

ANNUAL REPORT 2020





AFENET

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REPORT
2020

AFENET Annual Report 2020



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Secretariat Staff
 Courtesy photos: FELTP Residents and Program Staff



ACRONYMS AND ABBREVIATIONS

AFCOR	Africa Taskforce for Coronavirus
AFENET	African Field Epidemiology Network
Africa CDC	Africa Centres for Disease Control and Prevention
AUMS	African Union Member States
BMGF	Bill and Melinda Gates Foundation
CDC	U.S. Centers for Disease Control and Prevention
CHWs	Community Health Workers
CVDVP2	Circulating vaccine-derived poliovirus type 2
EQA	External Quality Assurance
EVD	Ebola Virus Disease
FAO	Food and Agricultural Organization
FELTP	Field Epidemiology and Laboratory Training Program
FETP	Field Epidemiology Training Program
IDSR	Integrated Disease Surveillance and Response
JIEPH	Journal of Interventional Epidemiology & Public Health
PACT	Partnership to Accelerate COVID-19 Testing
PHFP	Public Health Fellowship Programme
RCCs	Regional Coordinating Centres
SOPs	Standard Operating Procedures
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
UNHCR	United Nations High Commission for Refugees
WHO	World Health Organization

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ABOUT US

The African Field Epidemiology Network (AFENET) was established in 2005 as a non-profit networking alliance of Field Epidemiology (and Laboratory) Training Programs (FELTPs), and other applied epidemiology training programs in Africa. AFENET has operations in over 31 countries in Sub-Saharan Africa. We are dedicated to helping Ministries of Health in Africa build strong, effective, sustainable programs and capacity to improve public health systems on the continent.

Our Vision A healthier Africa

Our Mission We are committed to ensuring effective prevention and control of epidemics and other priority public health problems in Africa.

Goal To strengthen field epidemiology and public health laboratory capacity and effectively contribute to addressing epidemics and other major public health problems in Africa.

- Strategic Priorities**
1. Developing Field Epidemiology Capacity in Africa
 2. Developing Public Health Laboratory Capacity in Africa
 3. Public Health Disease Surveillance and Effective Response Systems
 4. Networking and Collaboration for Public Health Advancement
 5. Documentation and Dissemination of Experiences in Public Health
 6. Public Health Program Management & Research Development
 7. Promoting the "ONE HEALTH" Approach

The organization has its headquarters in Kampala, Uganda with seven regional hubs:

- Anglophone West Africa: Accra, Ghana
- Nigeria: Abuja, Nigeria
- Francophone West Africa: Ouagadougou, Burkina Faso
- Central Africa & Indian Ocean: Kinshasa, D.R.C
- East Africa: Dar es Salaam, Tanzania
- Horn of Africa: Addis Ababa, Ethiopia
- Southern & Lusophone Africa: Harare, Zimbabwe

The Network



A MESSAGE FROM OUR BOARD CHAIR



Prof. Mufuta Tshimanga,
Chair, Board of Directors

“
As we continue to respond to this pandemic, we must remember that our success lies in our collective effort.

Greetings from the Board of Directors of the African Field Epidemiology Network (AFENET)

History shall record the year 2020 as one of the most eventful for public health. The COVID-19 pandemic and its impact on all aspects of our existence, demanded that we make drastic changes in our daily lives. It also demanded innovative organizational approach to doing business. AFENET recognized this critical new order and adapted to the situation at all levels of the organization.

The massive global disruption of social, economic and health systems by the pandemic is yet another reminder of the urgent need to strengthen partnership in the effort

to ensure global health security. As an organization with vast expertise in public health emergency response, AFENET working closely with many partners, played and continue to play a critical role in the continental and global response to the pandemic. We are very grateful to our partners such as, Ministries of Health across Africa, the Africa Centers for Disease Control and Prevention (Africa CDC) the United States Centers for Disease Control and Prevention (US CDC), Resolve to Save Lives, World Health Organization (WHO), Mastercard Foundation, Bill and Melinda Gate Foundation, Susan Thompson Buffet Foundation, Skoll Foundation, Ford Foundation, US CDC Foundation, UNICEF, World Bank, the West Africa Health



AFENET ACoDD teams working with partners World Health Organization and the Ministry of Health in Uganda to respond to the COVID-19 pandemic.

Organization (WAHO) and many others whose partnership with us has positively impacted the response to the pandemic across Africa.

We congratulate the AFENET Corps of Disease Detectives (ACoDD) and other responders that have selflessly put their lives on the line to support the response to the COVID-19 pandemic. With respect, we remember all who succumbed to the virus.

As we continue to respond to this pandemic, we must remember that our success lies in our collective effort. We must continue to strengthen our partnership and the linkages thereof. We must continue to invest in the

response. It is in doing this that we can overcome not only the pandemic and the challenges it has occasioned but also, we will be positioning ourselves to respond to future public health emergencies and other priority public health issues. Together we shall overcome.

Thank you,

**Prof. Mufuta Tshimanga,
Chair, Board of Directors**

A MESSAGE FROM OUR DIRECTOR



Dr. Simon Nyovuura Antara
Director AFENET

“
We are very grateful to all our partners for the impact that their collaboration with AFENET has made in the response.”

The year 2020 was defined by the global health crisis occasioned by the ongoing COVID-19 pandemic.

In the pandemic response, the capacity of the African Field Epidemiology Network (AFENET) as an emergency response organization, has been thoroughly tested. I am glad to report that so far, we have lived up to expectation. Indeed, I have no doubt that we shall continue to deliver on our mandate and meet the expectations our partners, stakeholders and the continental pandemic response goals. In this response our role has extended beyond the traditional

AFENET boundaries of sub-Saharan Africa to the entire continent. From handling the logistics for the African Union Ministerial conference on COVID-19 to recruiting and deploying staff including the AFENET Corps of Disease Detectives (ACoDD) and volunteers, procuring test kits, oxygen concentrators, ventilators, etc., organizing various technical capacity development sessions, managing various resources for the continental response, providing financial and technical support and participating in various critical discussions, AFENET working with various partners is playing a critical role in the pandemic response.



