The Task Force for Global Health (TFGH)

Statement:

The Task Force for Global Health appreciates the perseverance and hard work that has gone into continued implementation of the IDSR in the midst of a global pandemic and over 100 other health emergencies in the region.

TEPHINET is the global network of Field Epidemiology Training Programs. We congratulate the African Field Epidemiology Network, a valued TEPHINET partner, for its important contributions to the development and implementation of the strategy including contributing to national action plans for health security and implementing revised technical guidance. AFENET and other TEPHINET members have worked on the implementation of electronic surveillance systems and are training health workers. Field epidemiologists with laboratory training are working on efforts to further develop lab capacity.

We look forward to contributing our skills to the next phase, including the establishment of regional emergency operations hubs, gap assessment, planning and preparedness plans, training and simulation, disease surveillance and other pillars of IDSR implementation.

We encourage Member States to consider how the FETP Enterprise, developed by a broad coalition of public health leaders from Member States, WHO, funders, implementing partners, government agencies, and other stakeholders, can add value to IDSR activities. The FETP Enterprise’s guiding vision is that every country in the world has the applied epidemiology capacities needed to protect and promote the health of its own population, and to collaborate with others to promote global health.

Many of the Enterprise’s functions directly support the IDSR strategy including: (1) health system strengthening, through the learn-by-doing epidemiologic work undertaken for each country’s public health system; (2) education, training, and mentorship of FETP fellows, via provision of real-world experience in applied epidemiology; (3) mobilization for mutual assistance in response to international outbreaks and other public health emergencies; (4) management of specific epidemiologic and other projects that provide experience and deliver services; (5) quality assurance and improvement of FETPs; (6) institutionalization of FETPs into country public health systems; (7) program accountability; (8) monitoring and evaluation, including targeted operational research; and (9) strategic management of the overall FETP Enterprise, to sense and respond to needs and significant changes in the environment in which graduates work.
As a partner of WHO and multilateral agencies, we fully support the IDSR report’s recommendations including (a) mapping/updating of risk profiles for the development of evidence-based multi-hazard preparedness and response plans; (b) the integration of IDSR supervision, monitoring, and evaluation into broader sector monitoring systems; (c) IDSR implementation by providing updated tools and systems, including the use of electronic platforms for rapid transmission, analysis and reporting for timely action. We look forward to continued work together in support of our shared goals.

Name: Tina Rezvani
Position: Associate Director of Communications and Events, TEPHINET

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