



2021 Annual Report

COVID-19 pandemic underscores the need for increased investment in field epidemiology capacity development

A photograph of a scientist in a white lab coat and a blue surgical mask is shown in a laboratory. The scientist is leaning over a table, looking through a microscope. The background shows laboratory equipment and a clean, professional environment. The image is semi-transparent, allowing text to be overlaid on it.

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AFENET Annual Report 2021

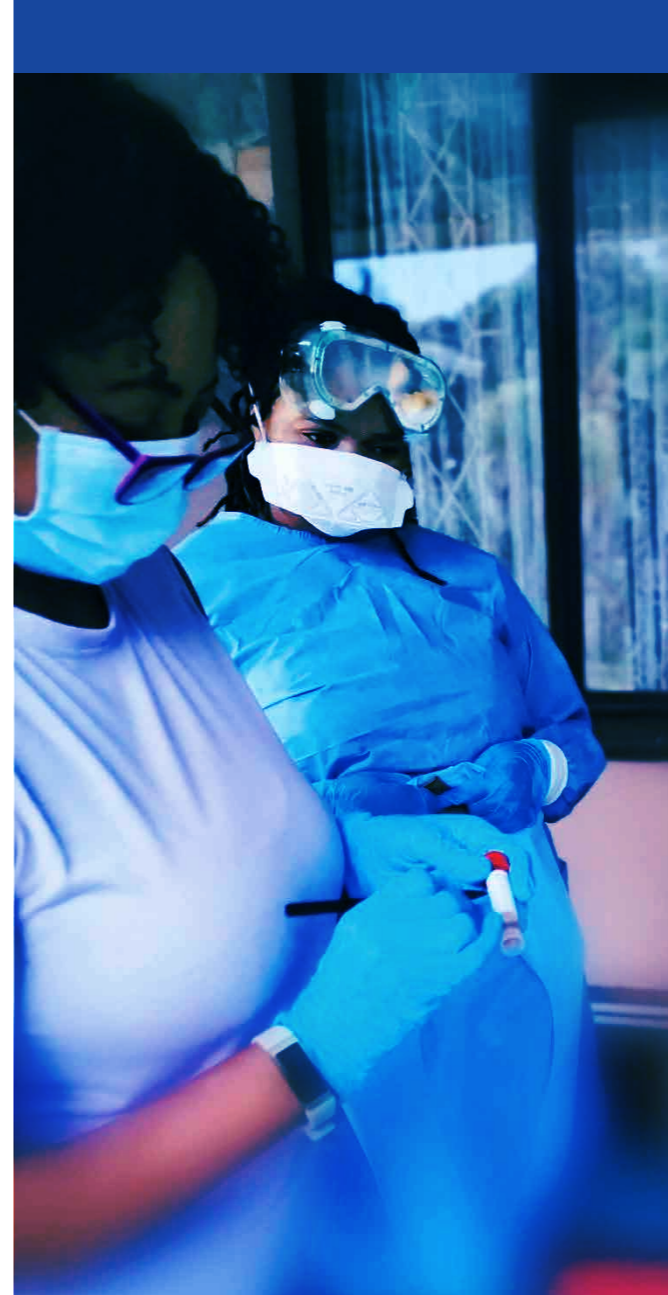
EDITORIAL TEAM

Dr. Simon Antara:	Director
Dr. Rebecca Babirye:	Business Development and Grants Officer
Dr Herbert Kazoora:	FETP Team Lead
Mr. Humphrey Kabugo:	Monitoring and Evaluation Officer
Mr. Kakaire Ayub Kirunda:	Senior Communications Officer
Mr. Edger Ampaire:	Visual Communication Consultant
Ms. Chelimo Racheal:	Communication Officer

PHOTOGRAPHY

Secretariat Staff
 Courtesy photos: FELTP Residents and Program Staff

© African Field Epidemiology Network (AFENET)
 Lugogo House, Ground Floor (Wings B&C)
 Plot 42, Lugogo By-Pass
 P.O. Box 12874
 Kampala, Uganda
 Tel: +256 417 700650
 Fax: +256 312 265595
www.afenet.net
 @AFENETAfrica
 @AFENETAfrica



Acronyms and Abbreviations

AFENET	African Field Epidemiology Network
AESI	Adverse Event of Special Interest
ACoDD	AFENET Corps of Disease Detectives
AFP	Acute Flaccid Paralysis
Africa CDC	Africa Center for Disease Control and Prevention
APHF	Africa Public Health Foundation
CDC	U.S. Centers for Disease Control and Prevention
CLICQ	Clinic-Lab Interface Continuous Quality Improvement
COVID-19	Coronavirus disease 2019
DiCE	Diagnostic Cascade Evaluation
ELISA	Enzyme-Linked Immunosorbent Assay
EVD	Ebola Virus Disease
FELTP	Field Epidemiology and Laboratory Training Program
FETP	Field Epidemiology Training Program
GHSA	Global Health Security Agenda
GOARN	Global Outbreak Alert and Response Network
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IPC	Infection Prevention and Control
Jhpiego	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JIEPH	Journal of Interventional Epidemiology & Public Health
KOICA	Korea International Cooperation Agency
NCDs	Non Communicable Diseases
PHEOC	Public Health Emergency Operations Centre
PoE	Point of Entry
PPE	Personal Protective Equipment
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
WHO AFRO	World Health Organization Regional Office for Africa

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About Us

The African Field Epidemiology Network (AFENET) is a non-profit networking and service alliance of Field Epidemiology and Laboratory Training Programs (FE(L)TPs), and other applied epidemiology training programs in Africa. Established in 2005, AFENET's footprint has exponentially increased from the founding four member countries to operations in over 33 countries in Sub-Saharan Africa, including Djibouti and Somalia, in the Eastern Mediterranean region of the World Health Organization. Additionally, the organization has presence in six countries in the Caribbean including the Dominican Republic, Trinidad and Tobago, Suriname, Saint Lucia, Grenada, Jamaica. We are dedicated to supporting 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

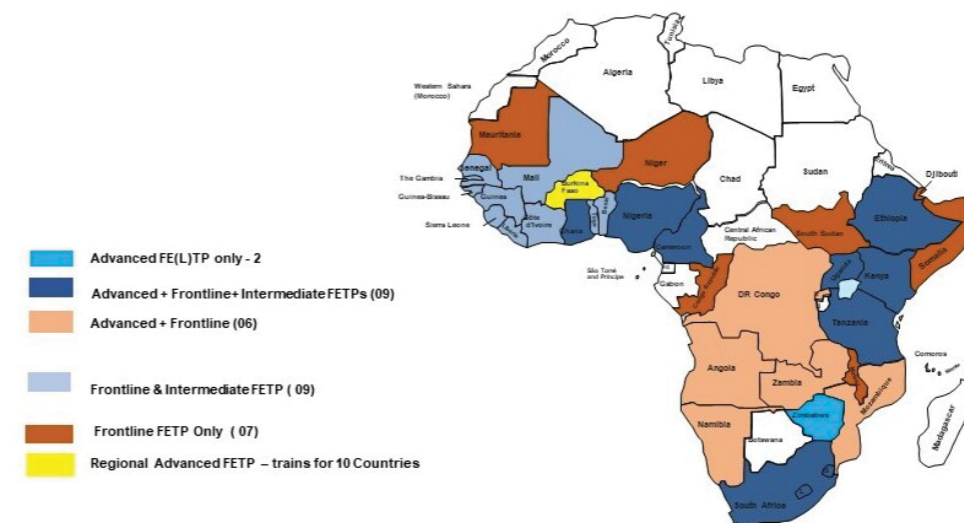
Our Mission | We are committed to ensuring effective prevention and control of epidemics and other priority public health problems in Africa.

