



ANNUAL REPORT 2019

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Acronyms and Abbreviations

ACDC	Africa Centre for Disease Control
ACoDD	AFENET Corp of Disease Detectives
AFENET	African Field Epidemiology Network
AGM	Annual General Meeting
CEPI	Coalition for Epidemic Preparedness Innovations
CoAg	Cooperative Agreement
ECHO	Extension for Community Healthcare Outcomes
EVD	Ebola Virus Disease
FELTP	Field Epidemiology and Laboratory Training Program
FETP	Field Epidemiology Training Program
JIEPH	Journal of Interventional Epidemiology and Public Health
KOICA	Korean International Cooperation Agency
LGA	Local Government Area
M&E	Monitoring and Evaluation
NCD	Non Communicable Diseases
NSTOP	National Stop Transmisson of Polio
PAMJ	Pan African Medical Journal
REDISSE	Regional Disease Surveillance Systems Enhancement
SLMTA	Strengthening Laboratory Management Towards Accreditation
STEER	Surveillance Training for Enhanced Ebola Response
TAC	Taqman Array Cards
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
US CDC	United States Centres for Disease Control and Prevention
VHF	Viral Haemorrhagic Fever
WAHO	West Africa Health Organization
WHO	World Health Organization

Who We Are

AFENET is a non-profit networking and service alliance of Field Epidemiology (and Laboratory) Training Programs (FELTPs), and other applied epidemiology training programs. AFENET has operations in over 30 countries in Sub-Saharan Africa and five countries in the Caribbean region. Established in 2005, AFENET is dedicated to helping Ministries of Health in Africa build strong, effective, sustainable programs with capacity to improve public health systems on the continent. The network's goal is to strengthen field epidemiology and public health laboratory capacity to contribute effectively to addressing epidemics and other major public health problems in Africa.

VISION. MISSION. GOAL.

Vision

A Healthier Africa

Mission

AFENET is 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 to contribute effectively to addressing epidemics and other major public health problems in Africa.

Strategic Objectives

AFENET works through seven priority areas to achieve its strategic objectives. The areas include:

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

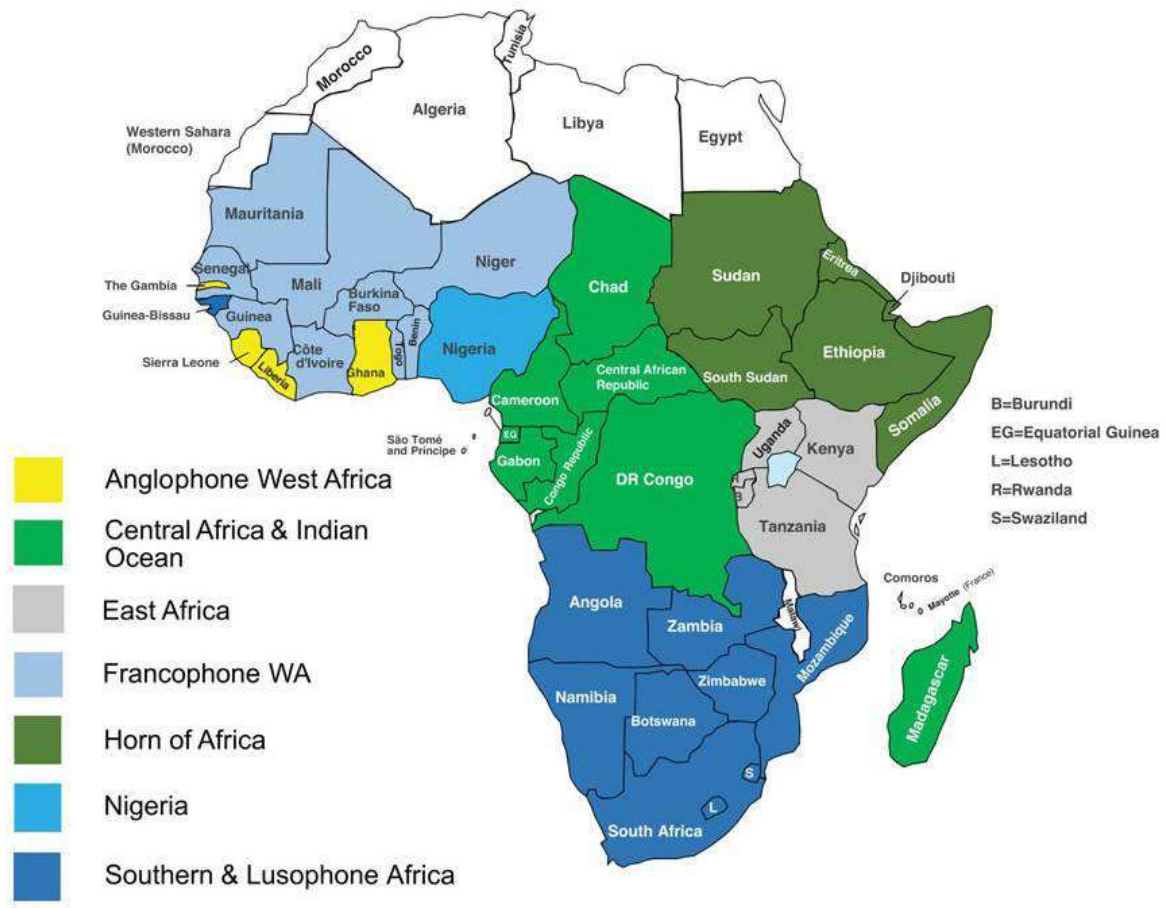
5. Documentation and Dissemination of Experiences in Public Health
6. Public Health Program Management & Research Development
7. Promoting the "ONE HEALTH" Approach

AFENET Footprint

AFENET operates in over 30 countries in Africa and five countries Caribbean region : Countries in Africa include: Angola, Benin, Botswana, Burkina Faso, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Guinea Bissau, Guinea, Kenya, Liberia, Mali, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia, and Zimbabwe. Caribbean Countries include Dominican Republic, Trinidad, Guyana, Barbados and Jamaica



AFENET Regions



Foreword



Prof Mufuta Tshimanga
Board Chairman, AFENET

It gives me great pleasure to share with you the AFENET annual report for the year 2019. In the year under review, the AFENET Board, in fulfilment of its mandate, worked relentlessly to strengthen governance and provide clear policy guidelines for the operations of the organization.

During this period, AFENET chalked various successes in different areas of public health. Our member programs were as usual, relentless in their commitment and efforts in public health workforce development. The AFENET Corp of Disease Detectives (ACoDD) supported the response to many acute public health events across the continent. Prominent among them is the response to the Ebola Virus Disease outbreak in the Democratic Republic of Congo, which continue to benefit from ACoDD deployment

We successfully held the 7th AFENET Scientific Conference in Maputo, Mozambique. We also launched AFENET's Journal-the Journal of Interventional Epidemiology and Public Health to provide a platform for the sharing of works done by the network and others.

In terms of partners, AFENET added new and critical partners such as the World Bank, Bill and Melinda Gates Foundation and the UK-AID.

The challenges of leadership change were effectively managed and the impact thereof duly mitigated.

