fellows are mentored by staff from partners in the United States, Europe, and Africa. The U.S. Centers for Disease Control and Prevention (CDC) through the Division of Public Health Systems and Workforce Development (DPHSWD) is the designated partner organization for APARET. Dr. Nykiconia Preacely serves as the CDC mentor for APARET fellows and provided guidance to Dr. Aisha Abubakar, a graduate of the Nigeria FELTP. "Working with APARET has been a very rewarding experience and is an extension of the work our division has been doing in Africa as well as in other regions of the developing world to build capacity, strengthen public health systems and develop a cadre of well-trained epidemiologists capable of detecting diseases and preventing them from spreading across borders. Improving global security is a collaborative effort and I'm glad that I can play a role in building capacity in Africa," said Dr. Preacely.

Three APARET cohorts have been funded by the EC. Cohort 1 included 8 fellows from Ghana, Tanzania, Uganda, Zimbabwe, Burkina Faso, and Nigeria. Cohort 2 has been recruited and CDC has been assigned two fellows from Nigeria and Tanzania. Cohort 2 fellows will meet their mentors during a 2-week initiation workshop in January 2013 in Kampala, Uganda.

During their fellowship, participants implement an epidemiological research project at a host institution in their respective country financed through an initiation grant provided by APARET.

In addition, fellows are expected to plan a larger research project, and develop a proposal for submission to a research foundation. This undertaking is managed with guidance from mentors and the fellow's supervisor within the institute from his/her host country.

When asked about her experience as an APARET fellow, Nigeria FELTP graduate,

Continued on page 10

Training/Resources

Process Improvement Strategy Improves PMTCT Outcomes in Ethiopia

Submitted by Brian D. Robie, PhD, Deputy Branch Chief, CDC

According to government estimates, approximately 2.1% of the adult population in Ethiopia is living with HIV/AIDS. Despite major efforts at Prevention of Mother-to-Child Transmission (PMTCT) in the country, a 2010 WHO report noted that only 6,990 HIV+ pregnant mothers received Antiretroviral (ARV) treatment prophylaxis, or 18.7% of the annual planned target.

To address problems like these, the Oromia Regional Health Bureau (ORHB) is partnering with CDC Ethiopia and CDC's Sustainable Management Development Program (SMDP) to implement Process Improvement (PI) to improve PMTCT outcomes in the region, which has 30 million people. PI is a systematic, data-based method for improving the quality of work processes. To date, 97 health workers from 25 facilities and zonal health offices in the region have completed a 7-step PI workshop and engaged in follow-up PI improvement projects at their worksites.

At a recent PI workshop, Ato Hedato Hassena, Chief Executive Officer of Shashamene Referral Hospital, explained how a team at his hospital has employed PI tools to increase the rate of HIV+ antenatal care clients delivering in an institutional setting to avoid transmission to infants from 59% in 2008 to 100% in 2011. Key intervention activities included providing free hospital delivery service for needy mothers; assisting with transportation; providing counseling and health education on the importance of birth preparedness and hospital delivery to HIV+ mothers; and involving the Mothers' Support Group and Health Education Workers to identify and track HIV+ mothers lost to follow up. Results from other hospitals' PI projects include an increase in the rate of HIV testing and counseling of pregnant women's partners from 13% to 51% (Fitche Hospital); and enrollment of exposed infants in ARV treatment from 13% to 97% (Bishoftu Hospital).

Process Improvement workshop participants from Negele-Borena Hospital analyze the cause of a process problem using the Fishbone Diagram during the October 2012 workshop for PMTCT Teams in Adama, Ethiopia.

Teams from the current PI cohort plan to address problems related to pregnant mothers' delivery in a healthcare setting, HIV testing of partners of HIV positive mothers, and linking HIV positive mothers to ARV treatment.

Dr. Elizabeth Howze, SMDP Team Lead, stated, "We are very pleased to see the Oromia Region PMTCT teams achieve such dramatic results in support of government and PEPFAR objectives by employing evidence-based intervention approaches like Process Improvement tailored to local needs."

