

Capacity Development

Working together for a healthier world

NEWS



A Newsletter from the Division of Global Public Health Capacity Development

Summer 2007

From the Director's Desk

Patricia Simone, MD
Director, Division of Global Public Health
Capacity Development



I am pleased to present *Capacity Development News*, the Division of Global Public Health Capacity Development's (proposed) (DGPCHD) 2007 newsletter. Some positive changes have occurred in the division over the past two years, many of which are highlighted in this newsletter.

As a result of the Centers for Disease Control and Prevention's (CDC) Coordinating Office for Global Health (COGH) latest reorganization, the division has undergone changes in structure and name. The Division of Epidemiology and Surveillance Capacity Development (DESCD) welcomes the Sustainable Management Development Program (SMDP) to the new Division of Global Public Health Capacity Development. This structure more accurately reflects our new and expanded mission (see COGH's new organization chart on page 8).

The division's new structure and added expertise allow our staff to work more efficiently to fulfill COGH's global health goals of health promotion, health protection, and health diplomacy. We are better equipped to accomplish our mission, working with partners to strengthen capacity of countries around the world to improve their public health systems.

As you are aware, an important part of our mission is achieved through our Field Epidemiology Training Program (FETP), modeled after CDC's Epidemic Intelligence Service. The first FETP was started in 1975 and now similar programs are in operation in

approximately 40 countries around the world. Today DGPCHD has resident advisors in nine countries (China, Guatemala, India, Jordan, Kazakhstan, Pakistan, South Africa, South Sudan, and Thailand) and is in the process of hiring two more advisors for Egypt and Kenya. We are also in the development stages to implement FETPs in more countries, including Ethiopia, the Republic of Georgia, Nigeria, and Tanzania. In addition, for the first time ever, we are exploring the possibility of starting FETPs in Francophone countries in West Africa.

We are excited about the addition of a new focus to our division through SMDP. The goal of SMDP is to assist developing countries in improving the effectiveness of public health programs by empowering local health officials with better management skills, and by stimulating creativity and innovation in problem-solving among local health personnel.

The SMDP strategy includes working with international donor partners to provide technical assistance to public health professionals as they establish in-country management training programs. Technical assistance focuses on 1) needs assessment; 2) curriculum development; 3) marketing, organizing, and teaching

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The newsletter aims to inform our public health partners about the division's global public health activities.

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workshops; and 4) supervising applied learning projects.

SMDP staff have been partnering with Ministries of Health (MOHs) and public health institutions in Botswana, Brazil, Croatia, Ethiopia, India, Macedonia, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Serbia, Thailand, and Vietnam, to strengthen the leadership and management capacity of the public health workforce and to build sustainable local institutional capacity in the public health system.

Work has already begun to strengthen collaborations between SMDP and FETPs for countries in common and to strategize on how the programs can be used in a complementary way as we assess public health capacity needs in new countries.

As you can see, we remain at the forefront of public health by constantly updating our skills, adapting our strategies, and expanding our programs to meet our long-range goal of working with countries around the world to improve health and safety. A good example of this innovative approach is the creation of the Field Epidemiology and Laboratory Training Program (FELTP). As the name implies, an FELTP offers an added laboratory component absent from the FETP (see story on page 10).

FELTPs were created to address the changing nature of global disease outbreaks. The laboratory component allows for improved accuracy and use of laboratory data, leading to more efficient strategies to deal with disease outbreaks and other major health issues. FELTPs have been implemented in Kenya, Pakistan, South Africa, and South Sudan (see story on page 11).

In the end, all of this work would not be possible were it not for the involvement of our many partners and the tremendous efforts of our staff. I especially want to commend the CDC Foundation and the U.S. Agency for International Development

(USAID) who have been providing financial support to help us establish the African Field Epidemiology Network (AFENET), a network of field epidemiology training programs focusing on the needs of the African continent. Since its inception in 2005, AFENET has had a tremendous positive response among African countries (see story on page 3).

Last but not least, I want to acknowledge the work of our division's teams of physicians, epidemiologists, public health advisors, instructional designers, health communications specialists, management experts, and support staff.

Both our Atlanta-based and field-based staff provide an invaluable array of skills, including scientific expertise, training consultations, and other programmatic support and advice to enable MOHs around the world to enhance their own health protection and health promotion programs. In recognition of their commitment, both COGH and CDC have honored several of our staff members during our annual awards ceremonies (see story on page 14).

The above-mentioned achievements constitute a highlight of our work. To learn more about our numerous activities, I encourage you to visit our websites. The SMDP website can be found at www.cdc.gov/smdp. The DESCOD website at www.cdc.gov/cogh/descd was recently completely redone to better illustrate the array of new products created to keep you, our partners, informed about our activities. Work has begun to incorporate these websites into a new DGPCHD site.

I hope you will enjoy reading this newsletter.

Patricia M. Simone M.D.

Patricia M. Simone, M.D.
CAPT, USPHS
Director, DGPCHD

AFENET: Creating a Field Epidemiology Network for Africa



Since its creation in 1999, the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), a network of FETPs, has been a useful resource to applied epidemiology training programs around the world.

In 2005, the unique public health needs of the African continent and the desire to enhance capacity of FETPs in that particular region of the world led to the creation of a new regional network based on TEPHINET's model: the African Field Epidemiology Network (AFENET). This non-profit organization seeks to help MOHs in Africa build viable and effective public health systems and enhance capacity to address the unique health problems of the continent.

AFENET has a nine-member Board, with a secretariat located in Kampala, Uganda. The network is currently funded by two U.S. government agencies: CDC and USAID. AFENET also works with

According to Dr. Nsubuga, "We see AFENET as one method of providing sustainable public health capacity development that is locally appropriate, which will be necessary to implement disease surveillance and public health response in Africa. The enthusiasm of trainees, graduates, and FETP staff can be harnessed to develop a self-sustaining network."

David Mukanga, AFENET's Executive Director, mentions that, "For us at AFENET, the realization of this network would not have been possible without technical and financial support from CDC, and all the people that work for this great institution."