Let me also bring to your attention that during the year under review, the Board began a process to restructure AFENET to ensure that we realign with our mandate, refocus our priorities and ensure that we are more effective and efficient in our operations.

I thank the Board, Management and staff of AFENET for a successful year. I also thank all our partners for their support. Let us continue to work together for a Healthier Africa.

Executive Summary



Dr. Simon Nyovuura Antara
Director, AFENET

The African Field Epidemiology Network (AFENET) financial year 2019 (FY2019) which began on October 1, 2018 and ended on September 30, 2019 marks the second year of implementation of AFENET's second five-year strategic plan (2017-2022). In FY2019, we continued to focus on the attainment of our strategic priorities. The report outlines some of key achievements during FY2019.

In the year under review, AFENET successfully held the 7th AFENET biennial conference (a critical networking activity) in Maputo, Mozambique. At this conference, the AFENET Journal of Interventional Epidemiology and Public Health (JIEPH) was launched to provide a platform to share and show case the work of the network.

AFENET Corp of Disease Detectives (ACoDD) were deployed to respond to a number of public health emergencies including the Ebola Virus Disease outbreak in the Democratic Republic of Congo, cyclone Idai in Zimbabwe, etc. In collaboration with WHO, CDC and the Ministry of Health of Uganda, ACoDD members in East Africa were trained on emergency preparedness and response. Our intensified resource mobilization efforts yielded results in terms of the addition of new partners such as Bill and Melinda Gate Foundation, World Bank, etc. Critical measures and steps were put in place to ensure that the AFENET Secretariat is more responsive to the needs of the member programs and partners and this has yield significant results. Across the continent, our member programs continue to play a critical role not only in public health workforce development but also in response to various public health issues. The work they do continue to highlight AFENET's role in national and international public health efforts such as IHR (2005) and the Global Health Security Agenda. Residents and graduates of our member programs are part of the multi-sectoral teams working to address the gaps identified by the Joint External Evaluation conducted in many countries. AFENET has also strengthened its collaboration with the Africa CDC and this has resulted in an ongoing joint execution of projects.

As we move into another year, we look forward to consolidating AFENET's gains over the years and to expanding our territorial coverage. We acknowledge the very important role of all our partners, in moving forward the vision of a Healthier Africa.

Acknowledgements

We acknowledge the great support from the various ministries of health and Universities across the continent. We are very grateful for the contributions of our partners such as US CDC, USAID, WHO, Africa CDC, Resolve to Save Lives, Bill and Melinda Gates Foundation, World Bank, West African Health Organization, GOARN, The Taskforce for Global Health, TEPHINET, FAO, CRDF, UNICEF, GAVI, CEPI, KOICA, among others. We look forward to strengthening our partnership as we work to address the various continental and global public health challenges.

Governance

AFENET BOARD OF DIRECTORS



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



Dr. Simon Antara
Ag. Executive Director



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. Janneth Mghamba
Program Director Tanzania FELTP
(Member)



Dr. Kebela Ilunga
Program Director DRC FELTP
(Member)



Mr. Moses Segawa
BOD Secretary/ Legal Counsel



Dr. Peter Nsubuga
Eminent Public Health Practitioner
(Member)



Dr. Yonas Tegegn
WHO Country Representative - Uganda
(Member WHO)



Josephine Githaiga
Program Director Kenya FELTP
(Member)

AFENET MANAGEMENT TEAM



Dr. Simon Antara
Ag. Executive Director



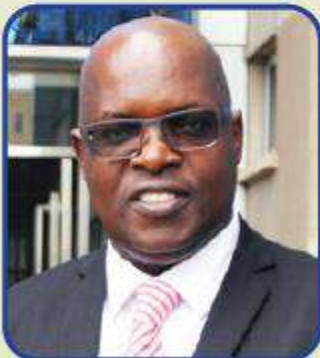
Dr. Herbert Kazoora
Ag. Director Programs



Mrs. Agnes Kiggundu Barungi
Director Finance



Mr. Christopher Tanui
Director Administration



Mr. Muchengeti Bwakura
Director Internal Audit & Risk Management



AFENET Board of Directors, Management and Staff at Secretariat, September 2019

Key Highlights: Governance and Board Committee Activities

Leadership & Management

- ❖ Change in Executive Director: With the resignation of the former AFENET Executive Director, Dr Chima Ohuabunwo at the end of May 2019, the Board of Directors appointed Dr Simon Antara as the Acting Executive Director from June 2019 to January 2020. Effective February 1, 2020, the Board appointed Dr Simon Antara as Substantive Director of the Africa Field Epidemiology Network. .
- ❖ Following the above changes, the board appointed Dr Herbert Kazoora, as Acting Director Programs.
- ❖ There were changes in the leadership Uganda program and Kenya FELTP with Prof Freddie Ssengooba in Uganda replaced by Dr Elizabeth Ekirapa and in Kenya Dr Zeinab Gura replaced by Dr Josephine Githaiga and respectively. The two directors have since been admitted to the AFENET Board of Directors as per the constitution.
- ❖ The board also appointed committee chairpersons and fully constituted their memberships. The annual strategic review workshop was successfully held in December, 2019

Advocacy & Resource Mobilization

- ❖ Major Cooperative Agreements (CoAg) with US CDC namely: The National Stop Transmission of Polio (NSTOP) CoAg and Networking CoAg are in their 5th and final year. AFENET submitted a proposal to CDC for the next polio CoAg anticipated to start May 1, 2020. US CDC released a forecast for the Networking CoAg and we will apply for it.
- ❖ We have registered new partnerships and funding from Bill & Melinda Gates Foundation (BMGF), World Bank and Resolve to Save Lives.

Policy

The board approved the following policies:

- ❖ Travel policy, Procurement policy, Asset Management policy, Cost allocation policy, Conflict of interest policy, Finance policies, Advances policy, Anti-fraud policy including Whistle-blower policy and Anti-corruption policy.

Board & Governance

- ❖ Quarterly Board and committee meetings have successfully been held
- ❖ AFENET annual general meeting (AGM) for 2018 was held in November 2018, in Maputo, Mozambique on the sides of the 7th AFENET scientific conference
- ❖ The board approved terms of reference for all the committees
- ❖ Board manual has been developed and approved to guide the operations of the Board.
- ❖ In the Board Policy, the Board self-evaluation tool was included and will be used effective the next Board
- ❖ Board self-governing policies that included Code of conduct, Oath of Secrecy and Conflict of Interest, were included and we come into effect when new Board takes office.
- ❖ The tenure for Board Secretary and Legal Counsel was renewed
- ❖ A survey on AFENET regionalization was done and the results will be taken into account during the restructuring exercise.