AFENET Lab Initiative with support from CDC supported the purchase of equipment and supplies for Epidemiologic Surveillance Laboratories (ESL) in Dominican Republic

Our key partners in the response in 2020 included Ministries of Health across Africa, the Africa Centers for Disease Control and Prevention (Africa CDC) the United States Centers for Disease Control and Prevention (US CDC), Resolve to Save Lives, World Health Organization (WHO), Mastercard Foundation, Bill and Melinda Gate Foundation (BMGF), Susan Thompson Buffet Foundation, Skoll Foundation, Ford Foundation, US CDC Foundation, UNICEF, World Bank, the West Africa Health Organization (WAHO), TEPHINET and many more. We are very grateful to all our partners for the impact that their collaboration with AFENET has made in the response. Our work in public health workforce development, public health service provision and our ability to rapidly deploy resources across the continent, all came in handy to support the response.

While investing so much effort in the pandemic response, we did not neglect the pursuit of the other organizational strategic priorities, albeit under the severe constraints of the pandemic. ACoDD was at the forefront of the response to the

10th Ebola Virus Disease outbreak in the Democratic Republic of Congo until the outbreak was declared over in June, 2020. Through the National Stop Transmission of Poliomyelitis, AFENET working principally with the US CDC and with many other partners such as BMGF, WHO, UNICEF etc., played a critical role in freeing Nigeria from wild poliovirus-free status as announced by WHO in August, 2020.

We look forward to strengthening our collaborations with our partners and to continuing to work together with them for a healthier Africa.

Dr Simon Nyovuura Antara
Director



2020 HIGHLIGHTS

Below are highlights from 2020 demonstrating the contributions of the African Field Epidemiology Network and member programs with support from partners towards a healthier Africa.

FIELD EPIDEMIOLOGY CAPACITY DEVELOPMENT

In order to bridge the field epidemiology capacity gaps in Africa and support countries accelerate their progress towards attainment of the Global Health Security Agenda targets and International Health Regulations (2005), core capacities for prevention, detection and response to epidemics and other priority public health challenges, the African Field Epidemiology Network has continued to support ministries of Health in Africa to Implement field epidemiology and laboratory training programs at the Advanced, frontline and intermediate levels of training. Currently there are 1,965 graduates of the Advanced

FE(L)TP, 311 of Intermediate, and 5,576 at the Frontline FETP.

With a population of close 1.2 billion people, sub Saharan Africa needs a total of 5,218 trained field epidemiologists from both Advanced and Intermediate FETP. But with the current progress, we still need 3,300 epidemiologists. At the Frontline FETP tier, a lot of progress has been made with 5,576 health workers completing this level of training. However, there are still gaps in ensuring that at least there are six frontline FETP graduates in each of the over 3000 administrative areas (districts/regions) across all sub Saharan Africa countries.

In 2020, all the advanced FE(L)TPs continue to train with a total of 289 residents enrolled, about 73 in the intermediate programs and 289 in the frontline FETPs.

With COVID-19 declared a global pandemic, and countries instituting restrictions such as lockdowns, ban of gatherings, travels among others, training activities were greatly disrupted. This was however a call to duty for all our member FE(L)TPs, with technical staff, residents, participants and other resources repurposed to support national response efforts towards COVID-19. They were involved in development of national preparedness and response plans, screening of travelers at points of entry such as airports and ground crossing points, case finding and contact listing and tracing, supporting emergency operations centres. We share some of their experiences in this report.

Collaborations for Field Epidemiology Capacity Development

In addition to the existing collaborations and partnerships with the US CDC, the African Field Epidemiology Network continues to seek and build new partnerships with other multilateral agencies for field epidemiology capacity development in Sub Saharan Africa. Notable partnerships during this year were two:

- a) Tripartite Agreement between the West Africa Health Organization (WAHO), The Gambian Ministry of Health and social welfare and the African Field Epidemiology Network for Frontline FETP

In January 2020, AFENET and partners entered into the above tripartite agreement to conduct frontline FETP for the 8th frontline FETP cohort in The Gambia with a total of 33 participants. Specifically, AFENET provided technical support to the Ministry of Health through the conducting of the didactic workshops, align the training content to include COVID-19 surveillance, investigation and response concepts and tools. Graduation of the 33 officers was held 16th October, 2020 & together with the earlier seven cohorts implemented with support from US CDC and WHO brings the number of frontline FETP graduates in The Gambia to 206.



Cohort 8 participants during the first didactic workshop in February 2020

- b) Memorandum of Understanding Between the Liberian Ministry of Health, Ministry of Agriculture and the African Field Epidemiology Network to implement field epidemiology training for veterinarians.

Following the 2016 Joint External Evaluation for International Health Regulations, the Liberian government prioritized among others, strengthening the animal health surveillance systems. With funding from the World Bank, Regional Disease Surveillance Systems and Enhancement (REDISSE) project and through the above Memorandum of Understanding, AFENET working with other partners in Liberia spearheaded the; 1) development of frontline FETP curriculum for animal health workers ; 2) validation of the curriculum and training of mentors; 3) Implementation of the three-month frontline field epidemiology training for one cohort of 30 persons involved in animal health surveillance at national and county levels. Training for the 30 officers was successfully conducted and a graduation held on 8th of October 2020. It is envisaged that the trained officers will improve surveillance, early detection and timely response to diseases of economic and public health importance in Liberia.