Stakeholders are currently engaging in promising discussions to scale up the program nationally.

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

Graduate Corner: APARET *continued from page 9*

Dr. Aisha Abubakar said, "I learned a lot through APARET. Being able to focus on a research project that directly impacts Nigeria and receiving mentorship from experienced epidemiologists from CDC and other public health institutions has helped to improve my skills not only in epidemiology but also in how to prepare quality proposals. This is essential to enable competitive quality proposals for grants. I hope the program will continue to be funded and expanded to other parts of Africa."

The final APARET seminar and pre-conference workshop in Scotland concluded with a roundtable discussion open to the public and moderated by Norbert Schwarz, coordinator of the APARET programme from the Bernhard Nocht Institute for Tropical Medicine in Hamburg, Germany.

Six epidemiologists from Europe (3) and Africa (3) served as panelists and shared their views on the topic, *African European Cooperation in Epidemiological Research: Where are we and where do we go?* It was concluded from this discussion that a united partnership engaging European and African researchers with equal participation from both continents is critical for success.

For further information, please contact Dr. Nykiconia Preacely at hgp2@cdc.gov.

Updates from the Field...

Training/Resources

CDC joins forces to Build Public Health Capacity through the Medical Education Partnership Initiative (MEPI)

Submitted by Dr. Petra Wiersma, CDC MEPI Coordinator

"It's a shocking pair of WHO statistics: that Africa shoulders a quarter of the world's disease burden yet claims only 3 percent of the global health care workforce," stated Dr. Roger I. Glass, Director of the Fogarty International Center.

Meanwhile, Africa struggles to retain its healthcare workers and one-third of the medical school faculty posts are vacant (Francis S. Collins et al, Science 2012). In 2010, in order to address the critical need for medical education and research in sub-Saharan Africa, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), with financial support from the U.S. National Institutes of Health and administrative support from the Health Resources and Services Administration (HRSA), launched the Medical Education Partnership Initiative (MEPI). The objectives of this initiative were to increase the quantity, quality and retention of graduates with specific skills to address the health needs of their national populations.

In support of this initiative and in consultation with the MEPI- supported medical schools and the respective ministries of health, the U.S. Centers for Disease Control and Prevention (CDC) developed pre-service and in-service training programs in applied epidemiology and public health leadership for sub-Saharan Africa. Managed by the Field Epidemiology Training Program (FETP) in CDC's Division of Public Health Systems and Workforce Development (DPHSWD) in partnership with CDC's Division of Global HIV/AIDS (DGHA), and CDC's Division of Healthcare Quality Promotion (DHQP), the program currently conducts courses in applied epidemiology and public health management in Kenya and Zimbabwe.

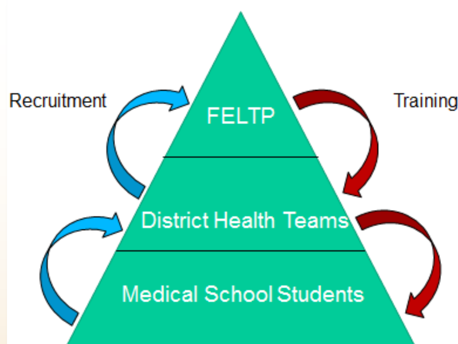


Figure 1: Conceptual Framework

District medical officers working on an assignment during the district medical officer training in public health management and applied epidemiology in Kadoma, Zimbabwe.

Dr. Jared Omolo, Dr. Zeinab Gura, and Dr. Petra Wiersma discussing training materials at the district medical officer training in Mombasa, Kenya, 2012.