Human Resource Committee

- ❖ Approval of AFENET Compensation and Benefits Manual
- ❖ Approval of AFENET Performance Management System and Tools
- ❖ Approval of Proposal on Staff Insurance Cover across the network
- ❖ Ongoing review of the Human Resource Policy Manual
- ❖ Terms of Reference and reporting lines for Regional Technical Coordinators(RTC) approved
- ❖ Guidelines and steps in establishing and funding consultancies reviewed and approved

Finance, Audit & Risk Management Committee

- ❖ The AFENET Financial year was changed from September – August to October – September to align with the US CDC fiscal year
- ❖ AFENET Budgets and Funding status were reviewed by the committee
- ❖ Review of the Internal Audit & Risk Management charter and the finance, Audit and Risk Management (FAR) Committee Charter completed
- ❖ Annual external audits were successfully completed and Unqualified Opinions were passed on all
- ❖ The top 10 risk register was presented to every FAR Committee and Board meeting for review and guidance on mitigation
- ❖ The US CDC conducted a risk assessment for AFENET

Quality Assurance & Monitoring & Evaluation

- ❖ Four FELTPs attained the TEPHINET Global Accreditation during this period and these are: Ghana, Nigeria, South Africa and Tanzania
- ❖ Online AFENET Star Rating system to monitor the quality of FELTPs developed in English, French and Portuguese.
- ❖ The Star Rating System tool was piloted in Uganda, Kenya, Nigeria, Ghana, Burkina Faso FELTPs and has now been rolled out to all advanced FELTPs across the network.
- ❖ The 7th AFENET Scientific conference was successfully held in Mozambique, November 2018.
- ❖ The 3rd Ministerial Round Table meeting was successfully held in November, 2018 in Mozambique
- ❖ Planning for the 8th AFENET Scientific conference to be held in the Democratic Republic of Congo, Nov 16- 20, 2020 has started.

Upcoming Board Activities for the year 2020

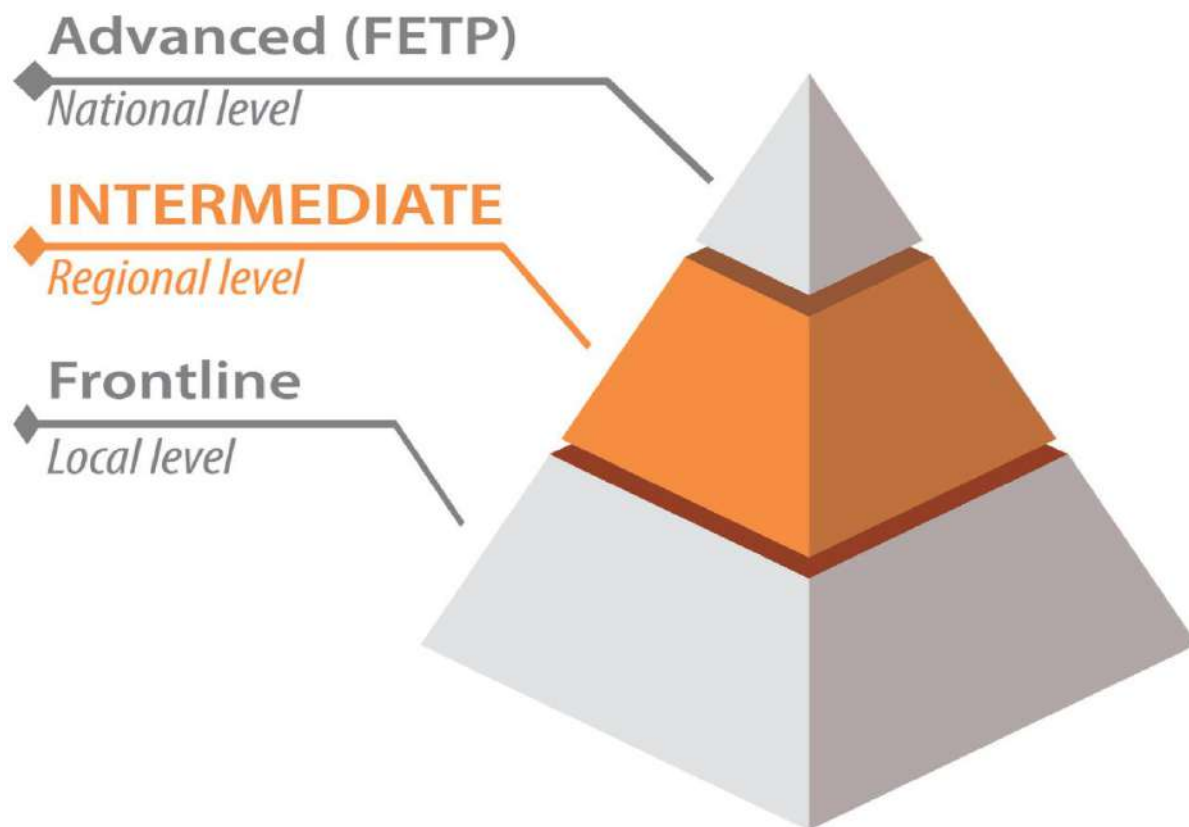
- ❖ Formation of the new AFENET Board of Directors and committees.
- ❖ Conduct Board retreat and orientation
- ❖ Enhanced resource mobilization efforts

Key Achievements in 2019

In pursuit of our Vision for a Healthier Africa, the African field epidemiology Network and all the member programs and countries in Africa undertook several activities in 2019. This section highlights key achievements in key AFENET strategic priority areas.

Field Epidemiology Capacity Development in Africa

Since establishment in 2005, AFENET has continued to work with Ministries of Health across Africa to establish and implement field epidemiology and laboratory training programs as a means to building public health workforce capacity to operate national surveillance and response systems. Graduates of these programs also have assumed leadership roles in disease control programs in their national ministries of health at national and subnational levels of the health systems. With technical and financial support from the US Centres for Disease Control and Prevention, AFENET has continued to support member programs in Africa in the implementation of all the three tiers of field epidemiology training programs across Africa that is: Frontline FETP (3-months), Intermediate FELTP (9-Months) and Advanced FETP (2-years) as shown in the figure below.



Advanced Field Epidemiology and Laboratory Training Programs: All the 17 member programs continued to train public health professionals in Africa. These are: 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 1,965 graduates from these programs and during this reporting period:

- ❖ **410** residents enrolled into the Advanced field epidemiology training
- ❖ **488** surveillance system evaluations conducted by FELTP residents
- ❖ **129** Epidemiological bulletins developed with support from Advanced FETP resident across the network
- ❖ **201** outbreaks investigated and responded to with involvement of FETP residents

