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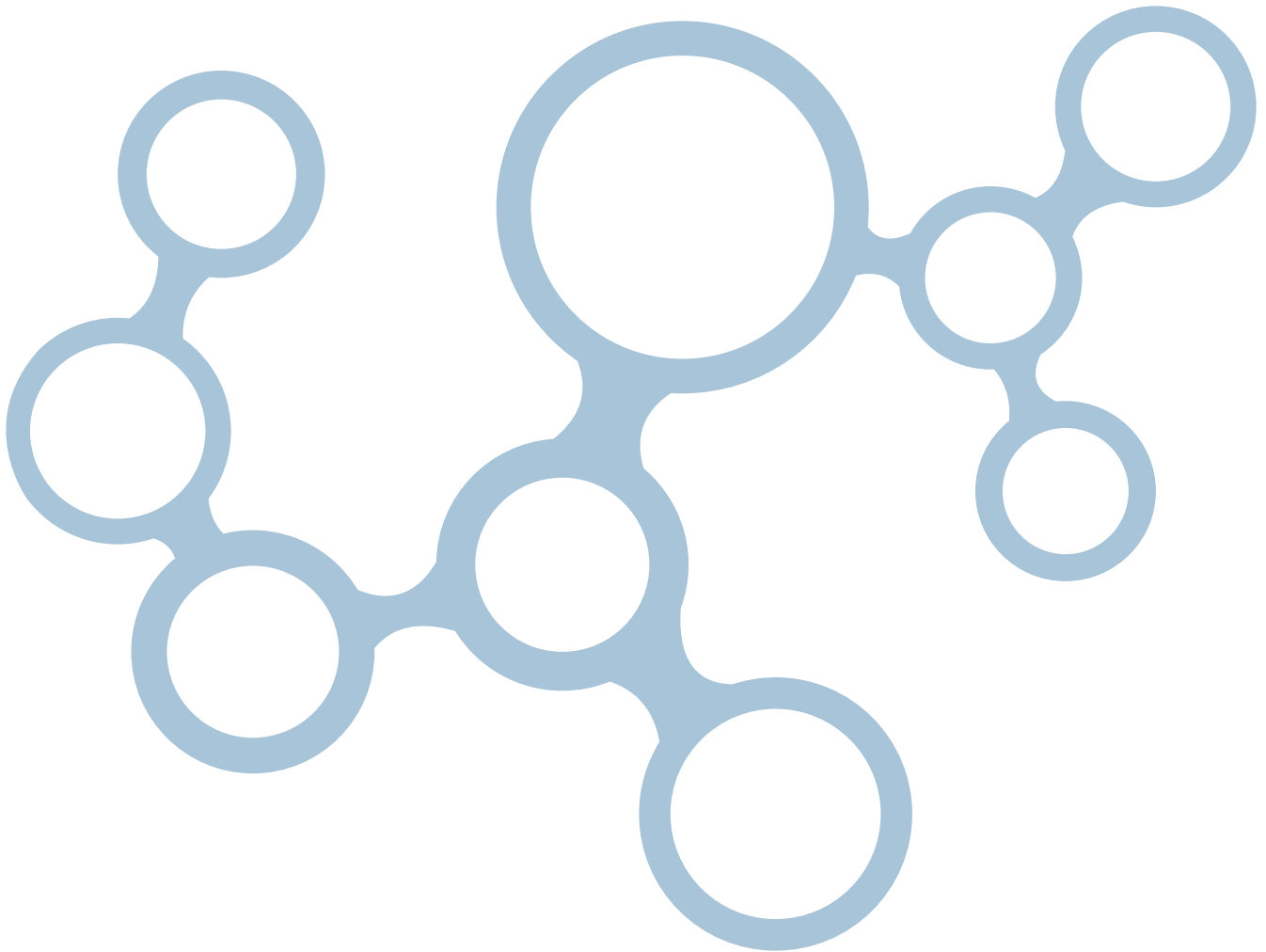
Annual Report





2022

Annual Report





AFENET Annual Report 2022



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Acronyms and Abbreviations

ACoDD	AFENET Corps of Disease Detectives
AESI	Adverse Event of Special Interest
AFENET	African Field Epidemiology Network
AFP	Acute Flaccid Paralysis
Africa CDC	Africa Center for Disease Control and Prevention
APHF	Africa Public Health Foundation
US CDC	United States Centers for Disease Control and Prevention
CLICQ	Clinic-Laboratory 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
PoC	Point of Care
PPE	Personal Protective Equipment
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
USAID	United States Agency for International Development
WHO AFRO	World Health Organization Regional Office for Africa

Who We Are

We are a non-profit networking and service organization dedicated to improving health outcomes of the communities we serve. Established in 2005 with an initial membership of four countries, AFENET has grown to have a presence in 40 countries in sub-Saharan Africa. AFENET is headquartered in Kampala, Uganda. We work with ministries of health and other partners to strengthen health systems and develop the capacity to respond to various public health needs including emergency response.

We **envision** a healthier Africa

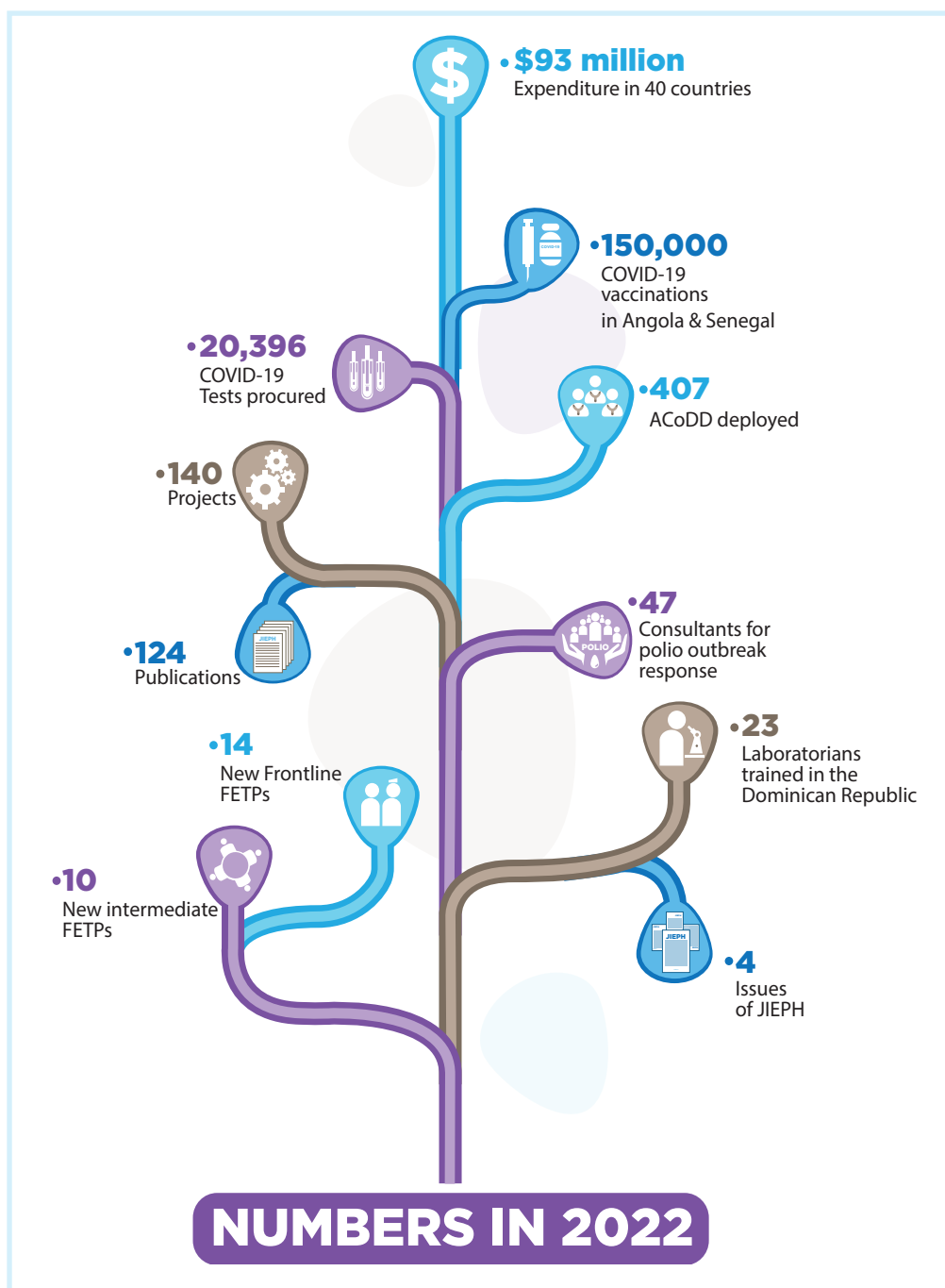
Our **mission** is to ensure effective prevention and control of epidemics and other priority public health problems in Africa.