Building Sustainable Public Health Capacity

The FETP-MEPI collaboration embraces a tiered approach to public health training that recognizes the varying levels of complexity and responsibility within public health systems and targets trainings appropriately (Figure 1). Medical students enrolled in the first tier are sensitized to public health during a 6-8 week course followed by a field placement. During the field placement they receive hands-on experience gathering data for decision making, managing outbreaks, and conducting surveillance and response under the guidance of a mentor. The second tier includes recent medical school graduates deployed as district medical officers (DMOs) who receive classroom training (20%) and conduct on-the-job mentored field work (80%) over a period of 6 months. The third tier represents the two-year traditional FETP training. FETP residents typically are MOH employees with medical or scientific training. As trainees are recruited and complete their training, they have the foundation that allows them to proceed systematically

Continued on page 12

Updates from the Field...

Training/Resources: MEPI

continued from page 11

to the next tier. Additionally, they serve as mentors for the lower tiers. Each tier is designed to increase competencies in public health and motivate graduates to pursue full-time public health careers commensurate with their background and experience.

Strengthening Public Health Education in the Medical Schools

In Kenya, the pre-service training is currently being offered as a 4th year elective for medical students in applied epidemiology. In 2011 and 2012, the medical students raved about the elective. According to one of the participants, "The elective is very practical. Following a didactic orientation I was able to go out in the field, collect and analyze real data, participate in a community intervention, and even evaluate the outcome." Dr. Gura, MD, who coordinates the CDC MEPI activities in Kenya, talks about the popularity of the elective: "This year the Kenya FETP received 80 applications. We could not accept all the students because of the limited number of qualified mentors in the field. As more FETP residents graduate and DMOs are trained to become mentors, more placement sites will become available."

Kenya MEPI students in a training lab.(Photo courtesy of Dr. James Kiarie)

During the launch of a Malaria Diagnosis and Treatment campaign in Malindi, Kenya, University of Nairobi, fourth year medical student (right), tests children for malaria using newly acquired rapid diagnostic tests. Initiative was part of a MEPI elective conducted by Kenya FELTP.

In Zimbabwe, CDC's Sustainable Management Development Program (SMDP) worked with the Zimbabwe Ministry of Health and Child Welfare and the FETP program at the University of Zimbabwe to develop the in-service program for DMOs as well as design, develop and evaluate the pre-service program for current 4th year medical students in Zimbabwe. The pre-service training in applied epidemiology and leadership will be piloted in January 2013. "We have already received 60 applications from interested students," Dr. Gerald Shambira from the Department of Community Medicine at the University of Zimbabwe in Harare reported.

Building Capacity in the Districts

In Kenya and Zimbabwe, new medical graduates are often deployed as district medical officers to manage their country's public health programs. The in-service training provided for this initiative, developed by the respective FETP, addresses critical competencies the DMOs need to perform their duties in the field. A district medical officer commented on the DMO training in Kadoma, Zimbabwe, "I only started to work as a DMO this year. The training has helped me to close the gap between the rest of the district team in terms of public health knowledge and experience." Another DMO stated, "The DMO training has been quite an eye opener for me. It has helped me utilize the resources I have, to analyze data, and to make appropriate public health decisions."

By the end of 2012, every DMO in Zimbabwe will have participated in the MEPI epidemiology and management training. In Kenya, FETP graduates have already trained 48 DMOs and health officers in 2 provinces. Three more provincial DMO trainings are planned for 2013.

Sharing Curricula and Teaching Materials with other MEPI Institutions

Based on the successes and lessons learned thus far from the applied epidemiology and public health management training in Kenya and Zimbabwe, DPHSWD has formalized a pre-service and an in-service curriculum. These curricula, including training materials, will be offered to other MEPI supported universities.

For more information please contact DPHSWD at:

Centers for Disease Control and Prevention, Center for Global Health, Division of Public Health Systems and Workforce Development

1600 Clifton Road NE, MS E-93

Atlanta, Georgia 30333, USA

Tel: 404-639-3210 Fax: 404-639-4617

Web: http://www.cdc.gov/globalhealth/dphswd/

Training/Resources

Eastern Mediterranean Rapid Response Team Ready to Serve

Submitted by Lisa Bryde, Instructional Designer, CDC

Rapid Response Team trainees from Eastern Mediterranean Region preparing to conduct assessment in Zaatari Syrian Refugee Camp in Mafraq Governorate, Amman, Jordan.