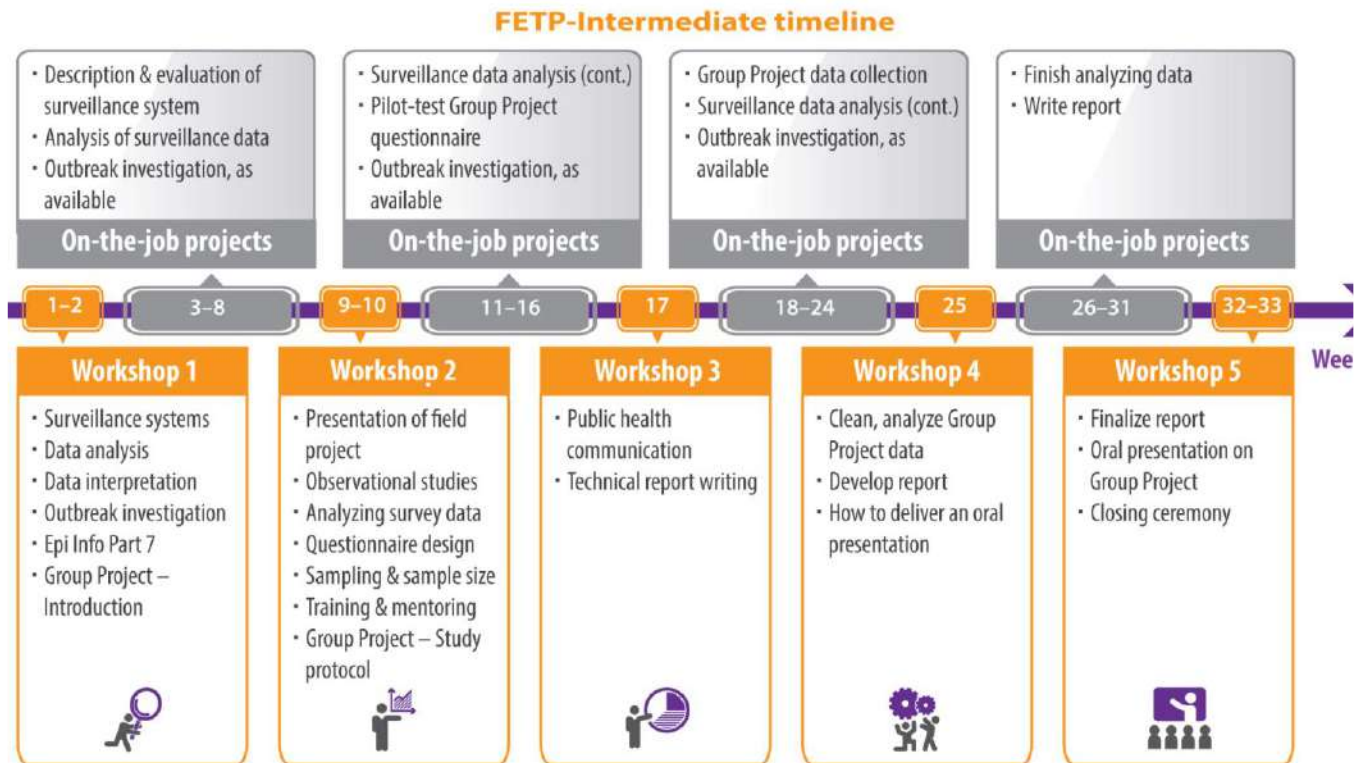


L-R: Resident of the DRC FELTP in the field assessing a case of Acute Flaccid Paralysis on the right administering an oral vaccine.



Zimbabwe FETP resident during field investigation/ risk assessment following Cyclone Idai, April 2019

Intermediate Field Epidemiology training Programs: During this period, AFENET working with the US CDC supported Ministries of Health in five African countries to start Intermediate FETP namely; Ghana, Guinea, Mali, Senegal and Togo. These together with Kenya, Liberia, Sierra Leone and Tanzania makes nine countries within AFENET implementing this tier of training that targets mid-level public health workers. Close to **200** health workers have completed this level of training across the 9 Africa countries hence narrowing the gaps towards attainment of the global health security agenda target of one trained field epidemiologist per 200,000 population as graduates of intermediate & advance FELTPs contribute that target. The program is increasingly becoming popular due to the short time it takes to train but also the likelihood that the graduates will stay in with the health systems.



Liberia FETP- 3rd Cohort, Intermediate FETP, during graduation ceremony, 2019



1st Cohort of Intermediate FETP in Ghana, Launched in February, 2019

Frontline Field Epidemiology Training Program: Started in 2015, this tier of training has since been implemented in 19 African countries targeting health workers at the forefront of surveillance, building their capacity for early detection, reporting and responding to public health events within the Integrated Disease Surveillance and response framework. Countries that have since implemented these programs include: **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, **3,545** frontline workers have completed the training and another **763** are still in training.

Due to lack of funding, the program is not being implemented in **Benin, Cote d'Ivoire, Gambia, Guinea Bissau and Mauritania** however, AFENET has been engaging partners such as Africa CDC, the West Africa Health Organization (WAHO), WHO, FAO and the World Bank through their regional disease surveillance strengthening initiative to support and sustain programs in these countries.

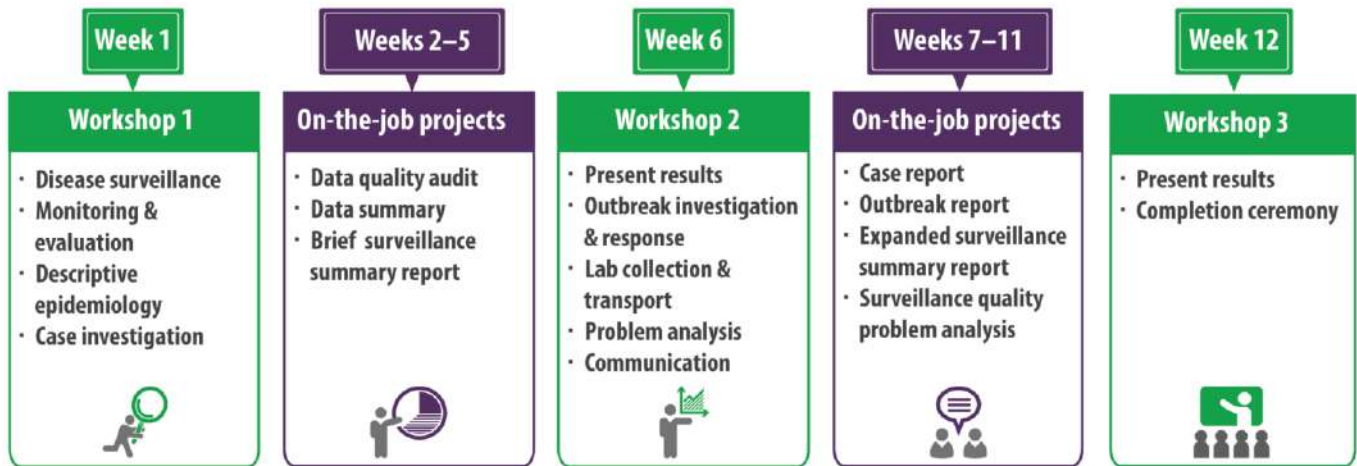


Namibia Front line FETP trainees with mentors and Dr. Notion Gombe, (AFENET) after their final presentations



Namibia Frontline FETP trainees with the mentors and Dr Kofi Nyarko (Resident Advisor)

FETP-Frontline timeline



Cohort 13 participants of the Ghana FETP-Frontline, Ashanti Region

Frontline FETP for Military and Police Officers in Ethiopia

In November 2018, AFENET collaborated with a US based organization, the Civilian Research and Development Foundation (CRDF) and the Ethiopian Public Health Institute to implement a frontline FETP for the Ethiopian Ministry of National Defence Forces and Federal Police Commission. A total of 110 health professionals from the two institutions completed the training and will play a critical role in the process of

establishing a public health emergency management and surveillance system in the health facilities and structures serving armed and police forces and their families.