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

- Developing Field Epidemiology Capacity in Africa
- Developing Public Health Laboratory Capacity in Africa
- Public Health Disease Surveillance and Effective Response Systems
- Networking and Collaboration for Public Health Advancement
- Documentation and Dissemination of Experiences in Public Health
- Public Health Program Management & Research Development
- Promoting the "ONE HEALTH" Approach

AFENET Footprint and Field Epidemiology Footprint in Africa

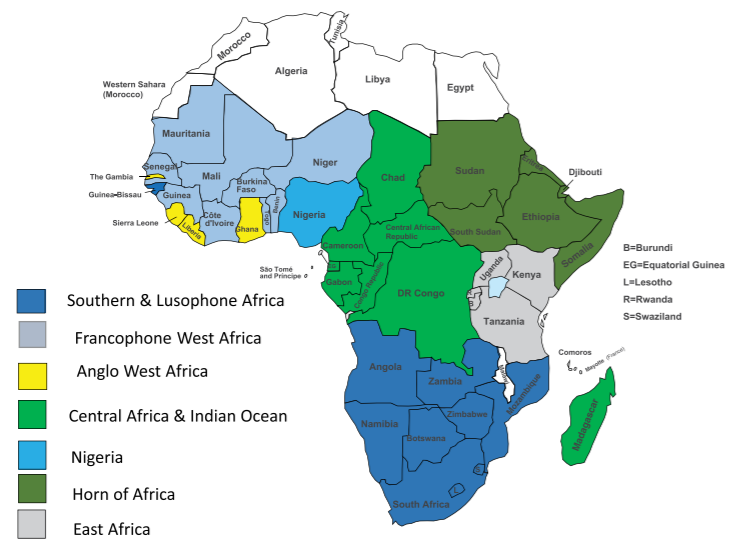


AFENET Regionalization Strategy

With a secretariat in Kampala, Uganda, AFENET established seven functional regional hubs to facilitate swift technical and operational support to member countries in Africa. Countries are cluster based on regional proximity and also common epidemiological profile. These hubs, hosted by one of the countries in the respective regions, are headed by regional technical coordinators. These hubs include:

- 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

AFENET Regional Hubs, 2021



Acknowledgements

We acknowledge the great support from the various ministries of health, public health institutes, ministries of agriculture, and universities across the continent. We are very grateful for the contributions of our partners such as Africa CDC, US CDC, USAID, CDC Foundation, UNICEF, Mastercard Foundation, Bill & Melinda Gates Foundation, Jhpiego, Open Society Foundation, Africa Public Health Foundation (APHF), Susan Thompson Buffet Foundation, African Union, WHO, World Bank/REDISSE, Vital Strategies, Resolve To Save Lives, Skoll Foundation, Ford Foundation, The Coalition for Epidemic Preparedness Innovations (CEPI), Oxford University, UK Health Security Agency (UKHSA), 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), TEPHINET, West African Health Organization (WAHO), Infection Control Africa Network (ICAN), AMREF, Development Alternatives Inc., KOICA, FAO, GOARN, The Taskforce for Global Health, among others.

We look forward to strengthening our partnership as we work to address the various continental and global public health challenges.

Our 2021 Snapshot

- Supported establishment of new FETPs in 13 countries across Africa including: Frontline FETPs (Angola, Mozambique, Republic of Congo, South Sudan, Somalia, Djibouti, Namibia) and Intermediate FETPs (Cameroon, Nigeria, Cote d'Ivoire, The Gambia, Ethiopia, and Guinea Bissau)
 - Enrolled 1,186 residents across member programs. The enrolments by FETP tiers are as follows: Advanced, 262; Intermediate, 133; Frontline, 791
- Graduated 1,195 residents across member programs. They include, 222 advanced, 96 intermediate and 877 frontline graduates
- In Angola, AFENET supported the following; viral load testing scale-up, creation of a sample transport system in 18 health facilities across 4 provinces, and maximized the national HIV laboratory's use of existing testing platforms
- Conducted site evaluations in 74 Integrated HIV Care Sites in the Dominican Republic
- Conducted 194 follow-up visits to all comprehensive HIV Care Services sites in the Dominican Republic
- 383 ACoDD members responded to public health emergencies in DR Congo, Uganda, Liberia, Burkina Faso,

- Mozambique, Sierra Leone, Guinea Conakry, Zambia and Togo
- 7 mini grants for COVID-19 outbreak investigation were awarded in the Dominican Republic
- 59 articles were published in the fourth volume and three special supplements of the Journal of Interventional Epidemiology and Public Health
- Held two successful virtual regional scientific conferences (Eastern Africa and Southern Africa) and a number of national ones
- 105 issues of the COVID-19 At-a-Glance bulletin were published
- Supported assessment of all major Points of Entry (PoEs) in the 6 member countries of the East Africa community to assess their preparedness to handle emergencies of public health concern like COVID-19
- Supported the development of the West African Health Organization PoE training curriculum which was adapted by all 15 member countries
- Supported application for ethical approval for five research projects in East Africa
- Continued our critical support to the continental response to the COVID-19 pandemic



Dr Kevin Mugenyi, the epidemiologist leading AFENET's surveillance front on Acute Flaccid Paralysis and COVID-19 in health centers around Uganda's Masaka – Mutukula area bordering Tanzania



Mr. Andrew Stein, a Polio Senior Program Officer at Bill & Melinda Gates Foundation in a meeting with AFENET Director and the Polio program team in June 2021

Board Chair's Message

Greetings from the AFENET Board of Directors!

In 2021, AFENET continued its critical role in supporting the continental response to the COVID-19 pandemic and to other public health priorities. In the face of the challenges posed by the pandemic, the need to strengthen governance, provide strategic direction and innovate to ensure that our organization remains relevant cannot be overemphasized. The AFENET Board was diligent in the task of providing the needed guidance in its efforts to continuously stimulate the growth of the organization. In this direction, the AFENET Board, in addition to holding its statutory meetings, also held a board retreat, attended by all board members and management team to strategize on issues of continuous improvement, relevance and growth of the organization. We shall continue to review and restructure the board towards addressing the emerging needs of the organization.

We continue to emphasize networking, collaboration and partnership as our approach to ensuring impactful public health interventions. This approach has resulted in great achievements despite the challenges of the season. We are grateful to all our stakeholders and partners. Together, we can achieve a healthier Africa and ensure continental and global health security.



Prof. Mufuta Tshimanga
Chair, AFENET Board of Directors

My sincere appreciation to our management team and staff across the network for the commitment and dedication towards the vision of a healthier Africa. The AFENET Board greatly appreciates your resilience and hard work.

Thank You,

Prof. Mufuta Tshimanga
Chair, AFENET Board of Directors

Director's Message

Greetings from the African Field Epidemiology Network (AFENET)!

In 2021, AFENET, in pursuit of the vision of a healthier Africa, continued its work towards addressing public health priorities on the continent, including the response to the ongoing COVID-19 pandemic. Our strong believe in building synergy through partnership and collaboration for public health response and our commitment towards achieving the same has resulted in growth in the number of our partners and the scope of public health interventions executed by AFENET. We have delivered and continue to deliver on our mandate in every partnership and has once again proven that AFENET is an effective and efficient partner for public health work.

Our commitment towards public health workforce development remains sacrosanct. In a period of a pandemic which has occasioned a high demand for public health workforce, we are excited about the new competent and qualified hands and minds that are being added. In 2021, our member programs produced 877 frontline, 96 intermediate and 222 advanced level graduates. Graduates and residents from these programs continue to play critical roles in the pandemic response and in addressing various public health priorities. Our work in public health workforce development, public health service provision and our ability to rapidly deploy resources across the continent, is critical for the continental public health agenda and continental health security.