AFENET began with four members: Ghana, Kenya, Uganda, and Zimbabwe. The Ghana, Uganda, and Zimbabwe programs were created in 1992 under the umbrella of the Public Health Schools Without Walls. The Kenya and South Sudan programs were

program in Burkina Faso, as well as programs in Ethiopia, Mozambique, Nigeria, and Tanzania.

Since its inception, AFENET has not only increased its membership but has been actively involved in a number of projects including these:

- Providing technical assistance to countries aspiring to start an FELTP,
- Supporting research projects to improve immunization rates in hard-to-reach areas of the continent,
- Hiring five medical epidemiologists to help MOHs strengthen their surveillance systems, and
- Providing financial support to MOHs for disease outbreak investigations.

In addition, AFENET is collaborating with member countries to develop outbreak investigation laboratory kits as well as a course for public health laboratorians. AFENET also is working closely with CDC to develop training materials and a monitoring and evaluation framework for FELTPs in Africa.

To find out more about AFENET, visit www.afenet.net. ✦

The mission of AFENET is to improve the health of people in Africa through the strengthening and expansion of applied epidemiology and laboratory capacity in Africa in partnership with Ministries of Health, non-governmental agencies, international agencies, the private sector, and other public health agencies.

partners such as MOHs, academic institutions, and non-governmental organizations.

CDC and DGPHCD have been providing financial, programmatic, and communications support to the network. Many DGPHCD staff members have worked closely with AFENET to help ensure that the network can accomplish its mission and goals.

Peter Nsubuga, MD, MPH, DGPHCD's Capacity Development Branch Chief and ex-officio member of the Board, is providing insights to AFENET's Board.

established in 2004 as FELTPs; the South Sudan program is represented through the Kenya program. In February 2007, the newly established South Africa FELTP became a member as well.

As the organization grows and gains visibility, more countries will join the network, especially countries or regions that are in the process of establishing FELTPs such as the proposed regional Francophone

DIVISION NAME CHANGE

Our division is undergoing a name change, from the Division of Epidemiology and Surveillance Capacity Development to the Division of Global Public Health Capacity Development (proposed) as we join with the Sustainable Management Development Program.

As we go through this transition period, you may see both names used in documents or on the websites. We appreciate your patience as we make these changes.

Fourth TEPHINET Conference in Brazil Draws Record Attendance

The Fourth TEPHINET Global Scientific Conference was held November 12–17, 2006, in Brasilia, Brazil. The theme of the conference was “Improving Public Health Through Global Partnerships in Field Epidemiology.”

Co-hosted and co-sponsored by the Secretariat of Surveillance in Health of the Brazilian MOH and TEPHINET, the conference was made possible through grants from CDC, USAID, the World Health Organization (WHO), the MOH in Brazil, and the Bill and Melinda Gates Foundation.

“Planning and organizing Brasilia’s conference was a challenging vision that started two years before in Beijing, China,” said Roberto Flores, MD, Chair, TEPHINET. “Today, after having attended such a high-quality meeting, all of us at TEPHINET are sure about one issue: the outstanding work of the Brazilian organizing team.”

The conference brought together epidemiologists and other public health experts from around the world who were eager to share their investigative studies and participate in constructive debates about applied epidemiology and other related topics.

Most of DGPHCD’s Atlanta-based and field-based staff attended the conference. The division hosted an information booth which was strategically located just

outside the main conference hall, resulting in heavy traffic and a well-attended booth. DGPHCD staff answered questions and demonstrated the use of the Epi-Info and Epi-Track shareware software. Attendees were also able to pick up free copies of numerous DGPHCD products, including training manuals, handbooks, brochures, CDs, calendars, and bookmarks.

Staff members also taught three of the seven workshops offered during the first day of the conference (for more, see page 5).

Douglas Hatch, MD, MPH, resident advisor from 2000 to 2006 for the Brazil FETP (called EPISUS) was the international advisor and coordinator for the conference. His in-depth knowledge of epidemiology in general and the Brazilian public health system in particular, combined with his familiarity with the city of Brasilia as well as the Brazilian language and culture, made him an invaluable asset and an endless source of information for many attendees.

During the six-day conference, almost 200 scientific poster displays and oral presentations were given. Participants came from more than 36 countries and encompassed a vast array of expertise and experience.

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Dr. Augusto López (left), resident advisor for the Central America FETP (CAFETP) and Dr. Victor Cáceres, CDC CAFETP team lead, meet at the CAFETP table. Photo by Ed Maes.

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Trainees of FETPs and allied programs presented alongside career epidemiologists.

The conference was a success. “This is the largest, and most say the best, TEPHINET conference to date,” said Jim Andersen, Executive Director of TEPHINET. “The evaluations that we received from participants indicate that we were on target in addressing the major issues of the day. We could not be more pleased with the way it all turned out,” he added.

In addition, a few days after the start of the TEPHINET conference, the Sixth EXPOEPI—Brazil’s National Meeting of Successful Experiences in Epidemiology, Disease Prevention, and Control—was held at the same location. This meeting added several hundred more scientists to the conference.

The dual conference resulted in one of the largest gatherings of epidemiologists in a single location. ✦



Dr. Julia Ershova (*right*), computer-based training specialist, demonstrates the use of Epi-Info to Dr. Mikiko Kobayashi, a Japanese FETP graduate, at the DGPCHD booth. Photo by Ed Maes.

THE WORKSHOPS

Achieving Organizational Excellence in Public Health—Great Managers Making it Happen!

Instructors: Josef Amann, MD, MPH; John Marsh, MPhil

The workshop focused on how to achieve organizational excellence in public health and how managers and employees can build healthy productive relationships to create a successful working environment.

Make the Connection: Training Techniques for Adult Learners

Instructors: Eric Gogstad, MEd; Denise Traicoff

The workshop leaders guided 21 participants from 13 countries through the practical use of adult learning principles to develop, deliver, and evaluate training. Participants assessed their own learning styles, practiced writing learning objectives, and designed case studies based on their scientific reports. Benn Sartorius of the South Africa FELTP and Suzanne Elbon of DGPCHD helped facilitate the case study development.