Our **goal** is to strengthen field epidemiology and public health laboratory capacity to address major public health problems in Africa.

Our Strategic Objectives

- 01**  **Field Epidemiology Capacity Development**
- 02**  **Public Health Laboratory Capacity Development**
- 03**  **Public Health Disease Surveillance and Effective Response**
- 04**  **Public Health Program Management & Research Development**
- 05**  **Networking and Collaboration For Public Health Advancement**
- 06**  **Documentation and Publication For Public Health**
- 07**  **Promoting the 'One Health' Approach**

2022 Highlights





(Above) H.E. Fowzia Abikar Nor, Minister of Health Somalia at the Frontline FETP graduation on 25 January 2022 at Decale Hotel, Mogadishu



(Above) Dr. Ahmed Robleh Abdilleh Minister of Health Djibouti making remarks at the Djibouti FETP graduation on 9 February 2022



(Left) AFENET Secretariat team visiting South Sudan met CDC's South Sudan Country Director - Dr. Sudhir Bunga on 28 March 2022 to strengthen the partnership in the country.

(Below & far right) Investigation and sampling of a suspected case of Brucellosis, Tadjourah, Djibouti



(Left) Dr. Simon Antara - Director AFENET and Minister of Health Fowsiya Abikar Nur (seated center) with participants and facilitators at the Somalia Cohort I frontline course in Mogadishu

Chair, Board of Directors' Message



I have been part of AFENET's journey in various capacities. This year, it is with great pleasure that I welcome you to this issue of our annual report as Chair of the AFENET Board of Directors. Among many events in 2022, the election of new board members and the transition of the board leadership to a new Board Chair is worthy of note. My appreciation to the AFENET General Assembly and former Board Chair, Prof Mufuta Tshimanga for overseeing and ensuring a smooth transition.

As a family, the new Board of Directors is committed to continuing with efforts geared towards ensuring effective communication, improving good governance, and ensuring effective oversight. With the expansion of AFENET's portfolio, this is extremely critical. In this pursuit, we continue to provide strategic direction to ensure our organization's continuous relevance, resilience, accountability, and growth. We are paying attention to risk analysis and risk management. Armed with the lessons of the COVID-19 pandemic, we are aligning our policies and investing in our staff and in technologies to maximize the impact of our work and to effectively mitigate any potential disruption to our operations.

The end-term evaluation of the AFENET Strategic Plan 2017-2022 was initiated in 2022. The results of this evaluation will inform the development of a new strategic plan. As stakeholders and partners, we look forward to your input on the new strategic plan.

I would like to use this opportunity to thank our cherished staff, management, program directors, partners, and colleagues on the AFENET Board for the great work you are doing. Let us continue to work together in a united fashion toward a healthier Africa.

Thank you,

Prof. Ernest Kenu – Chair, Board of Directors

Director's Message

Greetings from the African Field Epidemiology Network (AFENET).

It is a great pleasure to share with you our 2022 annual report. In line with our commitment to global health security, AFENET continued its work with partners to support the response to the COVID-19 pandemic and many other outbreaks across the continent. Our member programs, graduates, and residents availed their technical expertise and played critical roles in all pillars of the pandemic response. We worked with partners to intensify efforts towards increasing COVID-19 vaccine coverage in some countries. Significant progress has been made but a lot more remains to be done to increase vaccine uptake, boost populations' immunity, and protect individuals, families, and communities.

In 2022, AFENET, working with its partners made significant progress in expanding opportunities for field epidemiology capacity development to strengthen the health systems of our member countries. New Frontline and Intermediate FETPs were established in different countries. We are very grateful to the Africa CDC, the West Africa Health Organization, the US CDC, and others for providing technical support and for funding these new training programs. These efforts are very important towards addressing the unacceptable situation where Africa, home to about 11% of the world's population, bears about 25% of the global disease burden and has only 3% of the global health workforce.

A lot has been achieved in the areas of our strategic priorities and I sincerely thank all staff, management, program directors, the AFENET Board, Ministries of Health of our member programs, and our partners whose efforts have yielded these results.

Our commitment to contributing to national, continental, and global health security is sacrosanct and we shall continue to work with our partners towards this end. Our new strategic plan which is being developed will draw from the lessons in the end-term evaluation of the current strategic plan with the view to ensuring the continuous relevance, resilience, effectiveness, efficiency, and impact of AFENET and its work.

We look forward to working with you in this noble effort towards ensuring a healthier Africa.

Thank you,

Dr. Simon Antara
Director AFENET



Board Of Directors





1

Prof. Ernest Kenu
- Chair
Ghana Field Epidemiology and
Laboratory Training Program

2

Prof. Mufuta Tshimanga
- Member
Zimbabwe Field Epidemiology
Training Program

3

Dr. Simon Antara
- Director
African Field Epidemiology
Network

4

Dr. Samuel Assegid
- Member
Ethiopia Field Epidemiology and
Laboratory Training Program

5

Dr. Emmy-Else Ndevaetela
- Member
Namibia Field Epidemiology and
Laboratory Training Program

6

Dr. Josephine Githaiga
- Member
Kenya Field Epidemiology and
Laboratory Training Program

7

Dr. Elizabeth Ekirapa Kiracho
- Member
Uganda Field Epidemiology
Training Program

8

Dr. Lazarus Kuonza
- Member
South Africa Field Epidemiology
Training Program

9

Dr. Etoundi Alain Mbala
- Member
Cameroon Field Epidemiology
and Laboratory Training Program

10

Dr. Nyambe Sinyange
- Member
Zambia Field Epidemiology
Training Program

Management Team



1
Dr. Simon Antara
- Director

2
Dr. Ditu Kazambu
- Head of Programs

3
Mrs. Agnes Kiggundu Barungi
- Head of Finance

4
Mr. Christopher Tanui
- Head of Operations

5
Mr. Muchengeti Bwakura
- Head of Internal Audit & Risk
Management



Governance Updates

- The Annual General Meeting (AGM) was held in February 2022
- A new Board of Directors was appointed by the General Assembly
- Prof. Ernest Kenu - Program Director Ghana FELTP was appointed Chair of the Board of Directors
- An orientation meeting was held for the new board members
- The Board developed their calendar for FY2022
- Five Board meetings were held during the year
- All scheduled board committees' meetings were held
- The second retreat for the current Board of Directors was held; the Management team was in attendance.