Participants for the frontline field epidemiology training for Veterinarians in Liberia

FIELD STORIES

From theoretical training to field practice



Elias supporting contact tracing efforts

I was deployed in Afungi, a high-risk area with active transmission. I could not believe that it was time for fieldwork. I was excited and accepted the challenge. I was involved in contact tracing, risk assessment, investigating cases and rumors in the community. It was not easy initially since I am a first year resident and this was my first intervention. Under the guidance of a senior epidemiologist, we investigated new contacts for 6 days and screened 60 contacts previously identified by a local medical team. Samples were collected and 10% were positive for coronavirus.

I am flattered for having contributed to the response and control of COVID-19 in the country and supporting the decision making for the improvement of public health policies. It was a period of great learning in my life!

By Hélio Elias
Mozambique FELTP Resident

I trained community health workers



As a resident of the Ghana Field Epidemiology and Laboratory Training Program (GFELTP), I have been able to use my experience and training gained from the programme to facilitate nationwide trainings of community health workers as contact tracers and monitors across the country.

Contact identification, line listing and monitoring is a key strategy in breaking the chain of transmission in the COVID-19 response. I also supported the setting up of sentinel surveillance in 12 sites (10 pharmacies and 2 Health facilities) in the Western Area with the aim of quickly establishing community transmission that would guide the implementation of community mitigation strategies to slow the spread of SARS-CoV-2.

By Dr James Sylvester Squire,
GFELTP Resident

Point of Entry Surveillance at the Uganda-Kenya border



“When Uganda made a decision to investigate and test all truck drivers for COVID-19 at points of entry (PoE), I was deployed by the Ministry of Health to Busia point of entry (PoE) at the border with Kenya to set up and activate a surveillance team and investigate COVID-19 cases, list their contacts, trace and follow them up appropriately.



Dr Kakuru (Centre) speaking to a truck driver at Busia, Uganda-Kenya border.

At PoEs, everyone is at a high risk of being a contact to a case due to the level of interaction and processes involved in clearing goods and travelers. Screening all personnel at border points is therefore key to curbing cross border and community transmission of COVID-19.

My involvement in this pandemic response allowed me to apply my knowledge and skills, and to understand individual vulnerability and mindset change to combat thiCOVID-19. Each individual needs to understand how he or she can contribute to prevention efforts.

TOP

Truck drivers sanitized at the Uganda-Mutukula Border



FIELD STORIES

Spearheading hand hygiene in Kongo, DR Congo

By Bernadette Mbuyamba, DRC FELTP resident

Residents of the DRC FELTP were deployed to Zoma Boma Bungu health zone in Kongo Central Province to strengthen surveillance for COVID-19, and respond to the circulating vaccine-derived Poliovirus Type 2 (CVDVP2). I led the FETP team and we carried out a joint mission with the MoH coordination team, conducting community sensitization on conventional hand washing and other measures against COVID-19.

We conducted a hand washing demonstration to educate the community (including healthcare providers and health workers) as a means to equip them with the most effective and inexpensive way to prevent the spread of the novel corona virus and other diseases.



Bernadette Mbuyamba, DRC FELTP resident demonstrating hand hygiene

Images of FETPs in action



Tanzania FE(L)TP residents on a radio talk show sensitizing the community

A Liberia FETP mentor visiting a health facility to supervise data collection



Ghana FETP residents during an anti polio field activity

Liberia FETP residents doing documentation at COVID-19 sample collection centre



DEVELOPING PUBLIC HEALTH LABORATORY CAPACITY

Our laboratory strengthening efforts aim at improving the capacity of laboratories to improve the quality and timeliness of testing services offered, with a view to improving clinical outcomes of communities in Africa and the Caribbean. In partnership with national ministries of health and other stakeholders, laboratory capacity is strengthened through training of laboratorians at different levels of the health system, procuring and installing laboratory equipment and supplies and providing mentorship to support laboratories towards accreditation.

FACTS & FIGURES

- Laboratory E-learning platforms established in 5 African Countries
- 73 laboratories enrolled into EQA
- 250 laboratories helped to access viral load testing
- 161 lab community health workers trained in Cameroon
- 300,000 surgical Masks, 50 N95 masks, 20,000 PPEs and 30,000 test kits procured on behalf of Africa CDC



Dominican Republic collaborates with some of the equipment that AFENET assisted in procuring

A SUMMARY OF THE 2020 HIGHLIGHTS

ACTIVITY	RESULT
Support implementation of lab sample transportation	Angola, Liberia, Jamaica and Barbados supported
Enrolment of laboratories into EQA schemes	73 in the Caribbean region; 4 regional laboratories in Angola
Roll out of e-learning platforms	5 countries - Jamaica, Barbados, Trinidad, Angola, Dominican Republic and SLMTA training was also carried out online
Laboratory workforce development	In Angola, 1,504 participants benefitted from various trainings; 659 participants were trained in the Caribbean countries of Guyana, Jamaica, Trinidad and Tobago, and the Dominican Republic.
Strengthening and increasing access to viral load testing and HIV recency testing	Supported 250 laboratories in Angola, Dominican Republic, Barbados, Jamaica to improve access to viral load testing; Supported the Dominican Republic, Jamaica, Barbados, as well as Trinidad to implement HIV recency testing; Developed an HIV recency testing protocol to guide implementation of HIV recency testing activities, and procured over 4,000 HIV recency testing kits.
Supporting countries to develop HIV Viral load /EID dashboards	The Caribbean region benefitted
Supporting countries to implement drug resistance monitoring, surveillance & control strategies for global priority diseases	Jamaica and Barbados were each supported to recruit a Drug Resistance Coordinator, implement trainings, strengthen data analysis. Lab supplies were also procured to facilitate HIV drug resistance testing in the two countries.