Field Applications of the Case-Control Study

Instructors: Jawad Ashgar, MD, MPH; Ed Maes, PhD; Henry Walke, MD, MPH

The course explored issues related to selection of control group members and the use of Epi-Info, a shareware software that lets epidemiologists and other public health professionals develop and organize field data.

Highlights of the 56th Annual EIS International Night

The 56th Annual Epidemic Intelligence Service (EIS) Conference was held April 16–20, 2007, in Atlanta, Georgia. The conference, which brings together current and prospective EIS officers as well as alumni, highlights the most current professional activities and epidemiological investigations performed by EIS officers and other epidemiologists. This year's conference featured 101 oral presentations and 30 poster presentations.

Although the sessions vary yearly according to recent epidemic outbreaks, one recurs every year: the International Night session, which features the field work of members of the FETPs. This year's session, scheduled on April 18, was entitled Field Epidemiology—Translating Science into Practice Around the World.

The session was co-sponsored by DGPHCD and TEPHINET; it featured 10 poster presentations and 7 oral presentations. Murray Trostle, Dr. PH, Deputy Director, USAID, and Roberto Flores, MD, Chair, TEPHINET, moderated the event.

The evening started with a meet-and-greet session, where informational materials about DGPHCD and COGH were available. Participants were also able to view the posters and discuss research findings with attending authors. Then, Ed Maes, PhD, DGPHCD's Associate Director for Science, greeted the standing-room-only crowd and gave a brief overview of the division, before turning the evening over to the oral presenters.

The investigations featured included disease outbreaks that spanned the globe, from the Americas to Europe,

Africa, and Asia. Presenters came from China, Germany, Ghana, India, Kenya, Nicaragua, the Philippines, South Sudan, Spain, Tajikistan, and the United States.

The oral presentations focused on outbreaks of chikungunya fever in India, the island of Reunion, and the United States; measles in Germany; leptospirosis in Tajikistan; methanol poisoning in Nicaragua; cholera in Ghana; mycobacteria in China; and Rift Valley fever in Kenya.

According to Dr. Flores, "The quality of investigations was magnificent and stimulated the audience to ask many interesting questions, as did the poster presentations."

The William H. Foege Award was presented to recognize the best abstract. This year's winner was Matluba Dehkanova, MD, who was recognized for her work on a leptospirosis outbreak in Tajikistan (read about Dr. Dehkanova and other presenters on pages 6–8). ✦



Dr. Ed Maes speaks at the opening of the International Night session.
Photo by Greg Knobloch, CDC.

EIS International Night Interviews

Dramani E. Kwesi, Ghana

(By Denise Traicoff)

Mr. Dramani E. Kwesi is a microbiologist in the Ghana Health Service and a trainee in the Kenya FELTP.

Mr. Kwesi's investigation of cholera in Accra was a joint laboratory and epidemiological outbreak investigation.

This cholera outbreak had a 4.4% case fatality rate. The laboratory team collected human and environmental samples, using the public health reference laboratory for water analysis.

What made this investigation unique, Mr. Kwesi said, was the "combination of epidemiology and laboratory work in the outbreak response. Having a laboratory specialist on the team meant that there was no need to send specimens out for confirmation: the lab person was there to confirm, which sped up our getting the results. Because the samples were collected and transported properly, they arrived in good condition for analysis. This was also a plus—there were no wasted specimens."

Thanks to this investigation, Mr. Kwesi said, there has been a real change. "Health education has resulted in real changed perception and behavior."

As for the effect of FELTP, he added, "This program has made me see what public health really looks like. It has been a real change in my life, and I'm very grateful. The impact is also being felt in the population of Ghana, my country."

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Matluba Dehkanova, MD, Tajikistan

(By Sandra Bean)

Dr. Matluba Dehkanova, winner of this year's William H. Foege Award for best abstract from an FETP trainee, took on the task of investigating a rural outbreak of leptospirosis from human contact with domestic animals.

Her challenge was to develop an intervention and prevention strategy that would be efficient, cost-effective, and logical for this zoonotic disease in this population. In her native Tajikistan, a country of some five million people, nearly 70% are subsistence farmers who rely on animal husbandry for their livelihood, living and working alongside their animals. In addition, because leptospirosis presents with symptoms similar to influenza, the incidence is under-reported.

Vaccinating animals was not a viable option in Tajikistan because of the cost and the dearth of veterinarians to examine and

vaccinate the animal population. Nor was treatment a viable option: there were not enough antibiotics to treat the illness in rural areas. The outbreak occurred in the first month of Dr. Dehkanova's FETP training, and she recognized an opportunity to apply her practical knowledge of field epidemiology in investigating and controlling the disease. She explained, "The source (cats and donkeys) was too problematic. So what we could deal with were modes of transmission, and not the source. To ensure a safe water supply, we can provide health education to the public and encourage the residents to boil their drinking water."

"Winning this award is just a step for further hard work," said Dr. Dehkanova. "I want to be able to carry out epidemiologic investigations from the beginning to the end, on my own. I also hope that my winning will serve as an impetus for my colleagues in Tajikistan to strive for excellence."

Samy Pérez Moreno, MD, Nicaragua

(By Denise Traicoff)

Dr. Samy Pérez Moreno, Health Center Director, investigated an outbreak of methanol poisoning in León, Nicaragua. Dr. Perez explained that within two weeks there were 823 reported cases and 51 deaths. He added that one big challenge was a lack of resources to carry out a thorough epidemiological investigation at the MOH level. But the investigation, when it was completed, and despite its challenges, had wide-ranging results: city laws in León now prohibit the sale of unbottled alcoholic beverages.