(Above) Prof. Mufuta Tshinamga hands over to incoming Board Chair - Prof. Ernest Kenu (left) on 25 February 2022 as Dr. Simon Antara - Director AFENET applauds



(Above) AFENET Board Chair, Prof. Ernest Kenu (center) following a meeting with management and staff at the AFENET Secretariat, Kampala in April 2022

Key Achievements by Department

Programs Department

- Coordinated initiation and implementation of Frontline FETP in 14 new countries: Botswana, Burundi, Chad, Central Africa Republic, Djibouti, Lesotho, Madagascar, Mauritania, Mozambique, Namibia, Niger, Republic of Congo, Somalia, and South Sudan. Resident Advisors and administrators were hired for each program
 - Stakeholders' workshops conducted to foster buy-in
 - Training of trainers workshops conducted
 - 534 public health workers successfully trained in the 14 new programs
1. Coordinated initiation and implementation of Intermediate FETP in 10 new countries: Benin, Cameroon, Cote d'Ivoire, Ethiopia, Gambia, Guinea Bissau, Malawi, Mali, Nigeria and South Africa.
 - Resident Advisors and administrators were hired for each program
 - Stakeholders workshops conducted to foster buy-in
 - Training of trainers workshops conducted
 - 108 public health workers successfully completed the training in 7 of 10 new programs
 2. Coordinated initiation of Africa CDC funding support to Advanced FETP training in Southern and Central Africa. The funds cover tuition, in-class, field-based training, procurement of supplies, and other training needs identified by programs

Program	Number of residents supported	Country of origin
Zimbabwe	24	Zimbabwe
Zambia	07	Lesotho (2), Malawi (1), and Zambia (4)
Namibia	09	Namibia
Mozambique	03	Mozambique (2), and Guinea Bissau (1)
Cameroon	15	Cameroon (9), Republic of Congo (2), and Chad (2)
Total	58	

3. Procured a total of 2,500 Abbott Panbio COVID-19 IgG/IgM Rapid tests, 14,400 Abbott Panbio COVID-19 Ag rapid tests, and enough reagents and consumables for 3,496 RT-PCR tests to support COVID-19 testing in Angola.
4. Procured and delivered two -80°C freezers, and one -20°C freezer to the reference laboratory at Benguela and the National Institute for the Fight Against AIDS (INLS) in Angola.

5. 78 decontamination services were provided to 5 key COVID-19 testing laboratories (Reference labs in Luanda, Benguela, Cunene, Lunda Sul) in Angola.

6. Successfully provided technical and logistic support to 54th STOP training in Atlanta, Georgia, USA. The training was attended by 115 participants and 70 guests from 14 Anglophone countries, 10 Francophone, and 1 Hispanophone.

7. Successfully completed a safety evaluation of the new nOPV vaccine in Uganda

Outbreak response

8. Deployed 14 members of the AFENET Corps of Disease Detectives (ACoDD) to support the response to the Ebola Virus Disease (EVD) outbreak in Uganda.

9. Twenty-nine (29) consultants, 6 of whom were internationals were deployed to support polio outbreak response efforts in 19 countries across Africa

10. FETP residents supported polio outbreak response Response to polio outbreaks through FETP programs in 5 countries -Liberia, CAR, DRC, Malawi, Sierra Leone, Madagascar

11. Measles outbreak response training materials completed & approved by -Ethiopia MOH

12. 150,000 people received COVID-19 vaccination through our COVAX-supported project in Senegal & Angola

Operations Department

1. Successfully completed Phase 1 of the Human Resource Information System (HRIS). Phase 1 focused on installation and training of staff on payroll, timesheets, and leave modules

2. Organized a retreat for the department that brought together over 70 staff from across the Network (IT, HR, Procurement, Operations, Transport and Protocol). The team building event also serve as an opportunity for general re-orientation to all AFENET systems and policies.

3. Staff recruitment and procurement support for various Africa CDC programs including the Saving Lives and Livelihoods (SLL) Initiative. More than 100 staff were recruited and deployed to the Africa CDC Headquarters and its Regional Collaborating Centres.

4. Public health logistics support to UKHSA activities in Ethiopia and Nigeria

5. Developed a Work from Home Policy for the organization. The policy, which was approved by the Board of Directors will be rolled out in a step-wise manner.

6. Conducted verification of all assets in the Network

7. Completed registration of AFENET in Djibouti and Angola



Deployed 14 members of the AFENET Corps of Disease Detectives (ACoDD) to support the response to the Ebola Virus Disease (EVD) outbreak in Uganda.

8. Various organised and supported several regional, national and international conferences, workshops, and meetings. Within the Network, we organised the Rwanda FELTP, Francophone, and Southern Africa FETP conferences

9. Successfully migrated SharePoint 365 from on-premise to the cloud

10. Supported the procurement process of land to host the permanent home of the AFENET Secretariat

Finance Department

1. In-house network-wide compliance training for finance staff with a goal of enhancing compliance to internal policies and procedures and partner requirements.



(Above) AFENET Finance Team Training

2. Registered successful external financial audits with limited audit findings and no disallowed costs. External audits included the mandatory annual organization-wide audit, country-specific external audits for Ethiopia, Kenya, Nigeria, and Tanzania, and project-specific audits required by funding partners such as UNICEF, UNAIDS and BMGF.

3. Managed over USD 93 million worth of expenditure in 40 countries, some with stringent in-country financial systems.

4. Met stringent financial reporting requirements for 72 projects supported by 36 funding agencies

5. Obtained approval for approximately 140 project reports by the

funding agencies

Internal Audit & Risk Management (IA&RM) Department

1. Overall status of implementation of the approved Internal Audit and Risk Management plan for FY2022 was 89% at year-end.

2. Performed 4 audits: one each of Angola and Ethiopia FETP, and two special audits requested by the Management Team and the Board of Directors.

3. Status of implementation of recommendations of prior audits and risk management assessments was 83% as at end of FY2022.

4. IA&RM Department manual and a 5-year strategy for the department were produced and approved by the Management Team and Finance, Audit and Risk Management (FAR) Committee of the Board of Directors.

5. Risk Management framework and policy was produced and approved. The Top 10 Risk register was presented to the Management Team, FAR Committee, and the Board of Directors.

6. Payments and payroll reviews were done and identified gaps were addressed.

7. A country risk self-assessment tool was developed and approved.

8. Continued with advisory services to the Management Team and the Board of Directors on internal controls, systems, risk management, and governance issues.

9. The Top 10 frequent/recurring audit issues were identified to help programs and departments improve systems and processes.

10. The Compliance Universe dashboard was updated to help track status of compliance across programs and put measures to close any gaps.



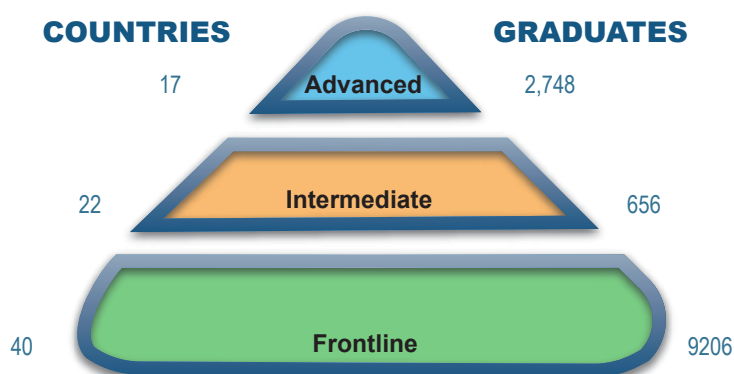
Key Achievements By Strategic Priority

Field Epidemiology Capacity Development

Despite being highly populated, sub-Saharan Africa lacks adequate field epidemiology workforce capacity to ensure health security for its estimated 1.34 billion people. Working in collaboration with the US CDC, the Africa CDC, West Africa Health Organization, and other partners, AFENET has supported ministries of health to address this health workforce gap by initiating, implementing, and sustaining various tiers of field epidemiology training programs.