Figure 2: Timelines and completeness of weekly surveillance reporting in 11th Division, Adigrat, Tigray, and week 1-10/2019

s /n o	Unit /Health facility/	Weeks										% Completeness	% Timeliness
		Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10		
1	111 Brigade	L	L	T	L	T	L	T	T	T	T	100%	60%
2	112 Brigade	L	T	T	L	T	L	T	T	T	T	100%	70%
3	114 Brigade	T	T	T	T	T	T	T	T	T	T	100%	100%
4	11D/V L-2 H	T	T	T	T	T	T	T	T	T	T	100%	100%

4/25/2019

21



Military and Federal police, frontline FELTP participants at the graduation in Ethiopia, April 2019

Accreditation and Quality Monitoring of FELTPs

TEPHINET Global Accreditation

AFENET embraces the TEPHINET Global Accreditation for FE(L)TPs as it ensures common standards for quality training and relevance of the programs to addressing public health priorities of the ministries of health in Sub Saharan Africa. During this reporting period, four of our member programs attained accreditation and these are Ghana FELTP, Nigeria FELTP, Tanzania FELTP and South Africa FELTP. These in addition to Cameroon FELTP, Kenya FELTP and Zimbabwe FELTP makes it seven member programs that are accredited.



Dr Ernest Kenu(2nd right) With Staff from Ghana FELTP after receiving the TEPHINET Accreditation during the 10th TEPHINET Conference in Atlanta, Georgia, USA, November 2019

Accreditation Readiness Workshops for Field Epidemiology Training Programs in Africa

During this period, AFENET collaborated with TEPHINET to conduct an accreditation readiness pre-conference workshop in November 2018 targeting directors and senior faculty of programs intending to apply for accreditation. The workshop attended by delegates from Ethiopia, Rwanda, Zimbabwe, Tanzania and Uganda, aimed at orienting programs on the processes, standards and indicators for accreditation. In addition, AFENET supported Ethiopia FELTP and Uganda FETP to conduct accreditation readiness workshops for them to understand what it takes to apply and go through the process. These were facilitated by faculty from Zimbabwe FETP and Nigeria FELTP respectively who shared their experiences.



Dr Notion Gombe (Zimbabwe FELTP) facilitating at the Accreditation readiness workshop for Ethiopia FELTP, April 2019

AFENET Star Rating System.

In order to continuously monitor the quality of member FELTPs and their contributions to public health systems strengthening, AFENET has revitalized the star rating system with an online tool in English, French and Portuguese. The tool allows members to report on key quality indicators such as number of residents enrolled in the program as a measure of program viability, number of MoH led steering committee meetings held which assesses country leadership and involvement. The tool also looks at outbreak investigations, surveillance evaluations and operational research projects undertaken by residents to determine their involvement in addressing national public health priorities. At the end of each calendar year, AFENET member Programs will fill in their scores and send supporting materials for each indicator to the Secretariat through an online platform. The AFENET Quality Assurance Committee of the Board will review the scores and supporting materials and recommend the appropriate accreditation star score in consultation with the program. The AFENET Secretariat will send out the AFENET Accreditation Star Certificate to the participating program at the beginning of the next calendar year. It is expected that programs will steadily improve their AFENET star rating from year to year and those that require improvement in certain areas will be supported to improve their ratings in subsequent rounds. In August 2019, we piloted the online tool and the process with Burkina FELTP, Ghana FELTP, Kenya FELTP, Nigeria FELTP, Uganda FELTP and Uganda Fellowship programs. Programs were able to complete it and uploaded supporting documents for each of the quality indicators. Analysis and rating process is ongoing while based on the initial feed back, the tool has been rolled out to all programs in the network.

Public health Laboratory Capacity Development

AFENET with US CDC Cooperative Agreement continues to support a number of countries in Africa and the Caribbean region to strengthen HIV rapid testing and continuous quality improvement for TB diagnostics. In Africa, AFENET is supporting:

- ❖ **Angola** to strengthen laboratory quality management systems and quality improvement initiatives for HIV viral load testing. Additionally we are supporting HIV viral load data quality assessments, sample transport system and conducting specialized laboratory trainings in the country. Through this project, Laboratory mentors have been hired to train and provide on job mentorship to laboratory technicians in selected PEPFAR supported Laboratories in Angola. Over 200 laboratory staff have been trained in HIV Viral load testing and data management
- ❖ **Malawi, Tanzania and Uganda:** Implementing Project ECHO (Extension for Community Healthcare Outcomes) for strengthening HIV rapid testing and continuous quality improvement for TB diagnostics. This model uses cloud-based video conferencing capability to deliver a need-based curriculum and to discuss providers' concerns or challenges. The following achievements have been registered.
 - Procured and installed IT ECHO equipment in 8 spoke sites in Uganda, 20 spoke and 2 HUBS in Tanzania, 6 spoke sites and 2 HUBs in Malawi
 - Trained a large number of non laboratorians involved in HIV rapid testing (300 in Tanzania, 200 in Uganda and Malawi has so far enrolled 150 non laboratorians to participate in the first ECHO training session to take place in July 2019.
 - Contributed towards HIV site and tester certification efforts by other CDC implementing partners in Tanzania, Uganda and Malawi. This is through the use of the ECHO platform to train the HIV testers before they could be certified.

- ❖ **Liberia:** AFENET is supporting the Ministry of Health to implement an Acute Febrile Illnesses (AFI) Surveillance system in selected health facilities. The primary objective of the project is to determine the etiologies of AFI among children and adolescents (2-17 years) and adults (18+ years) attending selected health facilities to inform public health programs at these facilities including capacity development to identify, monitor, and assess pathogens of potential public health importance, programmatic improvement for patient care and treatment, and resource allocations.

Summary of achievements:

- The AFI surveillance project has seen a smooth running with over 500 patients enrolled and specimens tested in its first 6 months. This is described as one of the most successful surveillance systems in Liberia.
 - AFENET ensured the establishment of a complete AFI testing laboratory with equipment (QuantStudio 7 flex, PCR master mix workstations, centrifuges etc) which included servicing/calibration, reagents and consumables.
 - Supported development of Taqman Array Cards (TAC) for the testing of selected pathogens.
 - Capacity for the testing of AFI samples using the QuantStudio 7 flex have been built through the training of three laboratory technicians (Liberians) who are involved with the project.
 - Through the AFI TAC technology, the Liberia national surveillance system was able to diagnose two Lassa fever suspected cases of which one turned out positive within 8hours period. Through the routine surveillance activities of the AFI project, Dengue fever and Rickettsia which are novel to Liberia have been detected. This finding has influenced the decision of Liberia Ministry of Health and Liberia National Public Health Institute to include them on the list of integrated disease surveillance and response (IDSR) priority diseases.

- ❖ Dominican republic to strength HIV Viral load and recency testing.
 - Recruited three staff (one administrator and two technical assistants)
 - Finalized interviews for 3 staff (Program Manager, M&E officer, one technical Assistant)
 - Finalizing discussion on office premises and also MoU with National Health Services of Dominican Republic to second 20 staff to support AFENET in implementation of activities.
 - Currently are conducting HIV Viral load assessments in 5 HIV Care sites.
 - Planned activities include development of HIV recency testing protocol, training for navigators, training on HIV viral load testing and procurement of DBS cards to support sample collection activities.