On October 4, 2012, the first Eastern Mediterranean Region (EMR) Rapid Response Team (RRT) training was completed in Amman, Jordan. This initiative was facilitated by experts from the Centers for Disease Control and Prevention (CDC), Division of Public Health Systems and Workforce Development, Naval Medical Research Unit-3 (NAMRU-3), and WHO (Jordan), in collaboration with CDC's regional partner, the Eastern Mediterranean Public Health Network (EMPHNET).

EMPHNET was created in 2009 to support and strengthen the regional Field Epidemiology Training Programs (FETPs) and increase regional collaboration between the FETPs and regional public health agencies.

"Disease outbreaks such as cholera, Dengue fever, Rift Valley fever virus, and poliomyelitis are common in this region. As the highest mortalities happen in the first few hours after the onset of disasters, rapid response can save thousands of lives. I am very grateful to CDC, NAMRU-3, and WHO for working with us to facilitate the rapid response training as this is a critical need in the region" said Dr. Mohannad Al Nsour, Director, EMPHNET.

According to the United Nations High Commissioner for Refugees (UNHCR), 4.42 million refugees and 5.65 million internally displaced persons are living in the EMR, not including Palestinian refugees. The EMR region hosts not only the world's oldest conflict zones in modern history, but is also home to 77.5 million people who have been affected by natural disasters over the last four decades.

Child in Zaatari Syrian Refugee Camp in Mafraq Governorate, Amman Jordan where CDC and partners conduct rapid response team training, 2012.

Rapid Response Team trainees (Dr. Shoaib Hassan, Pakistan FELTP and Dr. Mousa Abbas Shubbar, Iraq FETP) preparing to conduct assessment in Zaatari Syrian Refugee Camp in Mafraq Governorate, Amman, Jordan.

The first RRT training was launched on July 1, 2012 with a one week training that included 32 participants, comprised of mostly regional FETP graduates from Afghanistan, Egypt, Iraq, Jordan, Pakistan, Saudi Arabia, Syria, Lebanon, Sudan, and Yemen. Based on evaluations and performance reviews, fifteen participants were selected to complete the second comprehensive 3-week rapid repsonse training in Amman, Jordan (September 2012). Participants from this training will serve as the EMR Rapid Response Team and will lead cross border rapid assessment and response during outbreaks, emergencies and disasters. Individuals on the RRT will also serve as RRT trainers at the national level within their respective countries.

As part of the comprehensive training, participants conducted a rapid assessment at the Zaatari Syrian Refugee Camp located in the Mafraq Governorate in Jordan. The Zaatari camp opened in July 2012, and hosts approximately 20,000 Syrians who have fled from the ongoing civil war in Syria. The trainees interviewed refugees, medical workers, and camp coordinators. The team then assessed various areas of concern, including health conditions, medical facilities, shelter, water, sanitation, and hygiene (WASH), nutrition, and food security. "As a result of this training, we have strengthened regional capacity and are better equipped to rapidly respond to disease outbreaks in the region," said Dr. Al Nsour.

For further information, please contact Lisa Bryde at ild3@cdc.gov.

Updates from the Field...

What's New in DPHSWD?

We Welcome:

- **Dana Bongiovanni**, a first-year MPH candidate at Emory University, joined DPHSWD and is working with the Associate Director for Communications on social marketing and enterprise communication.
- **Martin Celaya, MPH**, a CDC Public Health Prevention Service Fellow will provide assistance to SMDP programs.
- **Adrienne Daniels**, a first-year MPH candidate at Emory University, joined the DPHSWD to work on the FETP training modules as an intern in global health communications.
- **Dr. Bob Fontaine** has joined DPHSWD/OD as the Deputy Director for Science and Program.
- **Regina Grier** has joined as the new DPHSWD FMO Budget Analyst. She comes to the DPHSWD from GDD.
- **Kim Jensen**, a first-year MPH candidate at Emory University, has joined the DPHSWD's Field Epidemiology Training Programs (FETP) as an intern.
- **Cho-Yau Ling** joins DPHSWD as the new ASPH-CDC Allan Rosenfield Global Health Fellow and will be assisting with the management and implementation of FETPs in the Central and South Asia Region.
- **Janean Lomax, D.H.Ed., MSA**, is on a detail from the National Center for Emerging & Zoonotic Infectious Diseases (NCEZID), and is working with the Associate Director for Communications on global health communications activities.
- **Wyeth Lawson, C.H.E.S.**, has returned to SMDP after completing a fellowship with the program in the Fall 2011.
- **Sadiya Muqueeth, MPH**, is a Public Health Prevention Service Fellow working with the Deputy Director on an evaluation of the FETP NCD-track and the Associate Director for Policy on budgeting and policy.
- **Michelle Rose, Ph. D.**, is on detail with SMDP to assist with projects associated with country capacity development, leadership, research, and dissemination.

We Wish Them Well:

- **Casey Eastman**, a CDC Public Health Prevention Service Fellow with SMDP, is moving on to her new assignment to improve immunization coverage in the US State of Oregon.
- **Dr. Linda Quick** accepted the position of FAETP Branch Chief, and will begin working with DPHSWD in January 2013. Prior to joining DPHSWD, Dr. Quick worked with the Global Immunization Division, where she led polio eradication and measles elimination efforts. She also worked on the President's Malaria Initiative in Uganda.

New Regional Support Teams, FETP:

- **Kayla Laserson, ScD**, will be the new Resident Advisor for the India EIS program.

Presentations, Publications and Reports:

- **Dr. Dennis Lenaway**, Branch Chief, PHHSB Branch presented a new conceptual model for public health systems strengthening at the 5th Annual European Public Health Conference in St. Julian, Malta. The model shows how Essential Public Health Functions form the basis for public health, and are used to guide development of National Public Health Institutes and strengthen core capacities. As a result, improved core capacities provide an effective platform for individual public health programs to flourish.
- **Dr. Helen Perry**, IDSR Team Lead, joined Dr. Lenaway at the 5th Annual European Public Health Conference in St. Julian, Malta and presented on the IDSR program and its significant contribution in African countries as they plan to achieve IHR compliance towards strengthened core capacities for surveillance, laboratory and response. The IDSR framework was well-received by several European countries also struggling to define and develop integrated capacities.
- **Drs. Donna Jones and Borris Volkov** from DPHSWD's Monitoring & Evaluation Team and representatives from TEPHINET presented preliminary findings from the FETP Multi-site Evaluation during the 7th Global TEPHINET Conference in Amman, Jordan in November. The information from this workshop will be incorporated into the final evaluation report anticipated in Spring 2013.
- **Dr. Wei Li**, Health Scientist from DPHSWD's Global Public Health Informatics Program gave a presentation entitled: "Implementation of a Mobile-based Disease Surveillance System for Hajj 2009, Kingdom of Saudi Arabia" at the Public Health Informatics: Model Best Practices Virtual Meeting on August 27, 2012.
- **Drs. Karen M. Becker, Chima Ohuabunwo, Yassa Ndjakani, Patrick Nguku, Peter Nsubga, David Mukanga, and Frederick Wurapa** co-authored the publication, Field Epidemiology and Laboratory Training Programs in West Africa as a model for sustainable partnerships in animal and human health, JAVMA.2012; 241(5).
- Four Central Africa FELTP lab residents have been accepted to present scientific posters at the 1st African Society for Laboratory Medicine (ASLM) International Conference in Cape Town, South Africa held December 1-7, 2012. Presentations will be focused on the residents' Strengthening Laboratory Management Towards Accreditation (SLMTA) improvement projects implemented in their respective labs.

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

Graduate Corner: Rwanda

continued from page 8

heightened when the U.S. Department of State offered him a highly competitive Community Solutions Fellowship in the U.S. During his 4-month fellowship, he will learn, 'how to affect more positive change by building resilient communities for a sustainable future.'