There has been progress towards attaining the global health security agenda (GHSA) target of 1 trained field epidemiologist per 200,000. A total of 3,404 field epidemiologists trained have been trained to date by our member advanced and intermediate FETPs. However, a huge need for field epidemiologists still exists and that must be addressed.

AFENET currently supports a total of 17 countries to provide advanced FETP training; 22 countries to provide intermediate FETP; and 40 countries to provide frontline FETP training.



Map: Distribution of FETPs by tier (Frontline, Intermediate, Advanced), Nov 2022

New FETP Tiers established

During the year, AFENET supported 14 countries to establish Frontline Field Epidemiology Training Programs. These include Botswana, Burundi, Chad, Central African Republic, Djibouti, Lesotho, Madagascar, Mauritania, Mozambique, Namibia, and Somalia. In addition, 10 Intermediate FETPs were established. These were in Benin, Cameroon, Cote d'Ivoire, Ethiopia, Gambia, Guinea Bissau, Malawi, Mali, Nigeria and South Sudan.

Graduation of Cohort I of Burundi Frontline FETP, June 2022



(Above) Graduation of Cohort II of South Sudan's Frontline FETP, 7 July 2022



(Left) A Launch of Cohort I of DRC's Intermediate FETP, September 2022

Public Health Laboratory Capacity Development

During the year under review, the scope and reach of our laboratory strengthening efforts was expanded. This work was made possible largely by the US CDC, with funding for the United States President's Emergency Plan for AIDS Relief (PEPFAR).

Supporting HIV-related laboratory networks and partnerships

Angola

We implemented activities in 22 health facilities across four provinces: Benguela, Lunda-Sul, Huambo, and Cunene. We focused on scaling up capacity for HIV viral load (VL) testing, creating a sample transport system, and maximizing the national HIV laboratory's use of existing testing platforms. In Benguela, AFENET mentors facilitated a training of trainers on counseling and HIV rapid testing for over 20 participants.

The HIV rapid test external quality assurance program (HIV RT EQA) was implemented in 114 HIV RT public, military, and community sites supported by PEPFAR. The proficiency results show that out of 109 sites that responded, 95 sites scored higher than 80%.

We also supported the expansion of HIV viral load and Early Infant Diagnosis testing through procurement of 10 mPIMA point-of-care machines, reagents, and diagnostic network optimization.

Dominican Republic

We achieved the following during the reporting period:

- 74 accredited comprehensive HIV care centers received technical assistance on laboratory strengthening
- 68,285 patients were started

on HIV treatment

- 83% of the patients have updated HIV viral load test results
- 43,019 patients achieved viral load suppression

- 23 laboratory personnel from priority integrated service providers (SAIs) at the Dr. Defilló National Public Health Laboratory were trained on Rapid Test Continuous Quality Improvement (RTCQI)

- Six field auditors from the National Health Service (SNS) were trained on HIV VL checklist

- 1,400 HIV recency test kits were procured and distributed to Municipal of Villa Altigracia, Juan Pablo Pina, San Lorenzo de Los Mina Maternal and Child Hospital, Antonio Musa and Our Lady of Altigracia Maternity - all priority sites for monitoring of HIV recency testing.

- Data entry tools for HIV recency testing were developed using Epi Info

Continuous Quality Improvement and e-learning Initiatives

Strengthening Laboratory Management Towards Accreditation (SLMTA) Symposium

- 668 participants from 40 countries attended this virtual symposium.
- Officials from ministries of health of Angola, Zimbabwe, and Uganda testified about the important role of SLMTA in the COVID-19 pandemic response

Continuous Quality Improvement (CQI) for TB Diagnostic Tests

TB Clinic-Lab Interface Continuous Quality Improvement (CLICQI)

In collaboration with US CDC and the Uganda Ministry of Health, we launched the TB Clinic-Lab Interface Continuous Quality Improvement (CLICQI) ECHO program in October 2021. This program guided clinicians and laboratory staff to review their clinic and laboratory data and identify gaps within the patient cascade. Twelve TB testing sites from Lango and Bunyoro sub-regions were enrolled into the project. Technical support was provided through weekly ECHO virtual training sessions. Mentors also supported facilities to implement site-specific improvement projects through peer-to-peer mentorship.

LF-LAM Quality Assurance Package development

AFENET supported the development of a Quality Assurance (QA) Package for the Lateral flow urine lipoarabinomannan (LF-LAM) testing that can be customized as needed and implemented by PEPFAR-supported countries and other implementers. The QA package which is currently under review, seeks to improve the utilization of LF-LAM testing for the diagnosis of active tuberculosis in people living with HIV.

Strengthening capacity for COVID-19 response

Strengthening field epidemiology and laboratory capacity in the Dominican Republic

AFENET supervised COVID-19 epidemiological and laboratory surveillance activities in collaboration with the Dominican Republic Ministry of Public Health. Priority was on strengthening the National Epidemiological Surveillance System and the Field Epidemiology Training Program (FETP). In February 2022, AFENET supported the training of 20 public health professionals under Cohort XXXIII of the Frontline FETP. Another 19 public health staff were enrolled in Cohort IX of the nine-month Intermediate FETP.

7 mini-grants for COVID-19 research awarded to FETP residents and graduates

To help the Government of the Dominican Republic and the stakeholders understand the drivers of the COVID-19 pandemic and the concerns of the population about COVID-19 vaccines, a call for mini grants on operational research on COVID-19 was published in February 2022. Out of 21 applications received, seven mini grants were awarded. The awardees were FETP trainees and graduates as well as researchers working in the MoH or National Public Health Service.



In collaboration with CDC and the Uganda Ministry of Health, we launched the TB Clinic-Lab Interface Continuous Quality Improvement (CLICQI) ECHO program in October 2021

Projects selected to receive the mini-grants for COVID-19, Dominican Republic, 2022

1. Characterization of patients admitted with a diagnosis of COVID-19 to the Hospital Metropolitano de Santiago during the period of increased circulation of the Omicron variant
2. Intention of the fathers to vaccinate their children against Covid-19
3. Community-based communication strategy design to favor the change in attitude and behavior with the vaccines for COVID-19
4. Evaluation of neurological-neuropsychological alterations in patients diagnosed with COVID -19 in the short and medium term
5. Evaluation of the Treatment Result of Patients with Tuberculosis and Covid-19 Coinfection in the Dominican Republic, 2020
6. Maternal and neonatal consequences of the infection by COVID-19 acquired during the pregnancy, in the period May 2020-March 2022, in the province of Santiago
7. Incidence of COVID-19 vaccine reaction in the teaching and administrative population of the educational district 18-02, Tamayo, Bahoruco province, 2021-2022



(Above) A laboratory scientist disinfecting pipettes. Biosafety cabinets play a critical role in protecting laboratorians while performing different assays.

Public Health Disease Surveillance and Effective Response Systems

AFENET Corps of Disease Detectives (ACoDD)

ACoDD is a civil voluntary service of culturally competent field epidemiologists based on the One Health approach. The aim is to ensure maximum and efficient utilization of the well-trained workforce from frontline, intermediate, and advanced Field Epidemiology and Training Programs (FETPs) in response to disease outbreaks and other public health emergencies.

ACoDD is set up to deploy within the shortest possible time, a diverse and complete team, to investigate any public health threat and contain it at source in collaboration with ministries of health, WHO, and other line partners. ACoDD is AFENET's boots-on-the-ground disease detectives, central to identifying and stopping public health emergencies, especially disease outbreaks, quickly.