PUBLIC HEALTH DISEASE SURVEILLANCE AND EFFECTIVE RESPONSE SYSTEMS

Response to the COVID-19 pandemic Support to Africa CDC

When the COVID-19 outbreak was declared a public health emergency of international concern at the end of January 2020, public health agencies including the Africa Centers for Disease Control initiated plans to respond to the outbreak. The initial strategy was to rapidly scale up capacity across the continent in the areas of surveillance, infection prevention and control (IPC), laboratory diagnosis and case management for COVID-19. This, in addition to convening and participating in high level advocacy meetings on the continent, to map a way forward for preparedness and response. AFENET participated in and facilitated Africa CDCs continental response to the pandemic.

In February 2020, a meeting of Health Ministers of African Union member states endorsed the Africa Taskforce for Coronavirus (AFCOR), a joint continental strategy to better prepare and respond to the disease, including a common approach for monitoring and movement restrictions of people at risk for COVID-19 and for information sharing. AFENET provided logistic support for this meeting, which in addition to the Health Ministers was attended by more than 100 delegates from across the continent. AFENET was represented at the meeting by the Director - Dr Simon Antara and other staff.

Several partners such as Bill and Melinda Gates Foundation and the SKOLL Foundation provided unrestricted funding through AFENET to fast track the operationalization of the AFCOR. With this support, we were able to facilitate various activities under the 5 pillars of AFCOR (surveillance, laboratory, clinical care, countermeasures and policy and coordination).



Enhanced surveillance training held in Nairobi for points of entry surveillance officers, national surveillance officers, airport authority officers, and representatives of airlines. The training was organized by WHO, ICAO and AFENET under the stewardship of Africa CDC.

Key achievements by pillar

AFCOR Pillar	Achievements
Surveillance	-Training of >20 member states on event-based surveillance in the context of COVID-19. -Deployment of 110 rapid responders to Africa CDC HQ, RCCs & 15 AU member states -Deployment of 161 community health workers in Cameroon under phase 1 of Africa CDC's PACT initiative.
Laboratory	-Training on laboratory diagnosis of COVID-19 for 28 countries -Purchase and distribution of more than 30,000 COVID-19 test kits to AU member states. - Deployment of 13 rapid responders to 6 AU member states
Healthcare preparedness	-Establishment of a virtual community of practice for case management of COVID-19 (21 webinars, 327 participants on average, and 50 AU member states). -Deployment of 20 rapid responders to Africa CDC HQ & RCCs, & 6 AU member states
Countermeasures	-Procurement of non-pharmaceutical countermeasures (300,000 surgical masks, 20,000 protective suits, 50 N95 masks and 30,000 face shields) for distribution to AU MS and for RCCs -Facilitated translation of at least 60 guidance documents produced by Africa CDC for dissemination to MS -Training for 26 countries on risk communication
Policy and coordination	-Facilitated emergency ministerial meeting attended by 35 Member States that developed and endorsed the AFCOR. -Facilitated Africa CDC staff's participation in > 9 emergency regional meetings focused on coordinating preparedness and response to COVID-19. -14 rapid responders (communication & administration) deployed to Africa CDC HQ and RCCs.

Following the activation of the AFCOR, other partners such as the MasterCard Foundation provided funding to Africa CDC through AFENET to support targeted interventions to facilitate response to the pandemic. This support, which is still ongoing has to date achieved the following:

Intervention	Achievements
Deployment of rapid responders	-Deployed 161 surveillance responders within 15 Africa Union (AU) MS, Africa CDC and its RCCs to support response
Procurement of test kits and medical equipment	Purchased 1,970,000 test kits, 522 oxygen concentrators, and 157 ventilators. Test kits were distributed to 52 AU MS, while oxygen concentrators and ventilators were distributed to 11 AU MS.
Roll out of the PACT initiative	Expanded implementation of Africa CDC's PACT initiative from an initial 2 countries to the current number of 25 countries.
Clinical care for COVID-19	Continued support for the community of practice for clinical management of COVID-19
Institutional capacity building for Africa CDC	-Recruitment of personnel to support various aspects of Africa CDC's operations with respect to preparedness and response.

The Ford Foundation has also provided funding to Africa CDC through AFENET to support staffing needs at Africa CDC and facilitate deployment of CHWs.

Being part of this continental response broadened our reach across the continent, but more importantly strengthened our partnership with Africa CDC. We believe this partnership and others built through our involvement in this response will be useful platforms as we continue to work to improve global health security.

Establishment of an Africa-wide outbreak revolving fund

We collaborated with Resolve to Save Lives (RTSL) to establish an Africa-wide outbreak response fund, which served to provide funding to initiate critical activities in the COVID-19 response. Fifteen African countries were beneficiaries of this fund, which was borne out of a pilot that had been running in Nigeria two years prior.

To operationalize the fund, participating MoHs/national public health institutes and AFENET jointly developed/adopted standard operating procedures (SOPs) to guide the use of the fund. AFENET managed the fund and coordinated technical reporting for the initiative.

Given the flexibility of the revolving fund, its utility cannot be underestimated. The fact that resources are made available to patients/cases of a disease in a short while has a significant impact on reducing morbidity and mortality during public

health emergencies. We look forward to establishing such a fund to bolster national ministries of health to initiate responses to public health events.

“
AFENET managed the fund and also coordinated technical reporting for the initiative.”



Hon. Dr. Jane Ruth Aceng, Minister of Health, Uganda took part in sensitizing health workers including the AFENET ACoDD team on the importance of screening at Entebbe, Airport 2020

Setting up surveillance among refugees in Uganda

By Dr Clet Kakuru,
Uganda FETP Resident

Zeu point of entry in Zombo District on the Uganda - DRC border experienced an influx of asylum seekers from DRC due to tribal land conflicts between the Lendu and Alur. An estimated 10,000 people were in May stuck in no man's land. Without decent accommodation, food, and social amenities, amidst the ongoing COVID-19 pandemic, emergency measures had to be instituted rapidly.