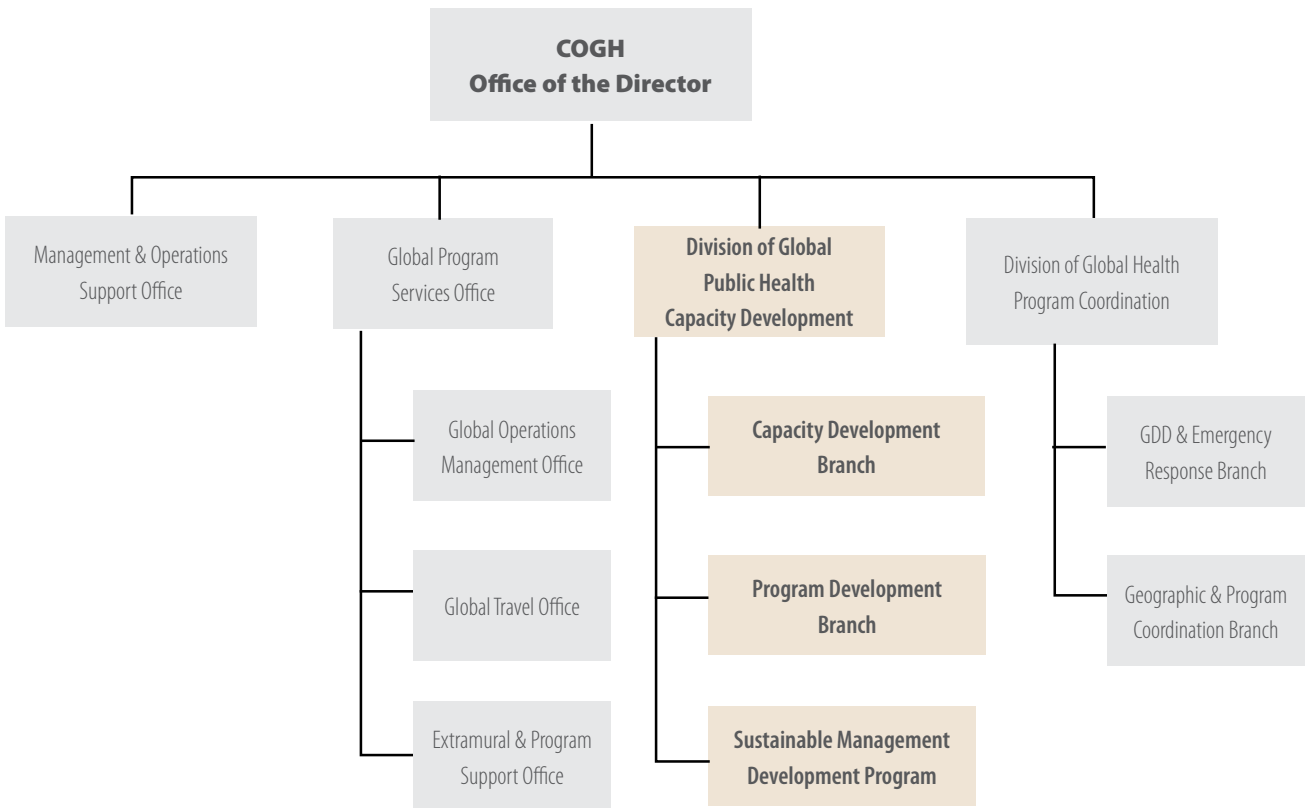
About FETP, Dr. Perez explained, "I now have the opportunity to apply the knowledge I obtained. When I began the FETP in 2004, I had already been an epidemiologist for eight years, but the FETP teaches epidemiology that is more applicable and useful for public health."



Dr. Murray Trostle (left) presents the William H. Foege Award to Dr. Matluba Dehkanova, this year's winner. Photo by Greg Knobloch, CDC.

Division Undergoes Reorganization

As noted in the Directors’ message, COGH was recently restructured. As a result, SMDP joined DESCDC to form the new DGPDCD. The organization chart below shows the new COGH, with our division highlighted in brown. ✦



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Jun Yuan, MD, China

(By Sandra Bean)

Dr. Jun Yuan, an epidemiologist in the Chinese CDC, Guangzhou, China, investigated a nosocomial outbreak of abscesses at the point of intramuscular injection.

This hospital infection outbreak landed on his desk as a result of negative newspaper publicity and an embarrassed local bureau of health.

The local health bureau was demanding answers, speculating that the cause of the outbreak might be the drug being injected rather than a more pedestrian answer, such as basic hospital hygiene.

The most likely culprit was the tap water. “But how did the tap water become contaminated?” Dr. Yuan asked. “We still could not verify the exact pathway. Did the nurse get the bacteria on her hands from the tap water? Did tap water get into the needles, the bottles? Did it come from the table? Was the syringe contaminated? We cannot go back in a time machine to determine what caused this past outbreak. But, if we can find a probable source, then we can prevent similar events from happening again.”

Talking about FETPs, Dr. Yuan said, “What FETP does is

provide practical application of the theory. Before FETP, I never knew how to bridge the gap between epidemiological theory and practice. But through field investigation, it was learning by doing.”

As a result of his investigation and conclusions, Dr. Yuan explained, the local health bureau is now improving nurse training throughout the city.

Dr. Yuan hopes to publish his study in an international journal, to focus more scrutiny on the need to improve hospital hygiene worldwide, as this type of infection occurs in developed as well as developing countries. ✦

SMDP Joins with DESC D to Form New DGP HCD

(By Sandra Bean and Pascale Krumm)

As a result of the COGH internal restructuring, SMDP has joined with DESC D—along with the existing Capacity Development Branch and the Program Development Branch—to form the new DGP HCD.

According to Janna Brooks, Acting Chief for SMDP, “The reorganization provides an opportunity for SMDP to work more effectively with FELTPs interested in integrating a management component to their programs, and hopefully for all of CDC’s global capacity-building activities to have an even greater impact through increased collaboration.”

SMDP partners with MOHs, educational institutions, and nongovernmental organizations in developing countries to promote organizational excellence in public health through strengthening leadership and management capacity. SMDP’s goal is to improve the effectiveness of the public health sector in developing countries by empowering local health officials with better leadership,

management, and decision-making skills; and to stimulate creativity and innovation among local health personnel to improve the delivery of public health services.

SMDP carries out an annual training-of-trainers course entitled Management for International Public Health, each fall in Atlanta, and provides technical assistance to partner public health institutions globally. Since 1992, SMDP has trained 325 trainers based in 63 countries. In 2006, these graduates in turn trained nearly 500 public health professionals through 1–2 week workshops. Those trainees subsequently carried out 180 applied learning projects in their countries.