We are most grateful to all our partners. We thank you for entrusting us with your resources and assure you of our commitment to prudence, transparency and accountability in the management of these resources. I salute the hardworking and dedicated management team and staff of AFENET who go the extra mile to ensure the attainment of AFENET's noble goals. We celebrate you!

Dr. Simon Nyovuura Antara,
Director AFENET



Dr. Simon Nyovuura Antara
Director AFENET

"In 2021, our member programs produced 877 frontline, 96 intermediate and 222 advanced level graduates."



46 police officers graduating from the frontline training program in Ethiopia on February 17, 2021 at the Haile Resort Adama, Ethiopia

AFENET Leadership

Board of Directors



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



Dr. Simon Nyovuura Antara
Director AFENET



Dr. Cynthia Sema
Program Director Mozambique FELTP
(Member)



Dr. Elizabeth Ekirapa - Kiracho
Program Director Uganda Program
(Member)



Prof. Ernest Kenu
Program Director Ghana FELTP
(Member)



Dr. Godwin Ntadom
Program Director Nigeria FELTP
(Member)



Dr. Nyambe Sinyange
Program Director Zambia FELTP
(Member)



Dr. Dieudonne Mwamba Kazadi
Program Director DRC FELTP
(Member)



Josephine Githaiga
Program Director Kenya FELTP
(Member)

Management Team



Dr. Simon Nyovuura Antara
Director AFENET



Dr. Ditu Kazambu
Head of Programs



Mrs. Agnes Kiggundu Barungi
Head of Finance



Mr. Christopher Tanui
Head of Operations



Mr. Muchengeti Bwakura
Head of Audit & Risk Management

Governance Updates

In line with the Memorandum and Articles of Association of the organisation, the Board of Directors has fiduciary responsibility for the day-to-day management and supervision of AFENET and has the authority to make decisions regarding the operation and management of the organization.

The following governance activities were implemented in 2021:

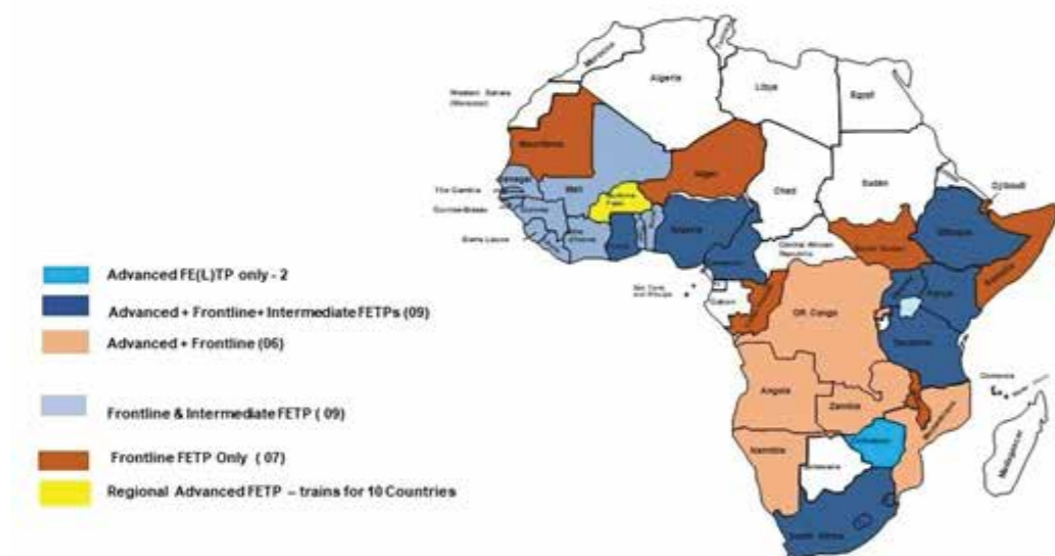
- Four statutory and one emergency board meetings were held and attendance was satisfactory
- The four board committees (Human Resources; Finance, Audit & Risk Management; Policy, Advocacy and Resource Mobilization; and Quality Assurance and Monitoring & Evaluation) held their statutory meetings prior to the board meetings and provided their reports to the board. The attendance was satisfactory
- The annual general meeting was held in February 2021
- Board orientation was done on the roles, responsibilities and liabilities of the board. The individual board members were also oriented on the same
- The Office of the Director and the four key departments in the Secretariat, namely: Technical, Operations, Finance, as well as Internal Audit & Risk Management presented to the Board
- A Board retreat was held and this was the first in the history of the AFENET board. The board used the retreat to strategize and innovate for the growth of the organization. The board also resolved to have this retreat annually



Developing Field Epidemiology Capacity in Africa

Sub-Saharan Africa is still faced with inadequate field epidemiology workforce capacity to ensure health security for the 1,122,845 billion population in the region. The African Field Epidemiology Network collaborating with the US CDC and other partners has supported ministries of health to address this through initiating, implementing and sustaining various tiers of field epidemiology training programs. Specifically, AFENET coordinates engagement of the ministries of health and national stakeholders to foster program support and buy-in through organizing and implementing stakeholders' workshops; hiring and deploying key technical and administrative program staff who include resident advisors, trainers/mentors and administrators; equipping and furnishing FETP offices, facilitating the technical component of in-class teaching and offering field mentorship across all the implementing countries. As a result of these collaborative efforts, progress has been made towards attaining the global health security agenda (GHSa) target of 1 trained field epidemiologist per 200,000 with 2,789 field epidemiologists trained to date at the advanced and intermediate FETPs. A gap of 2,825 field epidemiologists still exists and AFENET continues to advocate and engage with partners to address this, with remarkable progress made during this reporting period.

FELTP Coverage in sub-Saharan Africa (AFENET Region)



Advanced Field Epidemiology Training Programs

Significant progress has been made over the last 15 years with 16 countries in sub-Saharan Africa establishing and sustaining Advanced FETPs, a two-year competency based master's degree awarding program. These include: Angola, Burkina Faso, Cameroon, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda (MPH & FETP fellowship), Zambia and Zimbabwe. To date there are a total of 2,404 graduates from these programs and during this reporting period, they have continued to train with a total of 262 residents enrolled across all our member programs.

With support from the Africa CDC, AFENET is also supporting efforts to enhance enrollment of FETPs in the Southern Africa region. Through this, funds have been provided for additional residents as follows: Mozambique FETP (two local residents, one international); Namibia FETP (seven local and one international resident); Zambia FETP (four local and three international residents); and Zimbabwe FETP (24 local residents).

Intermediate Field Epidemiology Training Programs

In order to accelerate progress towards attainment of the GHSa target of 1 trained field epidemiologist per 200,000, AFENET continues to collaborate with the US CDC to support member countries to implement the intermediate FETP, a nine month in service program whose graduates contribute to this target. Seven countries have been directly supported through AFENET to initiate and implement the intermediate FETP during this period. These include: Cameroon, Nigeria, Ethiopia, Cote d'Ivoire, Guinea Bissau, Burkina Faso and The Gambia. In Uganda, the Intermediate FETP was also initiated during this period through other partners with limited involvement of AFENET. These, together with the existing nine programs, including Ghana, Guinea, Mali, Senegal, Togo, Kenya, Liberia, Sierra Leone and Tanzania, makes it 17 countries within the AFENET region implementing this tier of training. Currently there are 385 graduates and 250 public health workers in training across the 17 countries thereby contributing to narrowing the gap towards the GHSa target. AFENET is also in advanced stages of working with US CDC to start the intermediate FETP in Benin, South Africa, Malawi and Mozambique.