- ❖ Caribbean region (Trinidad, Guyana, Barbados, Jamaica): Strengthening laboratory capacity for HIV Drug resistance testing, HIV RTCQI, HIV Viral load scale up, Laboratory accreditation
 - Recruited 5 staff in the region
 - currently conducting mentorship activities in PEPFAR supported labs (50 labs); focus is on improving their Quality Management systems and preparing them for accreditation
 - Planned activities include: Procurement of EQA panels from One World Accuracy, assessment of HIV rapid testing sites using the SPIRT checklist, accreditation assessment visit for one reference laboratory in Jamaica and mentorship visits.



Training of Laboratory Staff in Liberia on use of Taqman Array cards for AFI surveillance



On-Job Mentorship and support supervision for Laboratory staff in Angola

Public Health Disease Surveillance and Effective Response systems

AFENET and member programs have continued to contribute to strengthening surveillance and outbreak response systems in Africa. During this period, FELTP residents as part of their competency-based training have been part of national and subnational outbreak response teams to 200 public health events across the network. The AFENET Corp of Disease Detectives (ACoDD) was activated and members deployed to support several events including the 10th Ebola Virus Disease Outbreak in the DRC since August 2018, the 6th EVD outbreak in Uganda, July 2019, cyclone Idai in Zimbabwe.



ACoDD Teams deployed in the DRC during the 10th Ebola Virus Disease Outbreak

AFENET Corp of Disease Detectives training in East Africa

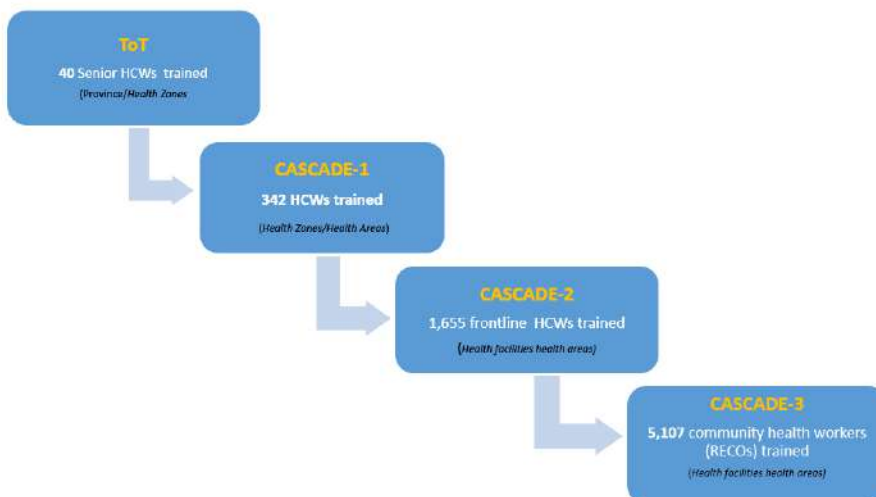
As part of Ebola Virus Disease preparedness in Uganda, Kenya and Tanzania, AFENET through the ACoDD mechanism trained 36 ACoDD members from the three East African countries as well as member of the district response teams from Ugandan districts bordering the Democratic Republic of Congo. The main objective of the 5-day training was to equip participants with knowledge and skills in relevant areas of EVD preparedness so that they can support the various national and district task forces in case of an EVD outbreak, as well as prepare them for field deployment.



Participants at the East African ACoDD training on Ebola Virus Disease in Uganda, April 2019

Surveillance Training to Enhance Ebola Response in DRC

In August 2019, with funding from the World Bank and the US CDC, AFENET collaborated with the Ministry of Health in the DRC to implement an innovative training program, the Surveillance Training to Enhance Ebola Response and Readiness (STEER). The STEER training aimed at strengthening prevention and control of the spread of the 10th Ebola Virus Disease outbreak in North Kivu and Ituri Provinces by creating a large workforce of frontline health workers and community health workers. This was in response to insecurities and community resistance to external support for the response. The trained pool of health workers were from within the affected communities and with good understanding of the local/ cultural context. The training followed a cascade approach, starting with a training of trainers drawn from 20 EVD affected health zones who would in turn train other health workers at the lower levels. In total, **7114** health workers completed the training and mentorship on EVD surveillance, contact tracing, infection prevention and control, risk communication and community engagements. The figure below shows the numbers trained at each level of the health system.





Participants from Beni, and Mbalako attending STEER, August 2019

National Stop Transmission of Polio Initiatives

Since 2015, AFENET in collaboration with the US CDC through a five-year National Stop Transmission of Polio (NSTOP) cooperative agreement has supported ministries of health in Africa to strengthen and build capacity of immunization systems towards polio eradication. This has been through supporting routine immunization programs, trainings and outbreak responses in Nigeria, Kenya, Uganda, Ghana, South Sudan, DRC and Madagascar. During this period, several achievements were registered across implementing countries as enumerated below;

NSTOP Nigeria:

- ❖ Deployed 110 residents and graduates of the Nigeria FELTP as management support teams for the polio supplemental immunization activities.
- ❖ Conducted post immunization evaluations using Lot Quality Assurances in a sample of 453 Local Government Areas and over 300 LGAs had at least 90% of the children reached with the bivalent oral polio vaccine.
- ❖ Deployed 500 officers to support outbreak response vaccination campaigns in several states across the country following circulating vaccine derived poliovirus outbreaks.
- ❖ Supported seven states to take up implementation of the Routine Immunization module in the District Health Information Systems (DHIS2) with minimal support from the NSTOP teams. States are able to analyze immunization data and conduct data quality checks.

NSTOP South Sudan:

- NSTOP teams conducted support supervision for immunization in 132 facilities across 38 counties in the country.
- Supported 46 countries and 82 facilities to develop new and review existing immunization micro-plans

NSTOP Uganda:

- ❖ Conducted polio eradication activities including active search for Acute Flaccid Paralysis cases in districts with low immunization coverages, poorly performing surveillance systems and high influx of refugees from neighboring countries. During this period, AFENET deployed three rounds each with 30 FETP residents and graduates to conduct active search for AFP and support routine surveillance for vaccine preventable diseases within the integrated disease surveillance and response strategy.
- ❖ **Data Improvement Teams Uganda:** This initiative is jointly implemented by the Uganda Ministry of Health, Expanded Programme for Immunization (UNEPI), the Division for Health Information, and by partners including the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) Uganda, GAVI and UNICEF. The project aims to improve immunization data management, collection, analysis and use through training and on job mentorships. In this period, 21 districts in Uganda received training and on the job mentorship for their district health teams.
- ❖ **Ghana Second Year of Life:** Protecting Children from Vaccine Preventable Diseases by Strengthening the Second Year of Life. The Second Year of life Project seeks to develop and assess the impact of a multi-faceted approach to strengthening the second year of life visit on immunization coverage and operational performance in Ghana.