In 2006, SMDP provided technical support to management capacity-building efforts in Botswana, Lesotho, Macedonia, Malawi, Mozambique, Serbia, Swaziland, Thailand, Vietnam, and Zambia.

To find out more about SMDP, visit the website at www.cdc.gov/smdp. ✦



SMDP staff: (bottom row from left to right) Tim Etherington, Janna Brooks, Denise Traicoff, Sandra Bean, Josef Amann; (top row from left to right) Theresa Lawrence, Anisa Kassim, Brian Robie, John Marsh. Photo by Greg Knobloch, CDC.

FELTPs: Responding to the Evolving Nature of Disease Outbreaks

Since 1980, DGPCHD has steadily worked around the globe to help numerous MOHs implement FETPs. To establish an FETP, the division typically provides an in-country resident advisor (RA) for four to six years to help with training and technical matters, as well as the expertise of our Atlanta-based staff. The ultimate goal is for the MOH to take over full operations.

In 2004, DGPCHD started FELTPs, which differ from traditional FETPs through the addition of a laboratory component. An FELTP includes public health laboratorians in field investigations; uses laboratory data for surveillance purposes; and improves biosafety and quality assurance control in specimen collection, field transportation, and analysis.

Integrating laboratory systems with public health surveillance and outbreak response has always been important but now is even more necessary because the nature of disease outbreaks has evolved dramatically in recent years. Globalization, among other factors, means that diseases once contained to certain areas of the world now cross borders with alarming speed. The existing, new, and emerging disease threats require a more complex response, including a rapid analysis of laboratory information. Therefore, to address the fast-changing and evolving nature of global disease outbreak detection and management and to help health officials more efficiently, rapidly, and accurately detect, diagnose, monitor, control, and contain disease outbreaks, DGPCHD implemented FELTPs.

“FELTPs link the epidemiologists and the laboratorians within MOHs,” says Bassam Jarrar, MBA, DGPCHD Acting Deputy Director. “This helps them better use laboratory resources by, for example, ensuring the proper packaging and transportation of specimens. By incorporating laboratory data in public health surveillance systems, the quality of data and the timeliness of response are substantially improved,” he added. ✦

FETPs AND FELTPs AROUND THE WORLD

DGPCHD currently supports 12 programs around the world: 8 FETPs and 4 FELTPs in 21 countries (some programs serve several countries):

- Brazil
- Egypt
- Pakistan
- Central America¹
- India
- South Africa
- Central Asia²
- Jordan
- South Sudan
- China
- Kenya
- Thailand

¹ Includes Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, and Nicaragua

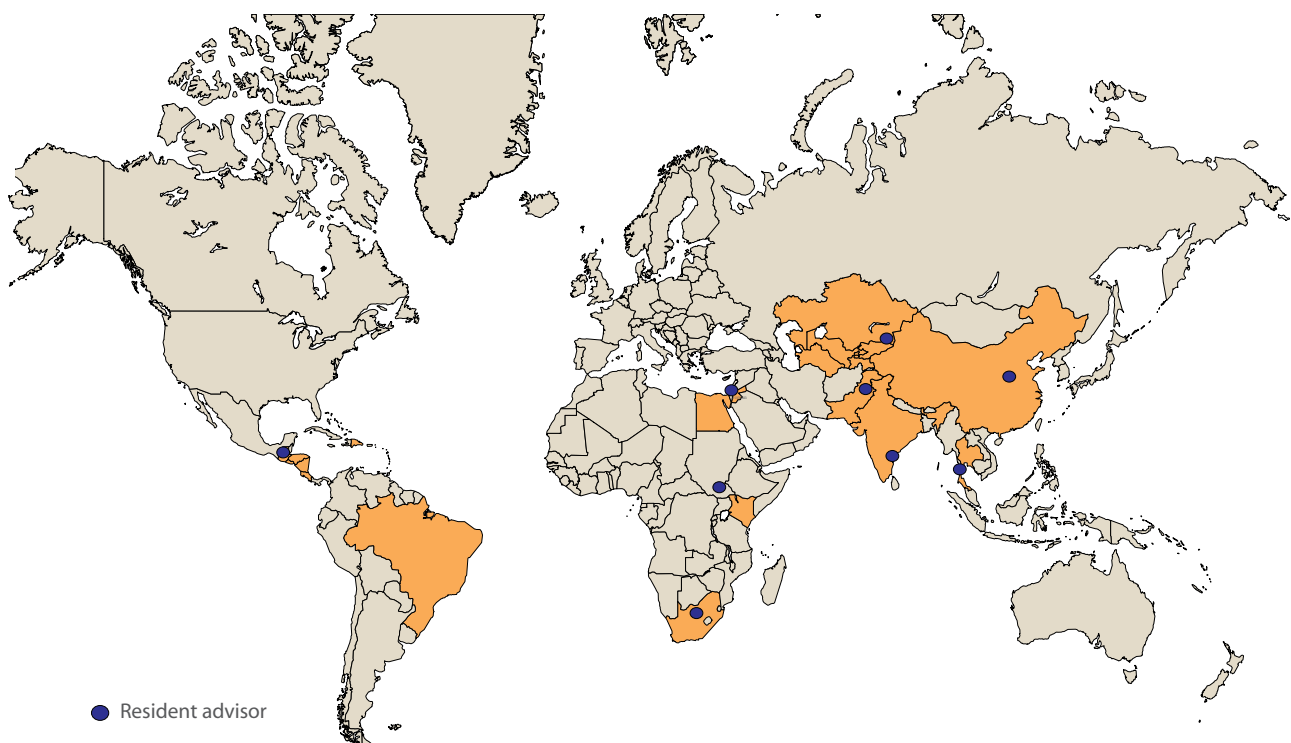
² Includes Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan

All countries, except for Brazil, Egypt, and Kenya have a resident advisor (RA). Central America has three RAs. DGPCHD is now hiring RAs for Egypt and Kenya.