Achievements

During the 2021-2022 fiscal year, a total of 407 ACoDD members were deployed to respond to public health emergencies in various countries as highlighted in Table below:

Country	Public Health Emergency	No ACoDD members deployed
DRC	Acute Flaccid Paralysis (AFP)/ Polio	89
DRC	COVID-19	15
DRC	Measles	7
DRC	Typhoid fever	30
DRC	Meningitis outbreak	10
DRC	15 th EVD outbreak in North Kivu	20
Uganda	EVD outbreak in Mubende	2
Burkina Faso	COVID-19	26
Burkina Faso	AFP and other vaccine preventable diseases	7
Burkina Faso	Measles outbreak response	20
Burkina Faso	Cholera	5
Kenya	COVID-19	6
Tanzania	COVID-19	18
Sierra Leone	COVID-19	8
Guinea Conakry	COVID-19	23
Zambia	COVID-19	4
Togo	COVID-19	25
Nigeria	Lassa fever	1
Djibouti	COVID-19	5
Djibouti	AFP	9
Djibouti	Polio vaccination	12
Djibouti	Measles	8
Djibouti	Brucellosis	3
Ethiopia	Measles	4
Ethiopia	Pertusis	1
Ethiopia	Malaria	1
Ethiopia	Scabies	2
Ethiopia	Maternal death	1
Somalia	Measles	40
Somalia	Cholera	3
Somalia	Pertusis	1
Somalia	Suspected monkey pox	1
TOTAL		407

//

ACoDD is step up to deploy within the shortest possible time, a diverse and complete team, to investigate any public health threat and contain it at source in collaboration with ministries of health, WHO, and other line partners.

Table: ACoDD deployments during 1 October 2021 - 30 September 2022

(Right) ACoDD member (standing right) participating in EVD community sensitization at Kiteredde Village, Mubende District, Uganda, 28 September 2022



(Right) ACoDD members interviewing community members in Gaoua Health District, Burkina Faso during a survey on the acceptability of COVID-19 vaccination, 27 June 2022



Networking and Collaboration for Public Health Advancement

Networking and collaborating with others are critical to our success. We place a premium on strengthening our relationships with our existing partners while exploring new partnerships. This allows us to expand the reach of our work and its positive impact on the communities we serve. We have come a long way since 2005 when we started out with a handful of partners.

This year, the memorandum of understanding (MOU) between AFENET and the Africa Centres for Disease Control and Prevention (Africa CDC) was renewed for an additional three years, following the expiration of the initial 3-year period. The MOU is the basis for our joint efforts with Africa CDC to secure the health of Africa's population and the world at large. The MOU is also the basis for partnerships between AFENET and partners such as the Mastercard Foundation, the Bill and Melinda Gates Foundation, and others that support Africa CDC's work in partnership with AFENET.



The continental response to the COVID-19 pandemic was at the center of our partnerships this year. In liaison with Africa CDC and funding partners, we supported efforts geared towards scaling up COVID-19 vaccination coverage in Africa and operationalizing the Partnership for Vaccine Manufacturing (PAVM) in Africa. We worked with GIZ to facilitate Africa CDC's efforts to advance One Health in Africa. The partnership with the Korean International Cooperation Agency (KOICA) strengthened the prevention and control of viral hepatitis in the region.



AFENET worked closely with the ministries of health and other partners in more than 40 countries to implement Field Epidemiology Training Programs (FETPs) and other public health programs aimed at strengthening public health systems in the region.

(Left) AFENET Management Team's advocacy visit to the US CDC Sierra Leone office, (3rd and 5th from left are Dr Simon Antara - AFENET Director and Ms Chinyere Ekechi - Deputy Country Director CDC Sierra Leone respectively)

AFENET worked closely with the ministries of health and other partners in more than 40 countries to implement Field Epidemiology Training Programs (FETPs) and other public health programs aimed at strengthening public health systems in the region. Three of the cooperative agreements that we had with the US CDC were closed out during the year. The projects that were closed out impacted positively on HIV/AIDS prevention and control in Uganda, immunization systems strengthening in Africa, and FETP training and broader health systems strengthening in Africa.

The immunization systems strengthening project which was implemented from April 2015 to May 2022 contributed immensely to Nigeria being declared free of wild polio virus on 25 August 2020. More work on immunization systems strengthening is ongoing through another cooperative agreement with the US CDC. The partnership has yielded great value to the communities and the stakeholders. We look forward to working with countries and other partners to build on the progress made.

AFENET with funding support from US CDC organized the International Stop Training (STOP Team 54) held in Atlanta, Georgia, USA from 14 August – 2 September 2022. Experts from AFENET, US CDC, WHO, UNICEF and participating countries interacted and shared experiences and best practices for the prevention and control of vaccine-preventable diseases.



(Above) International Stop Training (STOP Team 54) participants, 2022

We also participated in the 11th TEPHINET Global Scientific Conference held from 4 – 9 September 2022 in Panama City, Panama. Residents and graduates from our member programs made oral and poster presentations on diverse public health topics. We congratulate those who received awards for outstanding presentations and Ethiopia, Guinea, Mozambique, Sierra Leone, Zambia, and Liberia FETP for accreditation of their respective programs.

Several national and regional FETP conferences were held, to share progress and experiences from the field. Please mark your calendars and save the dates for the 8th AFENET Scientific Conference that is scheduled for 5 -10 November 2023 in Mombasa, Kenya.

We thank our partners for their continued support and commitment to the work we do for the common good. We also appreciate the opportunities to interact and share our experiences, as they enrich our work. We look forward to strengthening our partnerships and to fostering new ones – together, we achieve more.



*Southern Africa Regional
Scientific Conference 2022,
Namibia*

DR Congo – Angola Cross border collaboration

As part of our efforts to strengthen global health security, AFENET facilitated an engagement between the Democratic Republic of Congo (DRC) and Angola from 14 – 19 February 2022. The cross-border meeting was held at the border between the two countries and aimed at sharing information and experiences from both countries; harmonizing a list of priority diseases to be monitored at cross-border level; revisiting the MoU on bilateral cooperation for border health; and documenting public health actions to be taken in the event of an outbreak.

The meeting resulted in a list of 44 priority diseases to be monitored at cross-border level. These include: COVID-19, Yellow fever, Ebola Virus Disease, cholera, malaria, Drancuculosis (Guinea worm disease), monkey-pox, poliomyelitis, measles, Tuberculosis, HIV, and bloody diarrhea among others. An MoU was signed by the sectoral Ministers of Health of the two countries.



(Right) Participants at DR Congo-Angola cross border meeting in 2022 to discuss joint surveillance

Documentation and Dissemination of Experiences in Public Health

Journal of Interventional Epidemiology and Public Health (JIEPH)

Now in its 3rd year of publishing, JIEPH is an open-access, peer-reviewed journal, and is AFENET's flagship channel for publishing scientific outputs from FETPs and the field epidemiology fraternity in Africa and beyond. In the year under review, articles were published in Volume 5 of the regular Issue, a COVID-19 Supplement and a West Africa Francophone Supplement.

JIEPH Outputs	Number of Published Articles
Volume 5 Regular issue	24
West Africa Francophone Supplement	10
WAHO / AFENET Supplement	11
COVID-19 Supplement 2	16
Total	61

e-Newsletters



The **Global Health Digest** summarizes on a weekly basis the latest Global Health news, features, comments, reviews, and research every Friday. It also features a segment on COVID-19. Twenty-six issues of the bulletin were published between April 2022 and the close of the financial year on 30 September 2022. One can register to receive and access past issues of the bulletin using this link <http://bit.ly/3hAgoZM>



: The AFENET Monthly Highlights showcases stories from member field epidemiology training programs published during the month. It comes in handy to those who may have missed a story published during the previous four weeks. Similarly, it be accessed and subscribed to using the above link.