Frontline Field Epidemiology Training Programs

AFENET continues to support member countries to implement frontline FETP, a three-month in-service field epidemiology capacity development program for public health workers at the fore front of surveillance. This tier has been implemented in Benin, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, the Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Namibia, Nigeria, Senegal, Sierra Leone, South Africa, Tanzania, Togo and Uganda. To date, 7,101 frontline workers have completed the training and another 791 are still in training. During this period, six countries have been supported to initiate this tier and these include: Niger, Mozambique, Rwanda, Angola, Somalia and Djibouti. Working with US CDC, we are in advanced stages of introducing frontline FETPs in the Republic of Congo, Chad, Burundi, Lesotho, Botswana, Madagascar, South Sudan and the Central Africa Republic.



Inaugural frontline training cohort in Mozambique



Participants and delegates at the 1st workshop of the inaugural Somalia FETP Frontline course on 29 August 2021



From Left to Right: Dr Herbert Kazoora (AFENET), Dr Mamunur Malik (WHO Rep, Somalia), Dr Abdifatah Ahmed (Executive Director, National Institute of Health, Somalia), Dr Abdinasir Mukhtar (Director General, Federal MoH, Somalia), Dr Abdilahi (Director of Public Health, MoH), Dr Fatima Aden (IGAD Representative) at the opening ceremony of the launch the Somalia FETP frontline tier in August 2021.



Trainees and officials at the launch of the Djibouti FETP frontline tier, October 2021

Outside of Africa: FETP training support to the Dominican Republic

Beyond sub-Saharan Africa, AFENET is doing some work in the Caribbean. As part of the “Strengthening of the training program in field epidemiology and epidemiological surveillance in the context of COVID-19, Dominican Republic” project, AFENET hired a Resident Advisor (RA) whose contract is directly linked to the efforts within this country’s ministry of health, and contributing to the national efforts to increase the capacity of the public health workers in the country. This is being done through enhancing the capacities of the laboratory and surveillance workers.

Among the FETP frontline tier cohorts started in 2021, three were financed with funds from AFENET, benefiting 57 professionals. The RA participation in the frontline course was in punctual review of educational materials, face-to-face classes, recording of virtual classes, evaluation of works, visiting the laboratory, closing ceremonies, activities planning and submission of studies to conferences.

Meanwhile, under the FETP intermediate tier, now in its eighth cohort, two of these were conducted in the country in 2021, with 40 professionals starting training. However, among the cohorts started in 2021, Cohort VII was funded by AFENET, benefiting 18 professionals.



Intermediate FETP Cohort VII in the Dominican Republic which was funded by AFENET



Field work: FETP intermediate cohort 7 in the Dominican Republic, 2021



Virtual class: FETP Dominican Republic, 2021



Intermediate FETP Cohort VII field work session

Developing Public Health Laboratory Capacity

We continued to contribute to the enhancement of 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. Working 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.

Supporting HIV-related laboratory networks and partnerships to facilitate laboratory strengthening and management activities in countries supported by PEPFAR in Angola and Dominican Republic

Angola

In 2021, activities focused on four provinces including Benguela, Lunda-Sul, Huambo and Cunene in 22 health facilities. During this reporting period, PEPFAR Angola shifted its focus to support key and priority populations in these four provinces. Technical support was provided by AFENET mentors in 18 health facilities located in these four PEPFAR priority provinces in the country. The main objective of this technical assistance was to support viral load scale up through building capacity for viral load (VL) testing, creating a sample transport system and maximising the national HIV laboratory's use of existing testing platforms. Additionally, the project provided mentorship support to all the 18 health facilities to strengthen health care workforce capacity.

Dominican Republic

With funding from the CDC - Dominican Republic office, AFENET supported several laboratory-strengthening initiatives in this Caribbean country. AFENET Technical mentors concluded site evaluations in 74 Integrated HIV Care Sites using an "HIV VL Checklist." During this reporting period, mentors visited HIV Care sites in Zone 1 has 27 integrated service providers (SAIs), Zone 2 (has 24 SAIs) and Zone 3 (has 23 SAIs). A total of 194 follow-up visits were made to all comprehensive HIV Care Services (SAI's), significantly increasing the number of visits made during Quarter 1. In February 2021, the project recruited a team of clinical staff (three clinical advisors, one laboratory advisor and one clinical manager), the clinical staff were to complement the work of the Laboratory technical advisors to address all challenges being faced by the SAI's while providing HIV services.

Launch of TB Clinic-LAB interface continuous quality improvement ECHO program



In collaboration with the US Centers for Disease Control and Prevention (CDC) and Uganda's ministry of health, AFENET launched the TB Clinic-Lab Interface Continuous Quality Improvement (CLICQ!) ECHO program. This program guides and enables healthcare workers and laboratory staff to review their clinic-laboratory data as well as identify gaps within their patient cascade. Patient cascades are a mechanism to ensure that, each patient diagnosed with TB is enrolled on a 'pathway' of management to ensure a seamless extension from the prehospital and ED phases to the ICU and rehabilitation services if required. The program was launched in twelve health facilities in the Bunyoro and Lango sub regions of Uganda. All these facilities were, moving forward, assessed using the Diagnostic Cascade Evaluation (DiCE) tool to identify challenges / gaps present within their TB diagnostic and treatment cascade.



A nurse at Ndejje Health Centre IV in Uganda using the DiCE tool kit under the TB Clinic-Lab Interface Continuous Quality Improvement (CLICQ!) ECHO program

Public Health Disease Surveillance and Effective Response Systems

The Role of FELTPs in COVID-19 Preparedness and Response in Sub-Saharan Africa

As of 26 September 2021, the WHO AFRO region had recorded a cumulative 5,929,003 cases and 144,557 deaths with all 47 member countries affected. Leveraging on the over 15 years of experience working with ministries of health in sub-Saharan African to strengthen public surveillance and response systems, AFENET and member field epidemiology and laboratory training programmes (FE(L)TP) have greatly contributed to COVID-19 preparedness and response.

After successfully supporting national response structures during the preparatory phase for COVID-19 the previous year, during 2021 FE(L)TP residents, alumni and faculty continued to work with their respective countries to effectively respond to the pandemic. In the summary below, specific contributions by FE(L)TPs across Sub Saharan Africa during the preparedness and response phases of the pandemic are highlighted.

Surveillance

FE(L)TP graduates and residents across the AFENET member programs played leading roles within the surveillance pillar where they were involved in alert management, case/cluster investigations, contact listing and tracing, monitoring travelers in quarantine centers, data analysis and preparing of daily situation reports.



Kenya FELTP residents deployed at the PHEOC Centres to support COVID-19 surveillance



Left: Mozambique FELTP residents and Right: Guinea FELTP residents investigating cases of COVID-19 in the field



Left: Ghana FELTP residents training contact tracing team on the use of SORMAS for data management and Right: Mozambique FELTP resident supporting data analysis

Laboratory Pillar

FETP residents and graduates supported development of sample collection standard operating procedures and tools, timely field collection of samples from suspected COVID-19 cases and transporting them to designated laboratories for confirmation, laboratory data management and linking to surveillance for public health action. They participated in training laboratory technicians at the lower levels to collect COVID-19 samples from suspected cases in the field.



Residents collecting COVID-19 sample from suspects in Angola and Nigeria, respectively.

Points of Entry

FETP residents continued to play leading roles in supporting point of entry screening of travellers at the Airports and ground crossing points. They were involved in assessment of infection prevention and control measures at points of entry, training of staff on screening of travellers, collecting travel data and reporting of detected suspects among travellers.