To find out more about the FETPs and FELTPs, go to

- www.cdc.gov/cogh/descd/FTEP/countryPDF/FETPfacts0307.pdf
- www.cdc.gov/cogh/descd/FTEP/countryPDF/FELTPfacts0307.pdf

Current DGPCHD-Supported FETPs and FELTPs



● Resident advisor

The Kenya, Pakistan, South Africa, and South Sudan FELTPs

Since 2004, DGPHCD has helped set up four FELTPs. The first ones were in Kenya and South Sudan (2004), followed by Pakistan and South Africa (2006).

Each program is headed by a resident advisor (RA) (in the case of Kenya, the RA relocated to the South Africa FELTP in 2007).

Below is a brief overview of the FELTPs, followed by a presentation of the RAs that were recently hired, including the RA for Jordan.

Kenya

The Kenya FELTP was started in May of 2004. Chris Tetteh, MD, was the RA for the program until 2006. The vacant post is expected to be filled shortly.

The two-year program is the result of a partnership of the MOH, the Jomo Kenyatta University of Agriculture and Technology (JKUAT), the Kenya Medical Research Institute, and CDC. It was the first university-affiliated program to integrate the epidemiology and laboratory training, offering Master of Science degrees in Applied Epidemiology and in Laboratory Management and Epidemiology, where the residents take many of the same courses and often work together on field investigations.

The program has also assisted other nations to enhance their field epidemiology and laboratory capacity. Ghana, South Sudan, Tanzania, and Uganda have all sent trainees to participate in the program. The program has grown rapidly, from 6 residents in the first class to 13 in each of the last 2 classes.

Since the program's inception, residents have investigated major outbreaks of aflatoxin, methanol poisoning, and Rift Valley fever.

Residents also evaluated a laboratory based tuberculosis

surveillance system and recommended improvements.

In addition, residents have conducted several studies, such as a prevalence survey of seat belt usage in Nairobi and a seroprevalence study of chikungunya fever on Lamu Island, Kenya.

Already, the program is recognized by the Kenyan MOH as a valuable resource. One graduate is the National Director of the Health Management Information System, another is the Deputy Director of the National Immunization Program, and a third is the epidemiologist for the National Disease Outbreak and Management Unit.

In the recent Rift Valley fever outbreak, three teams of Kenyan FELTP residents and graduates were working in the field to investigate and control the outbreak.

Pakistan

The Pakistan FELTP, officially launched in September 2006, is based at the National Institute of Health in Islamabad. The RA is Jawad Ashgar, MD, MPH.

In February 2007, the FELTP conducted a short course for 35 participants. Attendees learned about priority disease surveillance and outbreak management. At the conclusion of the course, eight candidates were selected for the first FELTP cohort and started classes in May 2007. The program is negotiating with different institutions to allow residents to acquire a graduate degree at the end of the two years.

"This program is attempting to overcome severe shortages of field epidemiologists in Pakistan which faces frequent epidemics of infectious diseases," said Dr. Ashgar. "Within six months of inception of this program, the MOH and

provincial Departments of Health are sponsoring their candidates to this program and investing in a better selection process to train their best employees," he added.

South Africa

The South Africa FELTP was established in January 2006. It was created to address the tremendous burden of infectious diseases affecting the country's estimated 47.4 million inhabitants. The program is located in Johannesburg and has an RA, Chris Tetteh, MD.

In preparation for the first cohort of 10 residents who started in January 2007, the program conducted various activities in 2006. These included a program development workshop that led to the creation of a curriculum that is now part of the Masters in Public Health (MPH) at the University of Pretoria. After their training, residents will be awarded an MPH from that institution.

The program also devised a set of short courses such as the Outbreak Investigation and Control course which resulted in the detection of several outbreaks, including an outbreak of *S. Typhi* in the Northern Cape Province.

South Sudan

The South Sudan FELTP—originally called the South Sudan Health Transformation Project—was started in 2004. Mugo Muita, MD, MPH, became RA in 2005.

The program is closely affiliated with the Kenya FELTP: residents fulfill their coursework requirements in Kenya and receive their degree from JKUAT but accomplish their field work in South Sudan under the supervision of Dr. Muita, who splits his time between Nairobi, Kenya, and Juba, South Sudan. ♦

Meet the New Resident Advisors

Since 2004, four new RAs have joined the division. Below is a short profile on each one.

Russell Gerber, MD **Amman, Jordan FELTP**

Dr. Russell Gerber has been working for the division since May 2006. He first joined CDC in 1984 as an EIS officer in the Division of Field Services. Before returning to CDC he was Chief of Surveillance and Epidemiology for the Peace Corps.

His prior assignments also included working as Assistant Director for Policy and Special Initiatives for the Ryan White HIV/AIDS Treatment Programs at the Health Resources and Services Administration and as a medical officer on clinical drug trials in the Obstetric and Pediatric Pharmacology Branch at the National Institutes of Health.

Dr. Gerber received his medical education from Tulane University School of Medicine in New Orleans. He completed his residency in pediatrics at the University of Colorado Health Sciences Center in Denver. He completed a fellowship in Pediatric Infectious Diseases and Immunology at Emory University School of Medicine in Atlanta.



Dr. Russell Gerber, the Jordan RA.

Mugo Muita, MD, MPH **Juba, South Sudan FELTP**

Dr. Mugo Muita, who joined the division in May 2005, coordinates and trains applied field epidemiologists and laboratory managers for South Sudan, implements a disease surveillance system based on the integrated diseases surveillance and response, and coordinates between DGPHCD and South Sudan's MOH.

Before joining CDC, Dr. Muita worked for CARE International in Bangladesh, the United States, and Zimbabwe. He has also worked for Helen Keller International. Dr. Muita has a special interest in maternal and child health, HIV and AIDS.

Dr. Muita received an MD from the University of Nairobi and an MPH from Emory University. He is from Kenya.

Jawad Ashgar, MD, MPH **Islamabad, Pakistan FELTP**

Dr. Jawad Ashgar has been working for the division since July 2006. He joined CDC as an EIS officer in the Division of Tuberculosis Elimination.