Working with the Emergency Operations Centre (EoC) of the Ministry of Health, and other partners such as the Infectious Diseases Institute and UNHCR, we operated to improve the welfare of the displaced individuals as they entered Uganda. The Ministry of Health set up a transit resettlement quarantine centre where arrivals would be screened for COVID-19, and nutrition assessments and childhood immunizations carried out.

Depending on conditions in DRC, the arrivals are given space for temporary occupation.

With the knowledge acquired on setting up a surveillance system and outbreak investigation, I am on top of the game. I am happy with what I have learnt so far.

Dr Clet Kakuru, Uganda FETP Resident conducting surveillance among refugees in Zombo District



FIELD
STORIES

Intercepting COVID-19 transmission in Lusaka, Zambia

By Dr Nyambe Sinyange, Zambia FETP Program Director

After identifying and training ten Zambia FETP alumni and Cohort V frontline trainees in monitoring and contact tracing (MCT), an MCT model was initiated in Lusaka.

Persons with history of travel to an area with local transmission or worked in or attended a health care facility treating COVID-19 infections or admission to a facility for severe pneumonia of unknown etiology, were registered for monitoring upon arrival.

Monitoring and contact tracing of international travelers was systematically applied with a motive of breaking the chains of transmission, with the assumption that the persons were exposed. The MCT team made on average 800 phone calls to persons listed on the monitoring form to travelers who had not developed symptoms (fever and at least one sign/symptom of respiratory disease such as cough, shortness of breath). Follow up was halted after 14 days of monitoring and quarantine. With a steady increase in COVID-19 cases, the MCT team began monitoring persons in transit, contacts to positive cases, alerts from various sources as well as swabbing and taking specimens to the laboratory. As of 28 June 2020, the national MCT team had successfully managed to follow up 29,894 persons out of the 31,280 travelers.

Zambia FETP residents doing monitoring and contact tracing during the COVID-19 pandemic



Pictorial: Cohort VII residents of the DRC FELTP supporting the COVID-19 response in various health zones



Collection of samples, Kokolo Health Zone



Awareness raising in Gombe Health Zone



Supervision visit in Kokolo Health Zone



Contact tracing in Binza Ozone Health Zone

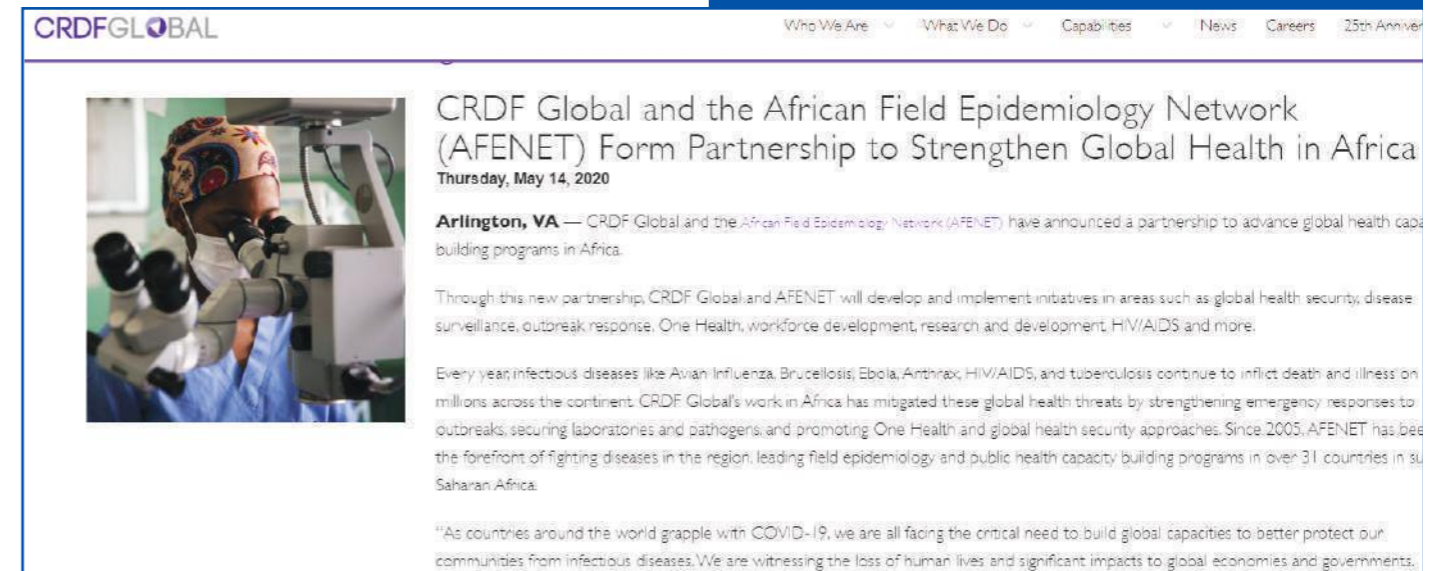
NETWORKING AND COLLABORATION

Networking and collaboration are the core of our existence. This year, the value in partnerships for greater impact in public health and other spheres was demonstrated by the COVID-19 pandemic.

“Due to the COVID-19 pandemic, we called off planning for the 8th AFENET Scientific Conference which had been scheduled for November 2020 in Kinshasa, DRC.”