Left: Uganda FETP resident Screening travellers at Entebbe International Airport and Right: Zambia FETP residents supporting mass screening of travellers at a ground crossing point

Infection Prevention and Control

FETP graduates and residents were involved in infection prevention and control orientations and training of health workers at the health facility levels. They also supported assessment of infection prevention and control practices in health facilities.



Left: Liberia Intermediate FETP resident conducting assessment of IPC capacities and practices at a health facility and Right: Ghana FETP Resident from The Gambia demonstrating donning and doffing of PPEs to health workers to prevent exposure to COVID-19



Zimbabwe FETP Resident demonstrating donning and doffing of Personal Protective Equipment to health workers

Risk communication and Community engagement

Risk communication has been integrated in all COVID-19 response activities that FETP residents, graduates and others have been involved in. Given that COVID-19 is a new disease, FETPs continue to play a leading role in sensitising communities on the origin of the disease, its transmission to human populations, possible transmission chains and preventive measures and behaviours to interrupt spread. They have been at the forefront to explain to the masses the relevance and effectiveness of interventions that have been enforced by governments such as lockdowns, social distancing, wearing of masks, hand washing and the use of sanitizers. These have been achieved through their participation in community outreach/sensitisation campaigns, and giving interviews to journalists. In Liberia, Uganda, Zimbabwe FETPs, residents participated in surveys to assess knowledge, attitudes and practices towards COVID-19 among health workers and the general population. The findings of these rapid assessments have greatly informed health education interventions and FETPs have also supported development of IEC materials, translating them into local languages and disseminating them through community engagements.



Left: South Africa FETP graduates and Residents deployed to the 24 hour Call Centre to respond to community calls and questions on COVID-19



Left: Dr. Ben Masiira, AFENET epidemiologist on a local television sensitizing masses on COVID-19 and Right: Ethiopia FETP resident deployed at the 24 hour national call center responding to callers questions

Vaccination

FETPs supported this pillar through participating in community sensitization on the new vaccines, their efficacy and conducting rapid assessments on community perception regarding the vaccines. In Zambia for example, FETP residents undertook a vaccine effectiveness study while in Liberia, they conducted a rapid assessment on knowledge of COVID-19 and vaccine acceptance in two counties to inform strategies for increased vaccine uptake in the country.



(L-R) Godwin Akpan (GIS/IT Specialist, Liberia FETP) and Lily Sanvee (Field Epidemiologist, Liberia FETP) on spot check and on-site support to a team conducting interview on a household at Togba Camp - Old Road, Monrovia

AFENET Corps of Disease Detectives at work



The AFENET Corps of Disease Detectives (ACoDD) is a civil voluntary service of culturally competent professional field epidemiologists based on the one health approach. The aim is to ensure maximum and efficient utilization of the well trained workforce from the frontline, intermediate and advanced tiers in response to disease outbreaks and other public health emergencies. The mandate of ACoDD is to step up, at a moment's notice, to investigate any type of disease outbreak or public health threat, identify the threat and contain it at source in collaboration with ministries of health, Africa CDC, US CDC, WHO and other relevant partners. The Corps are AFENET's boots-on-the-ground disease detectives, central to finding and stopping public health emergencies especially disease outbreaks quickly. ACoDD members lead case identification and investigation teams, contact tracing teams, focused-population sensitization and suspected-case referral for effective management.

ACoDD members are spread across the 31 AFENET member countries in Sub-Saharan Africa including Angola, Benin, Botswana, Burundi, Burkina Faso, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, and the Gambia. Others are Ghana, Guinea Bissau, Guinea Conakry, Kenya, Liberia, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia, and Zimbabwe. The coordination of ACoDD activities is a collaboration between the ACoDD focal person at the AFENET secretariat in Kampala (Uganda), AFENET regional technical coordinators at the seven AFENET-regional hubs and focal persons in country FETPs.

Achievements

During the reporting period, a total of 215 ACoDD members were deployed to respond to five public health emergencies in DRC and Uganda alone. These emergencies included COVID-19, Ebola Virus Disease (EVD), Acute Flaccid Paralysis (AFP)/ Polio, Anthrax and Meningitis. The details of these and other deployments are as shown in the table below:

Country/ Project	Public Health Emergency	No. of ACoDD members deployed
DRC	Acute Flaccid Paralysis/ Polio	119
DRC	COVID-19	52
DRC	EVD in North Kivu	21
DRC	Meningitis	10
DRC	Anthrax	6
Uganda	COVID-19	7
Liberia	COVID-19	25
Burkina Faso	COVID-19	12
Mozambique	COVID-19	17
Sierra Leone	COVID-19	8
Guinea Conakry	COVID-19	23
Zambia	COVID-19	58
Togo	COVID-19	25
TOTAL		383

ACoDD photo gallery



Clockwise:
Dr Bolivar Kigombe crossing a River to investigate EVD cases in Penzere, Equator Province, DRC



ACoDD members meeting Uganda Presidential Advisor on COVID-19, Dr. Monica Musenero during a response to a COVID-19 cluster in Njeru Industrial Park, in Central Uganda.

Dr Ben Masiira (standing left) orienting Nyendo and Senyange parish task forces on home-based care for COVID-19, Masaka District, Uganda.

A graduate of the FELTP collecting a Covid-19 specimen in Sierra Leone.

Mini-grants for COVID-19 outbreak investigation in the Dominican Republic

Supported under the “Strengthening of the training program in field epidemiology and epidemiological surveillance in the context of COVID-19, Dominican Republic” project, the mini-grants activity received 18 letters of intent from professionals in different locations across the country.

From the established priority (current trainees or FETP graduates; researchers working in institutions of the MoH or National Public Health Service; tutors or teachers in the MoH or within the university affiliated to the FETP), and from the selection of topics of interest for national surveillance of COVID-19, the best 12 proposals from different areas of interest were initially selected.

The 12 selected proposals received instructions for submitting a complete research protocol, which were received on 28 June 2021. The protocols were reviewed by a group of epidemiology experts, with an instrument created for the evaluation of projects and the final result was the approval of 7 projects related to field epidemiology and COVID-19 as listed below:

Projects selected to receive the mini-grants for COVID-19, Dominican Republic, 2021

Projects
1. Surveillance data and predictors of mortality for COVID-19 in the Dominican Republic, 2020
2. Clinical characteristics of Pediatric Multisystemic Inflammatory Syndrome (SIM) associated with COVID 19
3. Surveillance and Investigation of Coronavirus disease in employees of the Ministry of Public Health
4. Surveillance of asymptomatic versus presymptomatic cases of COVID 19
5. Evaluation of breastfeeding in the context of COVID-19 and strengthening of counseling services offered by maternal and child community companions in Health Area VI of the National District
6. Epidemiological surveillance of entry point workers during the pandemic
7. Perceptions about COVID 19 in a Batey (Haitian migrant population)

Networking and Collaboration for Public Health Advancement

Cognizant of the role partnerships play in advancing public health practice in Africa, and indeed on a global scale, we continued to pursue new partnerships and strengthen existing ones. As was the case in the previous year, a lot of the partnerships focused on containing the spread of COVID-19 and its health, social and economic impacts. We believe that these efforts alongside other initiatives have contributed to averting massive loss of lives on the continent.

A key partner in the fight against COVID-19 is the Africa CDC. We continued to collaborate with the regional body to support various aspects of the continental response to COVID-19. This relationship birthed other partnerships with new partners such as the Open Society Foundation and the Africa Public Health Foundation (APHF). Through our partnership with Africa CDC, our relationship with several foundations (such as the Mastercard Foundation, the Bill and Melinda Gates Foundation, and Skoll Foundation) was expanded and strengthened. We are honored to be part of Africa CDC and Mastercard Foundation’s Saving Lives and Livelihoods Program which seeks to vaccinate 60% of Africa’s population against COVID-19 over a three-year period.