Before coming to CDC, Dr. Ashgar managed a child survival project in Mozambique. His prior assignments also include serving as a faculty member at the London School of Hygiene and Tropical Medicine and as a research associate in the Division of Infectious Diseases and Geographic Medicine at Stanford University.

He has also worked as a consultant for different organizations and governments.

Dr. Ashgar received his medical degree from Allama Iqbal Medical College and from the College of



Dr. Jawad Ashgar, the Pakistan RA. Photo by Pascale Krumm.

Physicians and Surgeons in Pakistan. He was a Franklin Adams Scholar for a year in the Department of Epidemiology at Bristol University, United Kingdom. He earned an MPH at the University of Washington, where he was a Fellow of Emerging Infectious Diseases. Dr. Ashgar also worked as an intern in the Emerging Infections Division at WHO in Geneva.

Chris Tetteh, MD **Johannesburg, South Africa FELTP**

Dr. Chris Tetteh, who joined the division in 2004, was the RA for the Kenya FELTP from 2004 to 2006 and became the RA for the South Africa FELTP in 2007.

Before holding these positions, Dr. Tetteh was a program officer for the Partners for Health Reform *plus* project (a USAID flagship project) and a medical officer for WHO.

Dr. Tetteh received an MD from the University of Science and Technology, Ghana, and an M.Sc. CHDC from the University of Heidelberg, Germany. Dr. Tetteh is also a member of the 1996 EIS class of CDC. ✦

A New Look for DGPCHD Websites

Over the past six months, DGPCHD has been extensively revising many of its products, including its Intranet and Internet websites, as well as adding content to the new CDC Global Health Portal, a password-protected information site for CDC personnel who are unable to access the CDC Intranet (the portal is open only to CDC staff). In addition, DGPCHD has been instrumental in helping revise the COGH Intranet and Internet websites.

A new division Intranet site was introduced in December 2006. In April 2007, the new DESCDC Internet site was launched to coincide with CDC's new website (see illustration on the right). The division Internet site is currently being revised to reflect the reorganization.

The DGPCHD site serves as a useful research, reference, and resource tool for our local and field-based staff as well as for our global partners. "The new DGPCHD Internet site is a tremendous addition to COGH's presence on the CDC Internet," said Kathy Harben, COGH Enterprise Communication Officer. "DGPCHD global capacity development activities play a key part in CDC's goal to be viewed as a trusted and effective resource for health promotion and health protection around the world," she added.

In designing the site, the latest research in web usability, design, and layout trends were considered to ensure that users can find the accurate and up-to-date information they need in a fast and friendly manner. The site navigation is now more effective, allowing visitors to navigate quickly through the site, letting them know precisely where they are on the site, and allowing them to jump from page to page without getting lost.

The content has been rewritten extensively, using plain language and user-friendly terms whenever possible, making the information easier to understand for all audiences. More importantly, the

information has been revised, updated, and condensed: new pages are shorter and easier to read.

Finally, the site has been entirely redesigned, resulting in a more modern and attractive look. The home page features four sections:

- A navigation column
- A flash presentation of field pictures highlighting DGPCHD's work
- An overview of the division
- A series of six colorful descriptive boxes that lead to the different content areas within the site.

In addition, contact information and a site map are available on each page. ✦

Coordinating Office for Global Health
Division of Epidemiology and Surveillance Capacity Development

CDC Global Health:
Helping CDC Help the World

Replay

The Division of Epidemiology and Surveillance Capacity Development (DESCDC) is part of CDC's Coordinating Office for Global Health. DESCDC works to improve the health of the people of the United States and other nations by partnering with national and international organizations and foreign governments to build strong, transparent, sustained public health systems.

DESCDC aims to strengthen public health systems through training, consultation, capacity building, and assistance in applied epidemiology, public health surveillance, evaluation, instructional design, and other disciplines.

Since 1980, DESCDC and its international partners have built numerous long-term applied public health training programs on six continents.

About DESCDC
Find out about DESCDC's programs, vision, mission, and global health goals.
Learn More

FE(L)TPs
Learn more about the Field Epidemiology Training Program (FETP), partnerships, funding, and curriculum. Find out which countries and programs have DESCDC-supported FE(L)TPs.
Learn More

Other Projects
Read about DESCDC's involvement in various global health activities.
Learn More

Training Materials
Access the many training materials developed by DESCDC for classroom and online instruction. Most of the materials can be downloaded free of charge.
Learn More

DESCDC Publications
View and download DESCDC materials such as our Annual report, newsletters, brochures, presentations, factsheets, and maps.
Learn More

Resources
Check out links to useful resources such as partner websites, reading materials, and more.
Learn More

The new division homepage is located at www.cdc.gov/cogh/descdc.

DGPHCD Staffers Receive Awards

In April and May 2007, several DGPHCD staffers received awards recognizing their accomplishments over the past year.

CDC/ATSDR Employee of the Month Award

Andrew Weathers, MPP, public health advisor, won the April 2007 CDC/ATSDR Employee of the Month award. He was recognized for his exceptional work and exemplary performance. A profile of Mr. Weathers appeared on CDC's Intranet website. He also was honored in the COGH Annual Awards ceremony in the Global Health Achievements Individual Category.

COGH Annual Awards Ceremony

The COGH Annual Awards ceremony was held on May 1, 2007. Twenty-eight division staff members from DGPHCD received awards for their outstanding work in the global health arena.

Five staffers were honored in the individual awards category and 25 in the group awards category. Two people won an award



Mr. Andrew Weathers (left) receives an award from Dr. Blount during the COGH Annual Awards Ceremony. Photo by Greg Knobloch, CDC.