A pre-existing memorandum of understanding between AFENET and Africa CDC became the cornerstone upon which we supported the latter’s institutional capacity building and continent-wide response to COVID-19. The partnership with Africa CDC also contributed to the expansion of our partner base, bringing on board partners like USAID Ethiopia, the SKOLL Foundation, the Mastercard Foundation and expanding our partnership with the Bill and Melinda Gates Foundation and the US CDC.

Away from COVID-19, we were awarded six new cooperative agreements with the US CDC. Three of the cooperative agreements are country-specific (DRC, Nigeria and Sierra Leone) and focus on strengthening health security in these countries. The fourth grant is a renewal of a long standing cooperative agreement with CDC, aimed at advancing field epidemiology development on the continent. The final new agreement is with CDC’s Global Immunization Division (GID) focuses on immunization systems strengthening in Africa. AFENET now has eight (8) running agreements with various divisions of the US CDC. We are pleased about this growth, as it signifies stronger partnership with CDC, our



long standing partner. Earlier in March 2020, we went into partnership with CRDF Global. The partnership seeks to advance global health capacity building programs in sub Saharan Africa with a focus on global health security, disease surveillance, outbreak response, One Health, workforce development, research and development, HIV/AIDS and more.

Due to the COVID-19 pandemic, we called off planning for the 8th AFENET Scientific Conference which had been scheduled for November 2020 in Kinshasa, DRC. We are exploring mechanisms of holding the conference in the coming financial year, and will share our plans once finalized.



DOCUMENTATION AND PUBLICATION

We have established several mechanisms to document and disseminate field and other experiences as they occur across the Network.

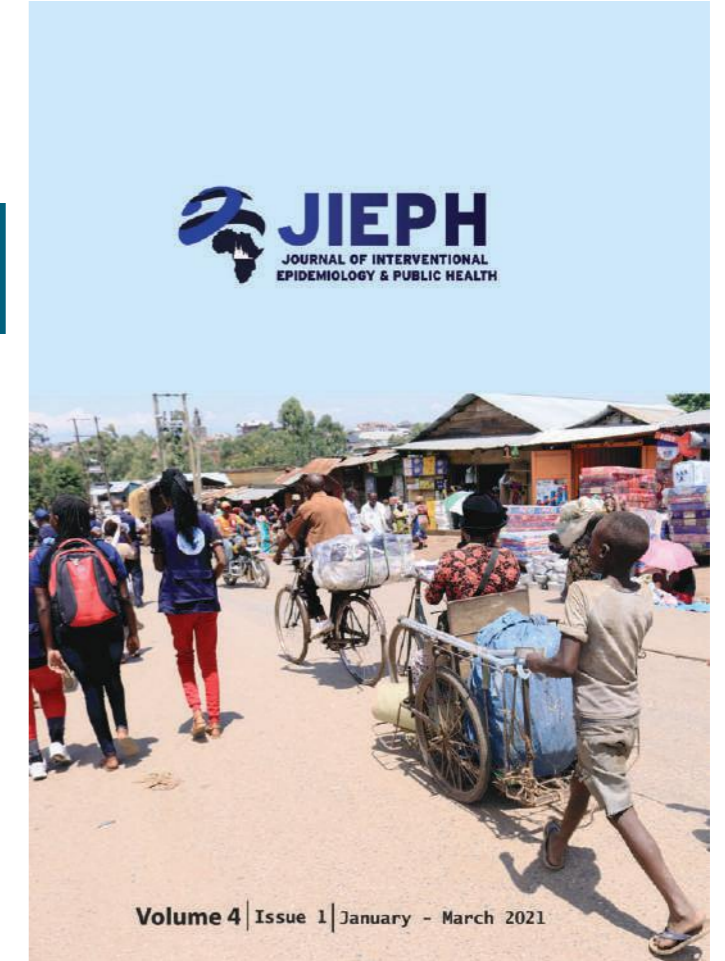
Journal of Interventional Epidemiology and Public Health

“
For the first time in our history, a purely francophone scientific writing workshop was held for our French-speaking members.”

Scientific publications are published through the AFENET-owned Journal of Interventional Epidemiology and Public Health (JIEPH) which was launched in November 2018. This year, a new Managing Editor joined our team of scientific writers, editors and reviewers to document experiences of our member FETPs and partners. Development of manuscripts by FETPs was facilitated through scientific writing workshops. For the first time in our history, a purely francophone scientific writing workshop was held for our French-speaking members.

In addition to routine publications, the team has been busy working at producing several supplements – one for francophone papers, one for the Liberia FETP, and yet another supplement focused on COVID-19 scientific interventions by FETPs. The COVID-19 supplement will feature field experiences and best practices in preparedness and response efforts to curb the virus and mitigate its effects in Africa. It is themed: Preparedness and Response to COVID-19 in Africa with the following subthemes: 1) The role of field epidemiology training programs in COVID-19 preparedness and response; 2) Country Experiences; and 3) Public health innovations.

Since JIEPH was launched, three volumes have been published with a total of 28 articles. Manuscripts published in 2020 are listed below:



2020 Publications

Since JIEPH was launched, three volumes have been published with a total of 28 articles. The following are the articles that were published in 2020:

NO.	TITLE	YEAR	PROGRAM
1	Factors associated with a confirmed Lassa fever outbreak in Eguare community of Esan West, Edo State, Nigeria: January-March, 2019	2020	Nigeria
2	Geospatial Distribution of Pedestrian Injuries and Associated Factors in the Greater Kampala Metropolitan Area, Uganda	2020	Uganda (MakSPH)
3	Epidemiologic Investigation of a Cluster of Deaths due to Eating Fried Rice Balls Intentionally Tainted with Quinalphos, Sironko District, Uganda, a case series, 2017	2020	Uganda (PHFP)
4	Bacteriological quality of Nono, a milk product sold at retail outlets in Federal Capital Territory, Nigeria	2020	Nigeria
5	Neonatal mortality and risk factors in the University Hospital of the Mother and Child Lagoon in Cotonou, Benin, 2015-2016	2020	Benin
6	Trends of Injuries due to Gender Based Violence, Uganda, 2012 – 2016, a retrospective descriptive analysis	2020	Uganda (PHFP)
7	Two Clusters of Meningococcal Meningitis in Bunyangabu District, Uganda: October, 2017	2020	Uganda (PHFP)
8	Perinatal Mortality in Emergency Obstetric Health Care Facilities, Nakuru County, Kenya, 2014–2017: A descriptive cross sectional surveillance data analysis	2020	Kenya