COVID-19 AT-A-GLANCE
Issue No. 200 April 01, 2022

STATISTICS			
Area	Cases	Deaths	Recoveries
Global	488,813,337	6,168,174	423,920,856
Africa	11,758,791	252,819	10,878,404

Source: <https://www.worldometers.info/coronavirus/>

RESEARCH
Effect of Early Treatment with Ivermectin among Patients with Covid-19
 "Treatment with ivermectin did not result in a lower incidence of medical admission to a hospital due to progression of Covid-19 or of prolonged emergency department observation among outpatients with an early diagnosis of Covid-19," authors of this double-blind, randomized, placebo-controlled, adaptive platform trial involving symptomatic SARS-CoV-2-positive adults recruited from 12 public health clinics in Brazil, concluded in findings published in the [New England Journal of Medicine](#).

Risk of SARS-CoV-2 reinfection and Covid-19 hospitalisation in individuals with natural and hybrid immunity: a retrospective, total population cohort study in Sweden
 "The risk of SARS-CoV-2 reinfection and Covid-19 hospitalization in individuals who have survived and recovered from a previous infection remained low for up to 20 months. Vaccination seemed to further decrease the risk of both outcomes for up to 9 months, although the differences in absolute numbers, especially in hospitalizations, were small. These findings suggest that if passports are used for societal restrictions, they should acknowledge either a previous infection or vaccination as proof of immunity, as opposed to vaccination only," says a new publication in [THE LANCET Infectious Diseases](#).

SPOTLIGHT
ADJUS TO COVID-19 AT-A-GLANCE!
 This 200th issue of the COVID-19 AT-A-GLANCE bulletin draws the curtains on this edition which we launched on 22 April 2020 during the first wave of the pandemic. On that day there were 2,578,288 reported around the world, Africa had 25,777 cases, while the recoveries stood at 704,321 and 6,814 cases respectively. As of today, the picture is different as you can see in the top right corner of this issue. Two objectives inspired this electronic publication which started off as a tri-weekly before morphing into a weekly.
 The first objective was to showcase our response to the pandemic across the over 30 AFENET member programs in sub-Saharan Africa. We brought you firsthand accounts of how member program staff, residents, alumni and the secretariat successfully supported national response structures right from the preparatory phase of the COVID-19 pandemic, through the response phase, to date.
 Secondly, we wanted to contribute to the fight against the infodemic that came with the pandemic. Fear and panic in the face of the pandemic came with "too much false or misleading information in digital and physical environments during a disease outbreak" as observed by the World Health Organisation. To this, we have shared with you carefully selected scientific publications from reputable journals, field experiences, and news from credible entries.
 So what next? We shall continue covering the subject but not in an exclusive Covid-19 bulletin. Watch this space. Thank you for walking this journey with us!

PRESS DIGEST
GENEVA: Special Envoys of the World Health Organization (WHO) Director-General on Covid-19 have expressed dismay and concern saying countries around the world have rushed to dismantle many of the public health measures and much of the infrastructure that reduced the spread of Covid-19 and protected so many from complications and death. – [Africa](#)
GENEVA: A third of the world's population has yet to receive a single dose of Covid-19 vaccine, including a shocking 83 per cent of all Africans, said the head of the World Health Organization (WHO) on Wednesday. "This is not acceptable to me, and it should not be acceptable to anyone", said Tedros Adhanom Ghebreyesus. "If the world's rich are enjoying the benefits of high vaccine coverage, why shouldn't the world's poor? Are some lives worth more than others?" – [UN NEWS](#)
KAMPALA: Travellers entering Uganda will no longer be required to test for Covid-19 at its border points as long as they are fully vaccinated, the health authorities have announced. The government has also ordered private laboratories conducting the tests at various points of entry to vacate the premises. – [The East African](#)

www.afenet.net Email: communications@afenet.net @AFENETAfrica @AFENETAfrica

: During the reporting period, 24 issues of the "COVID-19 AT-A-GLANCE" newsletter were published. The objective of the newsletter was to contribute to the sharing of correct information in form of news and scientific publications from the right sources amidst an infodemic occasioned by a raging COVID-19 pandemic.

Media appearances

New Vision

Shared Experiences on the 2nd Year of Life Platform and Lifecourse Approach to Essential Immunization workshop



“ Despite the availability of vaccines to prevent several infectious diseases, many people still suffer and die from preventable diseases especially in the developing world. The situation where we have in some communities, large numbers of children who have not received any dose of the critical vaccines, portends dire public health consequences. ”

Dr Simon Antera, Director AFENET
Published on 14 September 2022
Via <http://bit.ly/3jg87yb>



Daily Monitor

Uganda Ebola outbreak: Contact tracing blues

“ When a person is found to have symptoms of Ebola, they should be isolated at a medical facility. All the people he or she may have had contact with are identified and followed up by a team of experts on a regular basis. The follow up of the contact takes 21 days, the maximum period within which symptoms of Ebola manifest in an infected person. If one of the contact persons develops symptoms of Ebola, he or she is examined to establish whether he or she has Ebola, and if they do, the persons they have come into contact with will also be traced. The same exercise would be repeated until all Ebola patients are detected. If none of the contact group members develops Ebola-like symptoms after three weeks, the individuals isolated at health facilities are deemed Ebola-free and allowed to return to the communities. ”

Dr Ditu Kazambu, Head of Programs at AFENET
Published on 21 September 2022
via <http://bit.ly/3QeFJWj>

Public Health Management and Research Development



On the occasion of the third anniversary of wild poliovirus eradication in Nigeria, individuals and organizations including AFENET that supported efforts that resulted in this milestone were recognized with the “Polio Heroes’ Award.

(Right) Dr. Patrick Nguku, the AFENET Regional Coordinator for Nigeria receiving the Polio Heroes’ Award presented to AFENET by the Government of Nigeria (From the right: HRH. Alh. Samaila Muhammad Emir of Argungu, and Chairman Northern Traditional Leaders Committee on PHC Delivery; Ooni of Ife, Oba Adeyeye Enitan Ogunwusi, Chairman, Southwest Traditional Leaders Committee on PHC Delivery; Chairman, Christian Association of Nigeria, Most Rev Daniel Okoh)

Immunization Systems Strengthening in Africa

Through a cooperative agreement with the US CDC, we are working to strengthen immunization systems the continent, as a means to contain the spread of vaccine-preventable diseases (VPDs) and their impact on the lives of those they affect, and the economies in which they occur. Our work during the reporting period focused on human resource capacity building, VPD outbreak investigation and response, and wider health systems strengthening for sustainable gains.

NSTOP Nigeria

The National Stop Transmission of Polio (NSTOP) program remains a strategic partner to the Government of Nigeria’s efforts to halt the transmission of circulating vaccine-derived polio virus type 2 (cVDPV2), ensure effective surveillance of VPDs, and improve routine immunization and other health indices in the country. In the period under review, NSTOP supported the National Polio Emergency Operation Centre (NEOC) to respond to breakthrough transmission of cVDPV2 across twelve states. The outbreak response was implemented in a vaccination campaign-like manner in two phases using the novel oral polio virus type 2 (nOPV2). NSTOP deployed twelve (12) senior technical staff and 214 management support teams (MSTs) to support pre-implementation and implementation activities in these states.

Nigeria was certified wild polio-free on 25 August 2020. On the occasion of the third anniversary of wild poliovirus eradication in Nigeria, individuals and organizations that supported efforts that resulted in this milestone were recognized with the “Polio Heroes’ Award. AFENET was one of the institutions whose contribution was recognized, and Dr Patrick Nguku - Regional Coordinator for Nigeria received the award on behalf of the organization.