Ghana FETP residents supporting national Polio Vaccination Campaign



Data Improvement Teams during on the job mentorship for immunization data analysis and presentation in Uganda, 2019

The Stop Transmission of Polio (STOP) 53 Training in Uganda, May 2019

The Stop Transmission of Polio (STOP) program recruits and trains volunteer international public health professionals and then deploys them to countries around the world to strengthen their national immunization and surveillance programs. From May 6-24, 2019, the 53rd STOP training (STOP 53) was conducted in Kampala Uganda and AFENET took lead in coordinating it's successful implementation including travel of delegates, preparing training materials, facilitating sessions among others. A total of 196 participants including public health, communication and data management specialists completed the training. Seventeen Anglophone countries (**Afghanistan, Ethiopia, Iraq, Jordan, Kenya, Lao , Liberia, Libya, Malawi, Namibia, Romania, Sierra Leone, Somalia, Sudan, Uganda**) and 13 Francophone (**Benin , Cameroon ,Central African Republic ,Chad ,Congo-Brazzaville, Djibouti , DR Congo , Haiti ,Gabon ,Guinea, Madagascar, Mali, Niger**).

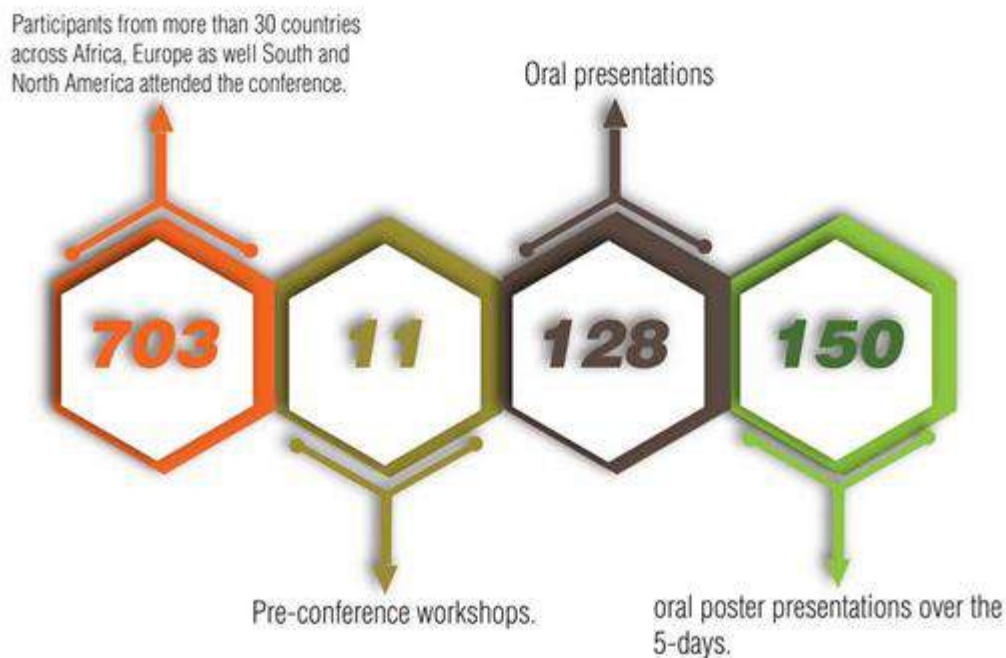


STOP 53 Participants at the Training in Uganda, May 2019

Networking and collaboration for public health advancement

The 7th AFENET Scientific Conference.

In line with the networking & collaboration for public health advancement strategic objective, AFENET has since its inception organized six biennial scientific conferences, hosted by member programs as follows: Ghana (2005), Uganda (2007), Kenya (2009), Tanzania (2011), Ethiopia (2013), Nigeria (2016). In November 2018, together with the Institute of Health of Mozambique and the Mozambique Field Epidemiology training program, AFENET organized the 7th Conference under the theme: **“Building resilient and sustainable public health systems in Africa through Field Epidemiology Training.”**. It provided an excellent platform for FE (L)TP graduates, residents, faculty and the public health fraternity to share their field experiences, best practices and networking while achieving their scientific communication and presentation competencies. Seven hundred and three (703) participants 96% of whom were from Africa, 4% from other continents including United States of America, Europe and Asia, attended the conference. Current FE(L)TP residents were 188, graduates 155 and faculty 68 with the rest being other delegates from ministries of health, technical agencies and academia.





Opening Ceremony: L-R: Dr Chima Oluabunwo (former Executive Director, AFENET), Dr Patrick O'Carroll (TEPHINET), Prof Mufuta Tshimanga (Chairman, AFENET Board of Directors), Hon. Dr Nazira Abdula (Hon Minister of Health, Republic of Mozambique), Dr Rebecca Martins (Director of Centre for Global Health, US CDC), Dr Jay Varma (Africa CDC) and giving remarks, Dr Ileshi Jani (Director, National Health Institute of Mozambique)

National Scientific Conferences

In addition to the regional conference, AFENET supported six member programs to organize national scientific conferences for FELTP residents and graduates to share and disseminated their scientific work to in-country policy makers and the public health fraternity. These are: **Ethiopia, Liberia, Ghana, Nigeria, Tanzania and Uganda.**



Liberia: Delegates at the 2nd Annual Scientific Conference, August 2019.

The Third Ministerial Round Table Meeting

To address the issues of sustainability of field epidemiology and laboratory training programs beyond donor support and foster government ownership of programs, the African Field Epidemiology Network initiated the Ministerial roundtable (MRT) forum on the sides of the AFENET biennial scientific conferences. This forum brings together the ministers of health from across Africa to deliberate on public health issues affecting the continent and how FE(L)TPs contribute to addressing them. It also provides an opportunity to increase AFENET's visibility among these high-level policy and decision makers in Africa and an appreciation of the role/contribution AFENET makes to strengthening health systems through workforce development. The first MRT was in Tanzania, 2011 on the sides of the 4th AFENET Scientific conference, second MRT in Abuja, 2016 during the 6th AFENET conference. In compliance with one of the MRT-2 resolutions, to have the ministerial forum during all AFENET conferences, AFENET hosted the third MRT discussions during its 7th Scientific Conference in Maputo, Mozambique in November 2018. Jointly sponsored by AFENET and Africa CDC, MRT-3 registered 28 delegates of whom three were substantive ministers of health, four deputy ministers of health and 21 representatives of ministers of health.