COVID-19 At-A-Glance

Coming at a time when technology and social media are being used as mass communication channels to keep people safe, informed, productive and connected, the Coronavirus disease (COVID-19) response is faced with an unprecedented serious infodemic. The WHO defines an infodemic as “an overabundance of information, both online and offline, with deliberate attempts to disseminate wrong information to undermine the public health response and advance alternative agendas of groups or individuals.”

As part of our contribution to fighting this infodemic, in April 2020 we initiated a tri-weekly bulletin named COVID-19 AT-A-GLANCE which is published every Monday, Wednesday and Friday. The bulletin highlights and shares the latest peer reviewed and preliminary scientific papers on COVID-19 from open access journals, in addition to field reports from FETPs, human interest life stories and press digests from leading media outlets. All issues from the bulletin can be accessed under the Resources tab menu on our website.



Other special bulletins

The World Health Organization (WHO) announced the end of the 10th EVD outbreak in DRC on 25 June 2020. The WHO noted that key to this success was the leadership and commitment of the Government of DRC, “supported by the World Health Organization (WHO), a multitude of partners, donors, and above all, the efforts of communities affected by the virus.”

Dubbed the second largest, the 22-month long outbreak that was declared in North Kivu on 1 August 2018, registered 3,470 cases, 2,287 deaths and 1,171 survivors. Over 220,000 samples were tested, and over 303,000 people were vaccinated with “the highly effective rVSV-ZEBOV-GP vaccine.”

In the “Champions of the DR Congo Ebola Response” series under the News tab menu on our website, we highlighted some of the champions whose participation in the response was facilitated by AFENET.



AFENET in the media



AFENET Director Dr Simon Antara (top left) and Ag Director of Programs Dr Herbert Kazoora (bottom left) featuring on NATION TV Uganda in May 2020. This story can be accessed on <https://youtu.be/fL2D1HDAp-c>.

During the year many AFENET staff and colleagues from programs across the continent were involved in risk communication on different media platforms. Worth noting is that Mass media play an important role in circulating information, influencing public behavior and action, as well as curtailing the spread of disease.

FACTS & FIGURES

1 talk show on COVID-19 with 30 FCAU (Foreign Correspondents' Association in Uganda) members - AFP, Reuters, AP, BBC, Al Jazeera, Voice of America, France 24, DW, The Economist, The Irish Times, and TAZ, on 9 April 2020.

1 interview on COVID-19 with NTV (Nation Media) ON 1 May 2020

3 radio epidemiologist sensitization interviews in April 2020 with KFM radio, Radio Buddu and NTV stations in Uganda

PUBLIC HEALTH PROGRAM MANAGEMENT AND RESEARCH DEVELOPMENT

NSTOP Nigeria

Our linkages with national ministries of health, and other local and international partners, and in-country presence place us in a unique position to rapidly and successfully initiate and implement public health programs.

This year, we supported the implementation of 100% more projects than the previous year. The majority of projects focused on supporting various aspects of the response to the COVID-19 pandemic.

We are working towards broadening our public health research portfolio, beyond research on neglected tropical diseases that is now in its 8th year. This year two new projects, focusing on cancer research provide an opportunity for us to venture into this arena, and contribute to the body of knowledge on cancer and non-communicable diseases as a whole. Non communicable diseases are responsible for a significant proportion of morbidity and mortality on the continent, and thus need attention.

Summary of 2020 projects

Project focus	No. of projects
Field epidemiology capacity development	5
Laboratory systems strengthening	1
HIV prevention, care and treatment	1
Research on neglected tropical diseases	1
Immunization systems strengthening	7
COVID-19 preparedness and response	10
Non communicable diseases including cancer research	3
Outbreak preparedness and response	4
Public health logistics management	2
Fund management	2
Post-FETP fellowships	2
Human resource management	1
Total	39

A collaboration of AFENET, CDC and the Nigerian Government, NSTOP was pivotal in the country's polio eradication program.

A collaboration of AFENET, CDC and the Nigerian Government, NSTOP was pivotal in the country's polio eradication program. The intervention identified numerous communities that had never been reached with immunization services and vaccinated the children in those communities. Through these and other complementary services, subsequently, Nigeria went for more than three years without a new case of polio. And on 19 June 2020, Nigeria and three other countries were certified as free of wild poliovirus by the Africa Regional Certification Commission of the World Health Organisation. The other countries were Cameroon, the Central African Republic, and South Sudan.



AFENET Nigeria NSTOP team after a workshop at the AFENET Conference, Maputo Mozambique

PROMOTING THE "ONE HEALTH" APPROACH

Animal Vaccination against Rabies in Gbarnga County



Our hope is that the graduates of this program, will jointly and effectively work with their human health counterparts in all aspects of disease surveillance and response to further cement the One Health approach.

The One Health approach embodies a multisectoral approach to public health preparedness and response. This year, our flagship project in this aspect was a World Bank funded project that aimed at training animal health surveillance officers at county and district level in Liberia in field epidemiology with a view to improving their epidemiologic capacity.