Response to outbreaks of vaccine preventable diseases (VPD)



Top: Field epidemiologists under Ghana FETP conducting Health Worker sensitization on AFP and VPD surveillance in Sawla-Tuna-Kalba district, Savannah Region, Ghana in July 2022

Left: A FETP graduate doing active search for AFP during nOPV2 campaign in DRC in 2022

Right: AFENET/CDC consultant Gregorio Janeiro supporting Implementation of Round 5 of the bOPV Polio Campaign in Tete Province, Mozambique

We supported response to outbreaks of VPDs by deploying consultants and FETP residents and graduates.

National and international Global Polio Elimination Initiative (GPEI) consultants were deployed to support outbreak response activities in liaison with respective WHO Country Offices and Ministries of Health. Consultants were deployed to 25 countries including Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Congo, Chad, DRC, Ghana, Guinea, Guinea Bissau, Liberia, Malawi, Mali, Mauritania, Mozambique, Niger, Uganda, Sierra Leone, Senegal, South Sudan, Tanzania, Togo, and Zambia.

The consultants strengthened surveillance for acute flaccid paralysis (AFP) and other VPDs at all levels of national health systems; provided technical support for SIAs and polio NIDs planning, implementation and monitoring; and supported the introduction of nOPV2 including participating in vaccine safety monitoring activities. They also provided technical support geared towards strengthening of routine immunization to achieve the immunization coverage targets of the Global Vaccine Action Plan (GVAP).



Six Ministries of Health were supported by FETP deployments, 18 countries were supported to implement supplementary immunization SIAs, and 17 countries were supported to introduce the nOPV2 vaccine.

FETPs in CAR, DRC, Côte d'Ivoire, Gambia, Ghana, Liberia, Mali, Malawi, Mauritania, Senegal, Sierra Leone, and Togo participated in polio outbreak response activities. FETP trainees and graduates were trained and deployed to support AFP surveillance strengthening activities and implementation of high-quality supplementary immunization activities (SIAs). A total of 98 FETP graduates were deployed.

Forty-seven consultants were deployed across 25 countries to serve as surge support for polio outbreak response. Six Ministries of Health were supported by FETP deployments, 18 countries were supported to implement supplementary immunization SIAs, and 17 countries were supported to introduce the nOPV2 vaccine.

Vaccine Safety Projects

AFENET in collaboration with the US CDC's Immunization Safety Systems Branch is implementing a number of projects to support vaccine introduction and immunization safety systems strengthening in Ghana, The Gambia, Malawi and Uganda. We highlight key activities and achievements by project below:

Evaluation of the Safety of the type 2 Novel Oral Poliovirus Vaccine (nOPV2) during a Supplementary Immunization Activity in Uganda: January 2022

Highlights/Achievements in 2022

- 43 Adverse events following immunization with oral poliovirus (AEFI) were identified by passive surveillance, two of which were serious (meningitis, left leg weakness)
- Five Adverse events of special interest (AESI) were identified by active hospital-based surveillance
- Re-review and reclassification of cases detected by cohort event monitoring (CEM) by the National causality assessment committee as well as detailed data analysis is currently ongoing.
- Preliminary evidence from this evaluation points to no major safety concerns following the nOPV2 national campaign in Uganda



CDC/AFENET team updating the Director General Health Services, MOH Uganda about the nOPV2 safety evaluation exercise

An Evaluation of Strengthening Surveillance of Adverse Events Following Immunization (AEFI) Project in Malawi

- Conducted targeted training/building capacity for 313 frontline healthcare workers in 6 districts in Malawi to strengthen AEFI reporting
- Data collection was conducted in September 2022; 265 (91%) trained healthcare workers were reached
- Preliminarily, AEFI reporting rates have increased across all 6 districts, and analysis of the study data is currently ongoing



(Left) The AFENET and CDC team after meeting with officials from MOH – Pharmacy and Medicines Regulatory Authority & EPI over the vaccine safety projects aimed at strengthening surveillance for adverse events following immunization, and surveillance of adverse events of specific interest.

(L-R) Mr. Anderson Ndalama - Technical Officer, Mr. Joseph Magoola - Epidemiologist, AFENET, Dr. Jane Gidudu - US CDC, Mr. Mphatso Kawaye - Director General PMRA, Ms. Sandra Machiri (3rd right) - AFENET Consultant, Zimbabwe, and Ms Sandra Kiplagat - US CDC.

Hospital-Based Adverse Event of Special Interest (AESI) Sentinel Site surveillance, Uganda

The aim of this project is to monitor the safety of COVID-19 vaccines in Uganda in near real-time for pre-specified AESIs to inform decision-making as a means of maintaining public confidence in the vaccination program.

- Eight hospitals were selected for inclusion in the project through a rigorous assessment
- Training of 13 member teams per sentinel site, equipping the sentinel sites as well as support supervision of all the sentinel sites
- Data collection is ongoing and projected to continue through 2023



Team leads receiving tablets for data capture from during training of sentinel site teams

Research

Research on Neglected Tropical Diseases (NTDs)

In October 2018, the AFENET was awarded a cooperative agreement by the United States Centers for Disease Control and Prevention (CDC) to conduct research to provide evidence to support neglected tropical disease (NTD) control and elimination in sub-Saharan Africa. We are collaborating with NTD departments of Ministries of Health in 6 countries (Benin, Gabon, Ghana, Liberia, Uganda, and Tanzania) to conduct operational research in 4 broad areas:

1. Evaluating the threshold for onchocerciasis mass drug administration (MDA) stoppage:

This study, which is being implemented in Tanzania, Ghana and Gabon, aims at determining whether ivermectin MDA can be safely adjusted from the current Ov-16 sero-prevalence of 0.1% to a sero-prevalence $\leq 2\%$ among children aged 5-9 years. The 4-year study involves 3 phases (Figure below):

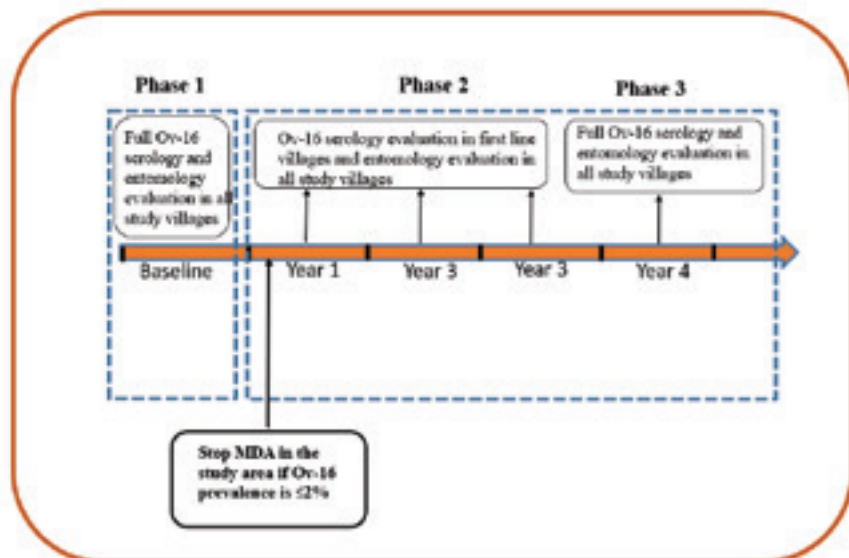
a. Phase 1 involves a comprehensive baseline serological and entomological assessments in the entire study area to confirm that the Ov-16 sero-prevalence is below $\leq 2\%$ and that the prevalence of 0-150 PCR positivity $< 1/2000$ (0.05%) in all flies. A total of 2,000 children aged 5-9 years will be randomly sampled from 30 villages,

b. Phase 2 involves stopping onchocerciasis MDA in the entire study area and conducting follow-up Ov-16 serological and 0-150 PCR entomological assessments in first line for 3 years to monitor any possible recrudescence of infection. A total of 800 children will be selected from eight first line villages (villages next to bleeding sites)

c. Phase 3 will involve conducting a comprehensive end of study serological and entomological assessments as described in phase 1 above.