The Honorable Ministers of health and representatives at the 3rd MRT Meeting, 7th AFENET Conference, Maputo, Mozambique



Honourable Ministers in Session during the MRT-3, in Maputo

Key resolutions from MRT-3:

1. Implementation, monitoring and evaluation of MRT resolutions at country level including designating a focal person
2. Prioritisation of FELTP expansion activities in countries under humanitarian emergencies
3. Need to leverage the platform of the recently launched AFENET Corps of Disease Detectives initiative
4. Increase international exposure for FELTPs through internships for residents and sabbaticals for faculty with international health organizations such as WHO, UNICEF

5. Explore new strategic roles for AFENET Post-Polio certification and humanitarian Emergencies including integration of STOP polio teams into routine public health systems.
6. AFENET should strengthen partnership with the Africa CDC for FE(L)TP expansion and other human resources for health

Africa Centers for Disease Control and Prevention Collaborations

The Africa Centres for Disease Control and Prevention (Africa CDC) was endorsed by the Africa Union (AU) Heads of State and Government (AU HoSG) through Assembly Decision /AU/Dec.554 (XXIV) on 31st January, 2017. The establishment of this specialized institution was in response to disease threats and challenges that Africa faces. AFENET is committed to and is working closely with Africa CDC in leveraging the experience in field epidemiology and public health systems strengthening accumulated during the past 15 years to advance the continental public health efforts. Dr John Nkengasong, Director of Africa CDC visited AFENET in June 2019 and held discussions with the leadership of AFENET on strengthening collaboration between the two institutions.



Dr John Nkengasong (Centre), Director African CDC and Dr. Simon Antara (5th Left), Director AFENET at AFENET secretariat, June 2019

Documentation and Dissemination of Experiences in Public Health

The launch of the AFENET Journal

In order to build capacity for generation and dissemination of context specific public health evidence from Africa to the rest of the world, the African Field Epidemiology Network (AFENET) launched the Journal of Interventional Epidemiology and Public Health (JIEPH). JIEPH is an open access international, peer reviewed scientific journal published by AFENET. Its vision is “to be a veritable platform which provides culturally and technically specific evidence that drives public health and field epidemiology practice and policy.”

The journal was unveiled on 16 November 2018 during the 7th AFENET scientific conference that was held in Maputo, Mozambique. In attendance at the launch were more than 500 scientists and public health experts from Africa and beyond. The journal gives priority to papers from Field Epidemiology Training Programs (FETPs) and other applied public health training programs in Africa and beyond. It also accepts work done by Ministries of Health, Agriculture, Environment, Universities, public health institutes, laboratories and other national and international partners such as WHO.



Prof Mufuta Tshimanga, AFENET Board Chairman and Dr Nancy Knight (US CDC) officially launch the Journal of Interventional Epidemiology at the 7th AFENET Conference, Maputo

JIEPH publishes a wide range of articles, including original scientific papers, short reports in all areas of public health with special interest in interventional epidemiology, review articles and meta-analyses, novel hypotheses and approaches in addition to discussion of research theory, public health policy and practice, conference and workshop proceedings, and special supplements on public health related issues and events.

Articles published in the Journal of Interventional Epidemiology and Public Health (JIEPH) 2019

Articles Published In Volume 2	Authors	Publication Date
ISSUE ONE		
The Beginning of the End for Cholera in Africa [Editorial].	Chima Ohuabunwo, Christine Kihembo, Allan Mwesiga	23-Apr-19
Epidemiological characteristics and factors associated with Visceral Leishmaniasis in Marsabit County, Northern Kenya [Research].	Diba Dulacha et, al	23-Apr-19
Use of short text message reminders to improve attendance of postnatal care at a referral maternity hospital, Kenya, 2016 - A randomised controlled trial [Research].	Violet Adeke Oramisi, et al,	23-Apr-19
Magnitude and Trends of Measles in North West of Tigray Region, Ethiopia - A Four-year Surveillance Data Analysis, 2012-2015 [Research].	Guteta Degefa, et al	23-Apr-19
Evaluation of the Coordination of Cholera Outbreak response in Harare City, 2018 [Research].	Alex Ingwani, et al	23-Apr-19
Cholera case management in Harare City, 2018: are we doing the right things right? [Research].	Govha Emmanuel, et al	23-Apr-19
An assessment of the availability of water sources and hygiene practices in response to the Cholera outbreak in Harare City, Zimbabwe, 2018 [Research].	Tsitsi Juru, et al	23-Apr-19
ISSUE TWO		
Survival time and its predictors among preterms in the neonatal period post-discharge in Busoga region-Uganda June – July 2017 [Research].	Charles Opio, et al.	26-Sep-19
Community-based surveillance: A pilot experiment in the Kabadougou-Bafing-Folon health region in Côte d'Ivoire [Research].	Saya N'Guessan, et al.	5-Dec-19

In addition to the above milestone, we achieved the following in 2019;

- ❖ Nine scientific writing workshops in **Nigeria (3), Zimbabwe (1), Kenya(3), Liberia (1) and Uganda (1)**
- ❖ **121** articles published in peer-reviewed journals in 2019 from seven programs: **Ghana (5), Kenya (10), Nigeria (77), Tanzania (6), Uganda, MPH (8), Uganda, PHFP (11), Zimbabwe (7),**

Summary of Cooperative Agreements and Projects

	Grant Name	Period of Performance	Funder
1	Networking Cooperative Agreement (CoAg)	V of V	CDC
2	GID/ Polio CoAg	V of V	CDC
3	Uganda MoH CoAg	V of V	CDC
4	NTD CoAg	II of V	CDC
5	Lab CoAg	II of V	CDC
6	Africa CDC's Mortality Surveillance	II of II	BMGF
7	Human Resource Support to Africa CDC	II of 2.5	BMGF
8	Immunization System Strengthening in South Sudan	I of II	UNICEF South Sudan with funding from GAVI
9	Immunization data strengthening in Nigeria	I of IV	BMGF
10	2019 – Ncov	I of I	BMGF

	Other Projects	Funder
1	Nigeria NCD Control	Resolve
2	Capacity Building for NTD Control in Kenya	TFGH
3	IPC Training in Liberia	TEPHINET
4	PH Logistics Support for CRDF in Nigeria	CRDF
5	Nigeria outbreak resolving fund	Resolve
6	FETP – V training in Liberia	REDISSE/ MOH Liberia
7	Monitoring the National Action Plan for Health Security	Resolve
8	FETP training in the Gambia	REDISSE/ WAHO
9	Lassa fever epidemiological studies Nigeria	CEPI
10	Cancer Study in Uganda	UK AID through Oxford University
11	GIBACHT	Government of Germany

AFENET Audited Financial Statement

AFENET Audited Financial Statement for the 13 Months Period ended 30 September 2018

AFRICAN FIELD EPIDEMIOLOGY NETWORK LIMITED

STATEMENT OF COMPREHENSIVE INCOME FOR THE 13 MONTHS PERIOD ENDED 30 SEPTEMBER 2018

	Note	13 Months 2018 US\$	12 Months 2017 US\$
INCOMING RESOURCES			
Grant income	9	64,313,785	45,405,507
Other income	3	306,303	413,024
		<hr/>	<hr/>
TOTAL INCOME		64,620,088	45,818,531
		<hr/>	<hr/>
EXPENDITURE			
Personnel costs	4	21,910,794	16,242,340
Consultancy	4	1,255,839	881,565
Supplies	4	2,380,390	2,068,741
Travel	4	2,898,578	2,952,602
Equipment	4	267,679	432,480
Contractual	4	192,234	389,892
Other expenses	4	35,587,773	22,614,292
		<hr/>	<hr/>
TOTAL EXPENDITURE		64,493,287	45,581,912
		<hr/>	<hr/>
SURPLUS FOR THE PERIOD		<u>126,801</u>	<u>236,619</u>