With our long-standing partner – the US CDC (through 9 cooperative agreements), we worked with ministries of health in more than 30 countries to implement various activities, broadly focused on: responding to the COVID-19 pandemic and strengthening various aspects of health systems such as the public health workforce, laboratory and immunization systems, disease surveillance and research, with a specific focus on neglected tropical diseases. All these efforts aim to strengthen global health security with a view to reducing the negative impact of public health emergencies on the population in Africa, and the world at large.

Our past and current work with the US CDC also birthed a partnership between us and Jhpiego,

focused on strengthening the public health workforce in Guinea and Mali, through FETP training.

Our partnership with Vital Strategies/Resolve to Save Lives (RTSL) was also instrumental in supporting our work with ministries of health in more than 10 African countries to respond to the COVID-19 pandemic. The outbreak revolving fund whose scope was expanded from one country to at least 12 countries helped countries mount the initial response to the pandemic. As the pandemic progressed, we jointly moved our focus to rapid mortality surveillance, in an attempt to measure the impact of COVID-19 on the number of deaths reported in the target countries. These efforts were implemented alongside pre-existing initiatives to support the implementation of national action plans in Nigeria and Liberia, and to increase awareness for non-communicable diseases in Nigeria.

While restrictions to travel due to the pandemic were significantly lighter than in the previous year, our physical engagements with partners were still limited. None-the-less, we are pleased that a lot of pre-existing partnerships continued to thrive or were expanded during this year – a sign of the confidence our partners have in us. We welcome our new partners, and look forward to long and fruitful relationships, as we work to improve the health of Africans, and strengthen global health security.

We hope that in the coming year, as vaccines become more available, the situation will improve and allow for more physical engagements, including the 8th AFENET Scientific Conference that was not held in 2020 due to the pandemic.

However, in absence of the bi-annual conference, we continued to provide networking platforms and opportunities to residents and graduates of FE(L)TPs in sub-Saharan Africa to showcase to the national, regional global public health fraternity their contribution to COVID-19 preparedness and response. This was through organizing regional virtual scientific

conferences during which residents presented their COVID-19 response work, participated in panel discussions and got to hear from keynote speakers from organizations such as the Africa CDC and WHO AFRO, among others.

The first of these conferences was the [East Africa and Horn of Africa FETPs Conference](#) held in November 2020 under the theme: **COVID-19 Response 2020: Field Epidemiology Training Program Roles, Challenges and Lessons Learnt**. Participants included residents, graduates and faculty from Kenya, Uganda, Tanzania, Rwanda and Ethiopia. In total, 25 abstracts

were presented by residents, two panel discussions with panelists representing all participating countries were held to share experiences on: a) COVID-19 Contact tracing: Challenges and Innovations; b) Truckers and cross border disease control during COVID-19. One Key note address was given by Africa CDC on: **Public Health Workforce and COVID-19 Response in Africa: Strengths and Gaps**.

This was followed by the [1st Mozambique FELTP Scientific Meeting](#) which was held in early August 2021.

This Conference was held under the theme *Emerging public health threats in Southern Africa: Covid-19, natural disasters and beyond*. The conference provided a platform for FETP residents and graduates to showcase their work over the past several years in Southern Africa and Lusophone Africa.

Abstracts were received from advanced and frontline residents from Southern Africa FETPs of Angola, Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe. 40 abstracts were accepted for presentation at the three-day conference.

The conference kicked off with Africa CDC Director Dr John Nkengasong giving a keynote speech in which he noted that: "Africa needs a new public health order in terms of strengthening continental and national public health institutions; strengthening public health workforce; expanded manufacturing of vaccines, diagnostics and therapeutics; and respectful action oriented partnerships."



General coordination and IT team for the Mozambique FELTP 1st scientific meeting

To commemorate its tenth anniversary, the Mozambique Field Epidemiology and Laboratory Training Program (FELTP) hosted its 1st scientific meeting virtually from 10 to 12 August 2021. This event showcased presentations by Mozambique FELTP participants on work related to FETP competency areas, such as public health surveillance system analysis, advanced data analysis, and public health emergency response. In addition, FETPs in Angola, Brazil, and Guinea-Bissau had the opportunity to share their work during a special session for the Portuguese-speaking FETP network. Also, this meeting culminated in a graduation ceremony for the fifth advanced-level cohort of the Mozambique FELTP.

In the same month of August, the [Southern Africa FETPs Regional Conference](#) was also held.



A snapshot of some of the participants of the 2021 Southern Africa FETPs regional conference

Documentation and Dissemination of Experiences in Public Health

We continued to embrace digital communication channels for most of our communication during the year. These included the Journal of Interventional Epidemiology and Public Health, our website and social media platforms.

Scientific Communication

Journal of Interventional Epidemiology and Public Health (JIEPH)

Launched in 2018, the Journal of Interventional Epidemiology and Public Health (JIEPH), an open access, peer reviewed Journal, is AFENET's flagship channel for publishing scientific outputs from FETPs and the field epidemiology fraternity in Africa and beyond. Remarkable success was registered during this year with the publication of 59 manuscripts in the fourth volume as well three special supplements in JIEPH as shown in the table below, which can also be accessed respectively, on the following links

<https://www.afenet-journal.net/archives/index.php#Volume-4&gsc.tab=0>; <https://www.afenet-journal.net/content/series/4/3/>; <https://www.afenet-journal.net/content/series/4/2/>; and <https://www.afenet-journal.net/content/series/4/1/>

JIEPH Outputs	Number of Published Articles
Volume 4	19
West Africa Francophone Supplement	19
Covid-19 Supplement	10
Liberia FETP Supplement	11
Total	59



Public Engagement World Field Epidemiology Day

We joined the rest of the World to commemorate the inaugural World Field Epidemiology Day which was held on 7 September 2021. On the eve of the commemoration we held an international press conference which was addressed by a team of senior epidemiologists in the Network led by AFENET Director Dr Simon Antara who emphasized the need for increased investment into field epidemiology training programs on the continent. A press statement read by Dr. Antara was picked on by a number of media outlets which produced stories. Also during and around 7 September, Network member programs engaged the media in demystifying field epidemiology as part of activities to commemorate the day. The following is a pictorial presentation of some of the media products on this commemoration:



Dr. Simon Antara addressing the press during a virtual press conference

#ChannelsTv
Understanding Field Epidemiology | Health Matters

DAILY ASSET AFENET Canvasses Training for African field Epidemiologists



Share



Post Views: 331

The African Field Epidemiology Network (AFENET) says field epidemiologists work on fostering the concept of 'One Health', a multisectoral collaborative effort that ensures optimal human, animal, and environmental health in Africa.

African scientists call for increased epidemiology training amid spate of outbreaks

BY XINHUA NEWS AGENCY | PML DAILY CONTENT PARTNER — September 8, 2021 5 1

4 SHARES 80 VIEWS

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KAMPALA — African scientists have called for increased training of epidemiologists as the continent grapples with more disease outbreaks like Ebola, COVID-19, and Marburg.

The senior epidemiologists, in a virtual meeting to commemorate the first World Field Epidemiology Day on Sept. 7, said field epidemiologists are critical in detecting and responding to outbreaks in communities.

Simon Antara, director of the African Field Epidemiology Network (AFENET), a non-governmental organization, described field epidemiologists as the world's "disease detectives" responsible for investigating public health signals to confirm outbreaks, and identify cases, contacts, and risk factors for diseases.