Working along technical staff of the Ministry of Agriculture, Ministry of Health, FAO and other One Health stakeholders in Liberia, we developed a

Frontline FETP curriculum for animal health; conducted curriculum validation and mentors' orientation to the competence based model of training; and facilitated a three-month frontline field epidemiology training for one cohort of 30 animal health surveillance officers. An immediate outcome of the project is improved reporting to the central unit.

Our hope is that the graduates of this program, will jointly and effectively work with their human health counterparts in all aspects of disease surveillance and response to further cement the One Health approach.

GOVERNANCE

In line with the Memorandum and Articles of the association, the Board of Directors has fiduciary responsibility for the day-to-day management and supervision of AFENET and has the authority to make all decisions regarding the operation and management of the Company within the scope of the authority provided to it by the members of the Company, the duties imposed upon it by these Articles and all applicable laws. The Board of Directors delegates its functions to such persons as it deems fit.

The following governance activities were implemented in 2020:

- A new structure of the Secretariat to lead the network was adopted and title of Executive Director was changed to AFENET Director. To this effect, Dr. Simon Antara was appointed as AFENET Director in 2020.
- Four standard Board meetings were held during the course of the year. An additional special Board meeting was held to discuss specific and urgent issues.
- The Board has four committees that reports to the main Board and these are: Human Resources (HR) Committee; Finance, Audit & Risk Management (FAR) Committee; Policy, Advocacy and Resource Mobilisation (PAR) Committee and the Quality Assurance and Monitoring & Evaluation (QAM) Committee. These committees met prior to the scheduled Board meetings and provided their respective Committee report to the Board.
- Attendance to Board and Committee meetings was satisfactory.
- The Annual General Meeting (AGM) was held in February 2020 and another one is scheduled for February 2021.
- Board orientation training was done where all Board members were provided with a refresher training on the role of the Board collectively as well as roles of the Board members individually. The four key departments in the Secretariat, namely: Technical department, Operations Department, Finance Department as well as Internal Audit & Risk Management department made presentations to the Board.

BOARD OF DIRECTORS



Prof. Tshimanga Mufuta
Program Director Zimbabwe FETP
(Chair Board of Directors)



Dr. Simon Nyovuura Antara
Director, AFENET



Dr. Cynthia Sema
Program Director Mozambique FELTP
(Member)



Dr. Elizabeth Ekirapa
Program Director Uganda Program
(Member)



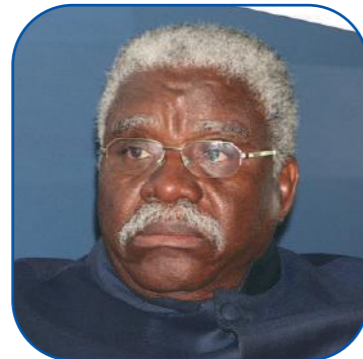
Dr. Ernest Kenu
Program Director Ghana FELTP
(Member)



Dr. Godwin Ntadom
Program Director Nigeria FELTP
(Member)



Dr. Nyambe Sinyange
Program Director Zambia FETP
(Member)



Dr. Kebela Ilunga
Program Director DRC FELTP
(Member)



Josephine Githaiga
Program Director Kenya FELTP
(Member)

AFENET's highest governance body is the General Assembly which votes for Board of Directors. The latter comprises Program Directors drawn from the membership, one Eminent Public Health Practitioner, one WHO/ AFRO representative and the Executive Director. The Executive Director and WHO/AFRO representative are non-voting members of the Board.



MANAGEMENT TEAM



Dr. Simon Nyovuura Antara
Director



Dr. Herbert Kazoora
Ag. Head of Programs



Mrs Agnes Kiggundu Barungi
Director Finance



Mr Christopher Tanui
Director Administration



Mr Muchengeti Bwakura
Director Internal Audit & Risk Management



FINANCIALS

PARTNERS

AFRICAN FIELD EPIDEMIOLOGY NETWORK LIMITED
 INCOME STATEMENT
 FOR THE YEAR ENDED 30 SEPTEMBER 2019

INCOME RESOURCES	NOTE	12 MONTHS 2019 USD \$	13 MONTHS 2018 USD \$
GRANT INCOME	10	52,199,423	64,313,785
OTHER INCOME	03	1,083,921	306,303
TOTAL		53,203,344	64,620,088
EXPENTITURE			
PERSONAL COSTS	04	23,516,602	21,910,794
CONSULTANCY	04	1,206,342	1,255,839
SUPPLIES	04	888,084	2,380,390
TRAVEL	04	3,222,020	2,898,578
EQUIPMENT	04	141,836	267,679
CONTRACTUAL	04	566,071	192,234
OTHER EXPENSES	04	23,745,279	35,587,773
TOTAL EXPENDITURE		53,286,234	64,493,287
DEFICIT/SUPPLUS FOR THE PERIOD		(82,890)	126,801

We would like to acknowledge the following partners for a wonderful working relationship during the year 2020.

- US CDC
- CDC Foundation
- UNICEF
- Mastercard Foundation
- Bill & Melinda Gates Foundation
- African Union
- Africa CDC
- USAID Ethiopia
- World Health Organisation
- World Bank/REDISSE
- Resolve To Save Lives
- Skoll Foundation
- Ford Foundation
- The Coalition for Epidemic Preparedness Innovations (CEPI)
- Oxford University
- Public Health England (PHE)
- CRDF Global
- Bernhard Nocht Institute of Tropical Medicine (BNITM)
- Robert Koch Institute (RKI)
- Swiss Tropical and Public Health Institute (Swiss TPH)
- African Society for Laboratory Medicine (ASLM)
- Westat
- TEPHINET
- West African Health Organization (WAHO)
- Infection Control Africa Network (ICAN)
- Ministries of Health and Universities across Africa



AFENET ANNUAL REPORT 2020

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