Data collection for Phase 1 has been completed in Tanzania and Ghana whereas in Benin, data collection will be conducted in 2023.

Study design for the study on evaluation of the threshold for onchocerciasis mass drug administration (MDA) stoppage



2. Evaluation of the effect of the “slash and clear” intervention on black fly biting rates:

This study is currently being conducted in the Savanna forests of Liberia and the objective is to evaluate the effectiveness of removal of vegetation from black fly breeding habitats in the reduction of black fly populations along selected rivers systems in Liberia. The “slash and clear” intervention involves removal of vegetation from black fly breeding sites to reduce the number of larval substrates. The expected outcome is clearing of breeding sites would have the knock-on effect of reducing the vector biting rates and reduce the prevalence of onchocerciasis in the long run.

3. Understanding onchocerciasis transmission dynamics in a hypo-endemic ivermectin-naïve areas of Central Gabon:

The current onchocerciasis elimination efforts target hyper-and meso-endemic areas leaving out the hypo-endemic areas. The omission of hypo-endemic areas might compromise the elimination efforts. The aim of this study is to explore whether independent transmission occurs in a hypo-endemic ivermectin-naïve areas of Gabon. The objectives of the study are to: i) Assess black fly vector density and infectivity in selected sites along a river system, ii) Determine the nodule prevalence in the selected hypo-endemic communities, iii) Determine the microfilaria prevalence in the selected communities, iv) Determine visual loss associated with onchocerciasis infection, v) Conduct serological mapping in communities within 15 km from vector breeding sites, and vi) Determine Loa loa MF density in the selected communities.

4. Evaluation of the Diagnostic Tests in Areas Hypo-endemic for Onchocerciasis in Uganda: Follow-up study:

This 3-year longitudinal study is being conducted in Kitgum and Lamwo districts in Northern Uganda. The overall aim of the study is to evaluate the diagnostic tests in areas hypo-endemic for onchocerciasis in Northern Uganda. The study will evaluate the distribution of anti-Ov-16 antibody and other markers of *O. volvulus* infection in multiple age groups, assess if serologic threshold that modeling suggests is consistent with interruption of transmission, and monitor for sero-reversion of anti-Ov-16 antibody positivity in selected cohorts.



We are collaborating with NTD departments of Ministries of Health in 6 countries (Benin, Gabon, Ghana, Liberia, Uganda, and Tanzania) to conduct operational research in 4 broad areas



Promoting the One Health Approach

AFENET's work is premised on seven strategic priorities, one of which focuses on strengthening collaboration across sectors in all aspects of public health preparedness and response. This is in cognizance of the fact that increasingly, emerging and re-emerging public health threats occur at the animal-human-environment interface.

We advance the One Health agenda by working with and through national ministries of health and other relevant national ministries and agencies as well as local, regional, and international partners. In May 2022, we entered a partnership with the German Agency for International Development (GIZ) to facilitate Africa CDC's efforts to advance One Health in Africa. Specifically, this project seeks to:

- contribute to the implementation of the Africa CDC framework for One Health Practice in national public health institutes (NPHIs)
- support high-level political advocacy for the development of the African Union's (AU) One Health strategy.

Over the 22-month project period, in liaison with Africa CDC and GIZ, we will:

- support the implementation of priority zoonotic disease prevention and control programs
- strengthen multisectoral One Health coordination mechanisms in AU Member States
- support AU Member States to carry out One Health disease prioritization, to guide planning and programming
- develop a One Health operational research agenda to provide guidance on how best to implement the One Health approach to prevent and control priority zoonotic diseases
- facilitate the operations of the AU interagency One Health Taskforce
- develop an AU One Health Strategy.

We expect that this project will provide a road map/guidance for AU member states to implement preparedness and response efforts within the framework of the One Health approach. We look forward to sharing more on the progress on this exciting project.

Strategic Planning and Direction

End-Term Evaluation of the AFENET 2017-2022 Strategic plan and development of the 2023-2027 strategic plan

The implementation of AFENET's 2017- 2022 strategic plan ended on 30 September 2022 underscoring the need for an End Term Evaluation (ETE) and a new strategic plan for the next five years (2022-2027). The Strategic Plan presents AFENET's approach to addressing the challenges of field epidemiology in Africa and strengthening Africa's capacity to respond to these challenges over five years. Moreover, it provides a roadmap for support, capacity building, and organizational development of the Network.

Both processes started during the year under the leadership of Professor Ret. Col. Edwin Afari.



Dr. Afari and his team interacting with some AFENET staff in Kampala, Uganda

The ETE focuses on assessing AFENET's performance against the targets set in the strategic plan. A participatory approach was used to collect data to inform the ETE report. AFENET staff, program directors and other stakeholders were interviewed.

The team visited the AFENET Secretariat and selected countries. Selection of countries took into consideration geographic region, language, level of AFENET operations, and membership in AFENET.

The findings from the evaluation of the 2017-2022 Strategic Plan and the ideas generated from this consultative process are expected to inform the development of the 2023-2027 AFENET Strategic Plan. Final reports will be ready for dissemination in the next financial year, 2022/2023.

Program Directors, Regional Technical Coordinators, Residents Advisors, Project Coordinators, and AFENET Management Retreat



(Above) AFENET program directors, resident advisors, regional technical coordinators, project coordinators, and the AFENET management retreat, June 2022, Nairobi

This retreat took place in Nairobi, Kenya from 6 – 10 June 2022 under the theme “Consolidating the Lessons Learnt from COVID-19 in Preparation for Future Public Health Emergencies Through Sustaining AFENET’s Strategic Role and Partnership with Ministries of Health.”

The retreat provided a forum for all Program Directors (PDs), Regional Technical Coordinators (RTCs), Resident Advisors (RAs), Project Coordinators (PCs), AFENET Board of Directors, and Management to appraise organizational progress in the implementation of its vision of “A healthier Africa”

Interactions took the form of presentations, group and panel discussions, and a review of strategic documents/frameworks and synthesis of information to develop robust plans. Various countries/regions presented their progress, lessons learned from the COVID-19 pandemic, innovative approaches, and efforts toward diversifying funding sources. Countries were grouped into the seven AFENET regions to foster regional collaborative approaches and efforts. Each region undertook a SWOT analysis and prepared an action plan to guide activity implementation and future engagement.

Financials

INCOME STATEMENT FOR THE YEAR ENDED 30 SEPTEMBER 2021	
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	-



Acknowledgments

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 the US CDC, Africa CDC, Mastercard Foundation, Bill & Melinda Gates Foundation, The Intergovernmental Authority on Development (IGAD) The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ), Rockefeller Foundation, The David and Lucile Packard Foundation, Virchow Foundation for Global Health Korean International Cooperation Agency (KOICA), TEPHINET, Jhpiego, Open Society Foundation, Africa Public Health Foundation (APHF), Susan Thompson Buffet Foundation, African Union, WHO, World Bank/RE-DISSE, 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), West African Health Organization (WAHO), Infection Control Africa Network (ICAN), AMREF, Development Alternatives Inc., FAO, GOARN, The Taskforce for Global Health, among others.

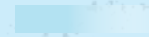
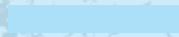
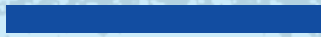


8th AFENET

Scientific Conference

5 - 10 November 2023

Mombasa, Kenya



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