COMMENT

Tuesday, September 7, 2021 **NI7**

Why more investment is needed as we celebrate our heroic disease detectives

Mysterious disease kills 100 people in Rakai." This was a front page lead story published in Uganda's *The Star* newspaper on December 29, 1984. According to a study commissioned by Panos Eastern Africa in 2007, which analysed 25 years of media reporting on HIV in Uganda, this story prompted researchers led by Dr David Serwadda, who were then based at the Mulago National Referral Hospital in the capital Kampala to travel to Rakai, on the country's southern border with Tanzania, to investigate the mysterious disease. Publishing in *The Lancet* medical journal almost a year later, Dr Serwadda and colleagues reported on a recently recognised "slim" disease, describing its symptoms, who was being affected, the possible causes and origins. Sixteen years later, another public health threat of "a strange disease" killing people in the northern Ugandan town of Gulu was reported. A physician hailing from the area, Dr Matthew Lukwiya, who was away



AYUB KAKAIRE KIRUNDA

Day henceforth, for their efforts in protecting the health of populations and advancing global health security. The ongoing COVID-19 pandemic has further underscored the work of these

disease detectives. Increasingly, field epidemiologists are espousing the "One Health" paradigm on human health, animal health and environmental health threats. Coming with multidisciplinary expertise, this allows them to respond effectively to a wide range of health issues. Worth noting are veterinary field epidemiologists who are vital in detecting and stopping zoonotic disease outbreaks that can spill over into human populations. According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) tool, which is part of the International Health Regulations of 2005 monitoring and evaluation framework, "the optimal target for surveillance is one trained field epidemiologist (or equivalent) per 200,000 population". This cadre target provides a measurable standard for the IHR (2005) human resource compliance and preparedness by countries. Working with governments and development partners such as the US Centers for Disease Control, the African Field Epidemiology Network (AFENET), which brings together Field Epidemiology and Laboratory Training Programmes (FELTPs) on the continent has trained over 2,000 field epidemiologists in sub-Saharan Africa out of the required number of 5,550. With such a huge deficit, amidst emerging and re-emerging public health threats, our health systems are under the weight of complex challenges, making increased and sustained investment in the training of disease detectives more important than ever before, if we are to reach the target of one field epidemiologist per 200,000 population. Evidence shows that field epidemiology training programmes contribute to the strengthening of the public health system as a whole. Monitoring data further shows that the majority of alumni stay within their countries' public health system, with a sizeable number in positions of leadership, increasing the possibility of using data for decision-making. *The writer is a communications specialist with the African Field Epidemiology Network. kkirunda@afenet.net*

COVID-19 At-a-Glance

As the COVID-19 pandemic entered a second year, we continued keeping the public abreast with the latest updates on the subject through our COVID-19 AT-A-GLANCE bulletin. The bulletin showcases the latest peer reviewed and preliminary scientific papers on COVID-19 from open access journals, in addition to field reports from FETPs and press reviews from leading media outlets around the world with a focus on Africa. All issues of the bulletin can be accessed under the News tab menu on our website. We published 105 issues in 2021.

COVID-19 AT-A-GLANCE

Issue No. 174 Sept 10, 2021

RESEARCH		SPOTLIGHT		STATISTICS											
<p>The potential impact of vaccine passports on inclination to accept COVID-19 vaccinations in the United Kingdom: Evidence from a large cross-sectional survey and modeling study</p> <p>"We find that a large minority of respondents report that vaccination passports for domestic use (46.5%) or international travel (42.0%) would make them no more or less inclined to accept a COVID-19 vaccine and a sizeable minority of respondents also state that they would 'definitely' accept a COVID-19 vaccine and that vaccine passports would make them more inclined to vaccinate (48.8% for domestic use and 42.9% for international travel). However, we find that the introduction of vaccine passports will likely lower inclination to accept a COVID-19 vaccine once baseline vaccination intent has been adjusted for." - Lancet. More > https://bit.ly/3s0WQGU</p> <p>SARS-CoV-2 B.1.617.2 Delta variant replication and immune evasion</p> <p>"B.1.617.2 demonstrated higher replication efficiency in both airway organoid and human airway epithelial systems compared to B.1.1.7, associated with B.1.617.2 spike in a predominantly cleaved state compared to B.1.1.7. The B.1.617.2 spike protein was able to mediate highly efficient synctium formation that was less sensitive to inhibition by neutralising antibody as compared to WT spike." - Nature. More > https://go.nature.com/3hluu7z</p>	<p>COMPARATIVE EPIDEMIOLOGIC ANALYSIS OF THE 1ST AND 2ND WAVES OF COVID-19 IN UGANDA</p> <p>The second wave of COVID-19 expanded more quickly than the first and presented severe challenges to the health system. Sequencing data from Uganda during April-July 2021 demonstrated clearly that the second wave was driven by the SARS-CoV-2 Delta variant. We found that the first and second waves of COVID-19 in Uganda differed significantly across several metrics. Hospitalized patients were more likely to be male in Wave 1 than in Wave 2. Non-hospitalized patients in Wave 2 were younger than those in Wave 1, while hospitalized patients were older. Disease was more severe in Wave 2, especially for hospitalized patients. Importantly for risk communication, none of the 800 patients investigated were fully vaccinated. These findings indicate that new variants should be studied independently to ensure messaging and preparedness are tailored appropriately in each Wave.</p> <p>Sarah Elavete FETP Uganda FETP Fellow</p>	<table border="1"> <tr> <th>Area</th> <th>Cases</th> <th>Deaths</th> <th>Recoveries</th> </tr> <tr> <td>Global</td> <td>224,122,263</td> <td>4,622,559</td> <td>200,719,300</td> </tr> <tr> <td>Africa</td> <td>8,072,005</td> <td>202,038</td> <td>7,260,391</td> </tr> </table> <p>Source: https://www.worldometers.info/coronavirus/</p>	Area	Cases	Deaths	Recoveries	Global	224,122,263	4,622,559	200,719,300	Africa	8,072,005	202,038	7,260,391	<p>PRESS DIGEST</p> <p>COVID-19: Vaccine passports to start in England this month</p> <p>Vaccine passports in nightclubs and other indoor venues in England will be required at the end of this month, the vaccines minister has confirmed. Nadhim Zahawi said it was the right time to start the scheme for sites with large crowds as all over-18s will have been offered two jabs by then. Asking people to show certificates with Covid vaccination proof has been criticised by venues and some MPs. - BBC</p> <p>New Covid-19 C.1.2 Variant Detected in South Africa</p> <p>Recently published research has revealed that a new Covid-19 variant C.1.2 has been identified in South Africa. According to the researchers, there are concerns that this SARS-CoV-2 potential variant of interest (VOI) has been associated with increased transmissibility, neutralisation resistance, and disease severity. According to the U.S. epidemiologist and health economist, Dr Eric Feigl-Ding, this new variant has somehow mutated so fast and far that it is now the furthest mutated variant found to date. - AlAfrica</p>
Area	Cases	Deaths	Recoveries												
Global	224,122,263	4,622,559	200,719,300												
Africa	8,072,005	202,038	7,260,391												

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Public Health Program Management & Research Development

Project updates

Working with ministries of health, and other local and international partners, coupled with our presence in-country, we have successfully initiated and implemented a number of public health programmes. Here below is a summary of some of the projects:

Project	Achievements registered in 2021
Cross Boarder Surveillance	<ul style="list-style-type: none"> -Assessed all major Points of Entry (PoEs) in 6 member countries in the East African Community to assess their preparedness to handle emergencies of public health concern like Covid-19. -Supported the development of the West African Health Organization PoE training curriculum which was adapted by all 15 member countries -Supported Kenya to develop its Port Health Strategic Plan 2021-2026
Uganda MoH - AFENET - CDC to improve HIV/AIDS programming in the country	<ul style="list-style-type: none"> -At project closure, up to 125 staff had been seconded and maintained across 4 units at MoH through a five-year period. - A number of policy guidelines, SoPs and training packages were developed in various program areas for HIV.
Africa CDC - Master Card Foundation Community Health Workers project	Partners have been able to identify community level systems Covid-19 activities.
The EBVL study; appreciating noninvasive diagnosis techniques for Lymphomas among children and young adults	-Met target of 50 study participants for the Uganda arm of the study
Vaccine safety projects under the Polio CoAg & the Taskforce for Global Public Health (TFGPH)	-All 6 scopes started operations including recruitment and placement of consultants, field operations have started and preparatory work for safety surveys is underway
Tanzania Fleming Fellowship	-Supported the Animal Health Fellow who implemented most (over 75%) of their planned activities
DPT booster dose modelling study	-Sub-contractor secured to develop, validate and pilot test a mathematical model to estimate the health impact on diphtheria, tetanus, and pertussis and the cost-effectiveness of introducing three WHO-recommended booster doses of DPTCV in Uganda

Assessment of adverse events following immunization (AEFI) parent/caretaker diary cards following fractional dose Yellow Fever vaccine study in Uganda	-Data collection was completed and data analysis is ongoing with colleagues at Infectious Disease Institute (IDI) and US CDC
Multiple Injections Study: Evaluation of administration and communication practices for multiple vaccines at a single immunization visit in the Republic of Namibia	-Worked on data analysis and project report
RTSS-AESI Surveillance in Malawi	Active case search done to locate all AESIs.
Supporting catch-up of essential immunizations through the primary health care system in response to COVID-19 disruption, Uganda	-Held engagement and introductory meetings with UNEPI and the 3 implementation districts of Hoima, Nakasongola and Bukomansimbi
Outbreak response to address the polio outbreaks in sub-Saharan Africa.	<ul style="list-style-type: none"> -68 consultants enrolled since the beginning of the project -39 consultants currently in the field, including 10 international consultants -16 monthly meetings (8 Anglophone/Lusophone, 8 Francophone) to strengthen skills through the sharing of best practices -Contributing to the improvement of the indicators of surveillance of AFP to meet the minimum target e.g. rate of non-polio AFP $\geq 3/100$ children under 15, NPEV $\geq 10\%$ -Contribution to the improvement of immunization indicators e.g. DPT3, Measles and OPV to meet target $\geq 90\%$ -Approval of the introduction of nOPV2 in several countries and implementation of vaccination campaigns with nOPV2 (Liberia, Sierra Leone, Uganda, Benin, Niger, Congo)

Research regulatory support

One of the of the key tasks for the research unit is to offer research regulatory support to research teams and to ensure that all ethical considerations are addressed during implementation of the project activities. To achieve this, all projects are required to obtain ethical clearance in line with the international and specific country guidelines that govern the conduct of research.

During this reporting period, we supported application and obtained five ethical approvals for the following research projects:

- Entomological evaluation by pool screening (O-150 PCR) to demonstrate the interruption of *Onchocerca volvulus* transmission in stopping of ivermectin Mass Drug Administration
- Evaluation of *Onchocerca volvulus*-16 enzyme-linked immunosorbent assay (Ov16- ELISA) Serological prevalence of $\leq 2\%$ in Stopping Mass Drug Administration (MDA) in onchocerciasis elimination.
- Evaluation of the Diagnostic Tests in Areas Hypoendemic for Onchocerciasis -Uganda: a follow-up study
- Diagnosing children and young adults with suspected lymphoma in East Africa: comparison of conventional pathology with digital scans and liquid biopsies
- Analysis of A Tool to Assess Psycho Social Spiritual Healing: Cognitive Interviewing -NIH HEALS project

All the above projects are ongoing, except for the NIH HEALS project that completed research activities and currently is focusing on publishing of research results in peer reviewed journals. One of the already published papers, can be accessed from SAGE Publishing and Global Advances in Health and Medicine. The "Cross Cultural Adaptation and Cognitive Testing of a Psycho-Social-Spiritual Healing Measure, the NIH Healing Experiences in All Life Stressors-NIH-HEALS" at <https://doi.org/10.1177/21649561211067189>

Promoting The "One Health" Approach Concept

Public health threats at the human-animal-environmental interface continue to be a challenges globally, one of them being the ongoing COVID-19 pandemic caused by SAR-CoV-2 believed to be an emerging infectious disease of probable animal origin. We continue to embrace and advocate for the one health approach, building capacities through joint trainings in FETPs, and response activities across the network.

As part of the advocacy for one health, Liberia FETP Joined other partners to commemorate the One Health Day on 26 November 2021 under the theme: It's Time to Build a fairer, Healthier World for Everyone, Everywhere. The celebrations also provided an opportunity to create awareness to the threats posed by Antimicrobial resistance and rabies.



Liberia FETP residents and graduates with Resident Advisor Dr Maame Amo-Addae (3rd left) during the One Health Day 2021.

A glance at FELTP residents across Africa



Captions, Clockwise:

Somalia FETP- Frontline first cohort participants with AFENET and WHO epidemiologists Amelework Alene and Dr Lily Nyaga (both trainers, extreme right and left respectively) during the launch of the program in August, 2021.

AFENET Liberia Acute Febrile Illness (AFI) Surveillance Coordinator, Mr. Elijah Edu-Quansah demonstrating to Laboratory staff, the process of specimen handling and labelling at Redemption Hospital in April 2021.

Mr. Frank Obi, a Nigeria FELTP Cohort VII resident during Acute Flacid Paralysis surveillance in Taraba state, in northern Nigeria.

Mr. Atibu Bin Faray maneuvering his way across a gutter to his next destination to conduct polio vaccination in DR Congo.



Captions

Top: Ms. Alice Asio of the Uganda Public Health Fellowship Program Advanced FETP leading black water fever investigation in eastern Uganda



Middle (L-R): Dr. James Sylvester Squire of the Ghana FELTP training health workers of Bo district in case investigation; A group of investigators, during Dengue-Covid19 seroprevalence survey in Senegal Pikine in Dakar

Bottom (L-R): Stakeholder workshop to discuss the establishment of a frontline FETP in South Sudan; Nigeria FELTP residents participating in training of Iga social mobilization officers on risk communication and community engagement on COVID - 19 in Oyo State; Prof Mufuta Tshimanga, the AFENET board chair getting his Covid-19 vaccine at the Wilkins Hospital, Harare Zimbabwe

Financials

INCOME STATEMENT FOR THE YEAR ENDED 30 SEPTEMBER 2021	
	PERIOD TO 013/2021
	AFENET
INCOMING RESOURCES (US\$)	2021
Grants Income	92,171,083
EXPENDITURE:	
Personnel costs	23,451,177
Consultancy	6,986,511
Supplies	10,298,731
Travel	2,054,942
Equipment	1,935,258
Contractual	6,334,374
Other	41,110,091
Total Expenditure	92,171,083
(DEFICIT)/ SURPLUS FOR THE PERIOD	-

AFENET ANNUAL REPORT 2021

© African Field Epidemiology Network (AFENET)
Lugogo House, Ground Floor (Wings B&C)
Plot 42, Lugogo By-Pass
P.O. Box 12874
Kampala, Uganda
Tel: +256 417 700650
Fax: +256 312 265595
www.afenet.net
 @AFENETAfrica
 @AFENETAfrica