COGH ANNUAL AWARDS CEREMONY WINNERS

Individual Category

Communication Services: **Pascale Krumm**

Global Health Achievement: **Andrew Weathers**

Excellence in Business Systems and Services: **Hoang Dang**

Excellence in Business Systems and Services: **Juliette Mannie**

Excellence in Systems for Program Operations: **Tim Etherington**

Group Category

James Virgil Peavy Workforce Development Award: **Josef Amann, Sandra Bean, Janna Brooks, Tim Etherington, Anisa Kassim, Theresa Lawrence, John Marsh, Brian Robie**

Global Health Achievement Pandemic Influenza Technical Assistance Teams:* **Michael Favorov, Maureen Sinclair, Whitney Warren**

Excellence in Business Systems and Services:* **Hoang Dang, Stirling Close**

Silo Busters: Collaborative Success:* **Wayne Brown**

COGH Director Partnership Award (for the following DESC resident advisors): **Simon Adjeilat, Jawad Ashgar, Robert Fontaine, Russell Gerber, Douglas Hatch, Yvan Hutin, Augusto Lopez, Mugo Muita, Michael O'Reilly, Gloria Suarez, Chris Tetteh**

**These group awards were given to staffers from different COGH divisions. In the interest of brevity, only the division staff members are listed here.*

both in the individual and the group category (see insert on the left for winner names).

“The awards ceremony was a great opportunity to celebrate the specific accomplishments of our staff members and to remind us of the important impact of the work that all of us do,” said Patricia Simone, MD, DGPHCD Director. “DGPHCD has a lot to be proud of.”

Stephen Blount, MD, MPH, COGH Director, congratulated the winners, all of whom received a CDC memento to commemorate the occasion.

CDC/ATSDR Annual Awards Ceremony

The CDC/ATSDR Annual Awards ceremony was held on May 24, 2007. Several DGPHCD staff members were honored at the event.

The SMDP staff won the James Virgil Peavy Workforce Development Award for leveraging CDC's unique expertise, partnerships, and networks to improve the health system.

Pascale Krumm, PhD, health communications specialist, won the award in the Communication Services category for her communication work.

The winners had also won awards in those same categories in the COGH Annual Awards ceremony. ✦

Updates: Division Staff Changes

Over the past two years several staff changes have occurred in DGPHCD, as listed below. The dates in parentheses indicate the effective date of the event.

Atlanta-based changes

Six staffers joined the division from other parts of CDC:

- **Pascale Krumm**, health communications specialist, transferred from the Office of the Executive Secretariat where she was a senior writer-editor (April 2006).
- **Lisa Manley**, public health advisor, was a public health advisor in the Division of HIV/AIDS Prevention (June 2006).
- **Hiari Imara**, public health advisor, served as a project officer at the National Center for HIV, STD, and TB Prevention (June 2006).
- **Italia Rolle**, EIS officer, was an ORISE fellow with the National Center on Birth Defects and Developmental Disabilities (August 2006).
- **Ken Johnson**, public health advisor, was a CDC assignee from the Division of TB elimination, as the TB program coordinator for Fulton County, Georgia (April 2007).
- **Michele Evering-Watley**, instructional designer, came from the Global AIDS Program (May 2007).

Three staffers took another position within the division:

- **Henry Walke**, medical epidemiologist, transferred from the Program Development Branch to the Capacity Development Branch (April 2007).
- **Denise Traicoff**, instructional designer, moved from the Capacity Development Branch to SMDP (May 2007).
- **Victor Cáceres**, medical epidemiologist, became Acting Branch Chief for the Program Development Branch (May 2007).

Four staffers moved to other parts of CDC:

- **Kristin Pope**, public health advisor/Global Disease Detection program manager, became a senior

public health analyst/Acting Co-Director in the Immunization Safety Office, Office of the Chief Science Officer (May 2006).

- **Jean Jones**, instructional designer, went to the National Center for Health Marketing (NCHM) (August 2006).
- **Nadine Sunderland**, health education specialist, became a public health educator at NCHM (September 2006).
- **Rubina Imtiaz**, Branch Chief, Program Development Branch, became Director for the Global AIDS Program in India (May 2007).

Three staffers retired:

- **Elliott Churchill**, health communications specialist (January 2006)
- **Douglas Hatch**, RA for Brazil (January 2007)
- **Jim Mendlein**, epidemiologist (July 2007)

Field-based changes

Four RAs were hired (read about their background on page 12):

- **Mugo Muita** became the RA for the South Sudan FELTP (May 2005). He is based in Nairobi, Kenya, and Juba, South Sudan.
- **Russell Gerber** became the RA for the Jordan FETP (May 2006). He works in Amman.
- **Jawad Ashgar** became the RA for the Pakistan FELTP (July 2006). He is based in Islamabad.
- **Chris Tetteh** became the RA for the South Africa FELTP (January 2007). He is based in Johannesburg.

Finally, **Maureen Sinclair**, Deputy Director, Central Asia Regional Program, Almaty, Kazakhstan, left CDC to move to Paris, France (June 2007). ✦

Upcoming Regional TEPHINET Conferences

Following is a list of upcoming regional TEPHINET conferences. Some of the conferences are still in the planning stages and therefore information may be unavailable as of this printing. For the latest updates, go to the TEPHINET website at www.tephinet.org, and click the “Scientific Conferences” link.

- TEPHINET Bi-Regional Scientific Conference for South East Asia and Western Pacific. November 26–30, 2007, Taipei, Taiwan (abstract submission dates to be announced)
- TEPHINET America Scientific Conference. December 12–14, 2007, Bogota, Colombia (abstract submission dates to be announced)
- TEPHINET African Scientific Conference. December 2007, Entebbe, Uganda (specific dates and abstract submission details to be announced) ✦

Where to Reach Us

Following is a list of addresses and contact information for your reference.

WEBSITE ADDRESSES

CDC Internet: www.cdc.gov
CDC Intranet: <http://intranet.cdc.gov/>
CDC Global Health Portal: <http://cdcglobalhealth.net>
COGH Internet: www.cdc.gov/cogh
COGH Intranet: <http://intranet.cdc.gov/cogh>
DGPHCD Internet: www.cdc.gov/cogh/descd
DGPHCD Intranet: <http://intranet.cdc.gov/cogh/descd>
SMDP Internet: www.cdc.gov/smdp
SMDP Intranet: <http://intranet.cdc.gov/cogh/smdp>

CONTACT INFORMATION

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Division staff members shown in front of CDC Headquarters in Atlanta, Georgia. Photo by Greg Knobloch, CDC.