When asked about his future plans he responded, "Five years from now, I see myself working at the regional level, helping African countries develop communities resilient to emerging and re-emerging infectious diseases. I want to focus on transboundary animal diseases, especially those of public health importance, and develop disease preparedness and control strategies that can be adapted to African field conditions. I also want to promote social entrepreneurship around disease control and public health best practices in Africa."

Dr. Mayigane's passion for social entrepreneurship and commitment to improving health systems in Africa, particularly in his homeland, Rwanda, propel him to succeed. We wish him the best, and have no doubt that he will continue to rise to the occasion.

For further information, please contact Ruth Cooke Gibbs at icn6@cdc.gov.

Updates from the Field...

Upcoming Conferences/Events

- 1st Singapore International Public Health Conference in conjunction with the 7th Singapore Public Health & Occupational Medicine Conference, 1 to 2 October 2012, Singapore, http://www.phconference.org
- Prioritizing Health Disparities in Medical Education to Improve Care, 2 October 2012, New York, NY, United States of America, http://www.nyas.org/disparities
- 2nd International Public Health Conference & 19th National Public Health Colloquium, 3 to 4 October 2012, Kuala Lumpur, Malaysia, http://www.pubhealthcollo.org
- Consumer Genetics Conference, 3 to 5 October 2012, Boston, MA, United States of America, http://www.consumergeneticsconference.com/
- 6th National Conference: School and Public Health Nursing, 4 October 2012, Birmingham, West Midlands, United Kingdom, http://www.mahealthcareevents.co.uk/cgi-bin/go.pl/conferences/detail.html?conference_uid=334
- Biodefense-2012, 15 to 17 October 2012, San Francisco, California, United States of America, http://omicsonline.org/biodefense2012/
- International Society for Environmental Epidemiology East Asia Chapter (ISEE - EAC) 2012 Conference, 15 to 18 October 2012, Kuala Lumpur, Malaysia, http://iigh.unu.edu/?q=node/178
- AICR Annual Research Conference 2012 on Food, Nutrition, Physical Activity & Cancer, 1 to 2 November 2012, Washington, D.C., United States of America, http://www.aicr.org/conference
- Tackling Smoking in 21st Century Britain, 7 to 9 November 2012, York, Yorkshire, United Kingdom, http://www.ukctcs.org/ukctcs/index.aspx

- TEPHINET 7th Global Scientific Conference, 10 to 15 November 2012, Amman, Jordan, http://www.tephinet.org/conference/tephinet-7th-global-conference
- Profound Healing - Sustainable Wellbeing Conference 2012 (The Gawler Foundation), 17 to 18 November 2012, Melbourne, Victoria, Australia, http://www.gawler.org/speakers
- Public health science: A conference dedicated to new research in pubic health, 23 November 2012, London, United Kingdom, http://www.rsm.ac.uk/academ/epd01.php
- International Conference on Global Public Health 2012, 3 to 4 December 2012, Colombo, Sri Lanka, http://www.health3000.org
- The 3rd International Conference, Urban Mobility: Its Impacts on Socio-cultural and Health Issues, 7 to 8 December 2012, Surabaya, East Java, Indonesia, http://www.fib.unair.ac.id/urbanmobility2012/

For further information, please contact Dacia Davis at ifu5@cdc.gov.

Seeking Submissions…

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

Director's Message *continued from page 1*

I hope that you, the reader, have found the information provided in "Updates from the Field" useful and interesting. As we wrap up this year and look forward to 2013 and the third year of this newsletter, I want to thank our staff for their hard work and dedication to helping partner countries build the capacity to meet their own public health needs and priorities. I also want to thank our technical partners, both within CDC and outside for without your continued and generous support, we could not do what we do. Finally, I would like to recognize the many ministries of health, academic institutions, and other external organizations we work with in the U.S. and around the world and reconfirm our commitment to working with you to improve public health and ensure health security .

I wish you a peaceful and healthy Holiday Season and all the best for 2013.

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

DPHSWD Staff in Atlanta — Happy Holidays!