Connecting the dots: Advancing Human, Animal and Ecosystem Health

Interactive Learning Sessions (ILS)

Note: All Interactive Learning Sessions will be held at the **Marie Reay Teaching Centre** (Building 155) on Mon (**Sep 11**)

Full Day Sessions (8:30 AM – 17:30 PM)

ILS 1 - Scientific Writing Workshop	
Organizer	WHO Regional Office for the Western Pacific/Western Pacific Surveillance and Response (WPSAR) Journal
Workshop Description	**BACKGROUND AND CONTEXT** This one-day workshop is a condensed version of the four-day scientific writing workshop, originally developed for the 2013 Bi-regional TEPHINET conference. It does not include individual work towards a complete manuscript on a specific project, but rather provides an introduction to the methods used in the full workshop as well as some issues to be considered in the drafting process. This workshop is designed to introduce participants to the steps involved in writing up the results of operational and epidemiological investigations for publication in peer reviewed journals. The course introduces students to a structured approach to writing scientific papers, by breaking up the writing process into a series of smaller steps. **WORKSHOP FORMAT** The workshop can be conducted by one facilitator and is classroom-based. The workshop is structured using a combination of: presentations by the facilitator, group activities and individual work by participants. The presentations are organized in the order in which scientific journal articles are usually written and are built around practical exercises that apply the ideas presented. ***Sample agenda (may also be split across two days):*** 08.30 – 10.00 Presentation: Introduction to publishing peer-reviewed manuscripts. Group activity: Developing a manuscript outline 10.00 – 10.30 Break 10.30 – 12.00 Presentation and activities: Results & Methods 12.00 – 13.00 Lunch 13.00 – 15.00 Presentation and activities: Discussion - Introduction - Preparing your manuscript for submission
Learning Objectives	After the training, participants should be able to: 1. Understand the components of a scientific journal article 2. Use a manuscript outline to determine the contents of an article

	3. Learn some tips and tricks for writing successful articles 4. Submit a manuscript to WPSAR or other peer-reviewed journals
Facilitators	1. **Ashley Arashiro** is a Technical Officer at WPRO and has been coordinating editor of the WPSAR journal since November 2020. She holds an MPH from Johns Hopkins University and has been editing manuscripts in the health sciences since 2014. 2. **Michelle McPherson** is co-editor of the WPSAR journal, and has edited for the journal periodically since 2012. She is Associate Professor of Public Health at the University of Tasmania. She is a graduate and previous staff member of the Australian FETP, and has worked with many FETPs across the Western Pacific Region. She has also attended previous TEPHINET conferences both as a participant and a workshop facilitator. (Participation TBC) 3. Depending on availability, a member of the National Centre for Epidemiology and Population Health at ANU (WHO-CC for health security workforce training and research) may also join as a facilitator.
Target Audience	FETP fellows and other interested conference attendees
Venue	Room 5.04
Maximum pax	30

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Morning Sessions (8:30 AM – 12:30 PM)

ILS 2 - Artificial Intelligence for Epidemic Surveillance and Early Warnings	
Organizer	EPIWATCH, Biosecurity Program, The Kirby Institute, University of New South Wales
Workshop Description	**BACKGROUND AND CONTEXT** The use of artificial intelligence (AI) to generate automated early warnings in epidemic surveillance by harnessing vast open-source data with minimal human intervention, has the potential to be both revolutionary and highly sustainable. AI can overcome the challenges faced by weak health systems by detecting epidemic signals much earlier than traditional surveillance. AI-based digital surveillance is not a replacement for traditional surveillance, but an adjunct to trigger earlier investigation, diagnostics and response to serious epidemics. The widespread adoption of digital open-source surveillance and AI technology is needed for the detection of early signals and prevention of serious epidemics. EPIWATCH is an AI epidemic surveillance system, which provides advanced warning of emerging disease outbreaks and disaster events and a range of interconnected capabilities to prepare, mitigate and respond to epidemics and pandemics. **WORKSHOP FORMAT** The workshop will be interactive and will compromise a lecture, followed by two interactive disease scenarios where participants will be able to use open-source data to inform on an epidemic. Participants will write a watching brief on an outbreak of interest using open-source data, which may be publishable. **SUPPORT** Follow up support will be provided by the EPIWATCH team for participants who are interested in drafting and submitting a Watching Brief manuscript for publication. Details of this will be provided during the workshop, session 4.
Learning Objectives	The key learning objectives are: 1. Hands on use of the EPIWATCH system. 2. To interpret and analyse EPIWATCH outbreak data. 3. To learn the principles of outbreak investigation using open-source data.
Facilitators	1. **Professor Raina MacIntyre** is a physician and epidemiologist, and Head of the Biosecurity Program at the Kirby Institute. She leads a research program in control and prevention of epidemics, pandemics and bioterrorism. She has extensive field experience of outbreak investigation.

	She developed EPIWATCH, an AI-driven epidemic observatory that harnesses open-source data and has proven capability in early detection of epidemics. The suite of EPWATCH tools includes EPIRISK, a real-time risk analysis tool for epidemics. She has over 450 peer reviewed publications and leads a NHMRC Centre for Research Excellence in Airborne Threats to Health. She has received many awards including the Sir Henry Wellcome Medal and Prize from the Association of Military Surgeons of the US for her risk assessment research on bioterrorism and the 2022 Eureka Prize for Leadership & Innovation in Science. She is the author of Dark Winter – an insider's guide to pandemics and biosecurity (2022). 2. **Dr. Abrar Chughtai** is a medical epidemiologist with more than 20 years' experience in the health sector with governmental, non-governmental and international health organizations. He has substantial experience of public health programs and infectious diseases research, having worked in the World Health Organization (WHO) for many years. Currently he is working as a Senior Lecturer in the School of Population Health, University of New South Wales Australia. He is also the director of the Master of Infectious Diseases Intelligence (MIDI) Program at School. Dr Chughtai has worked on EPIWATCH since its inception. His research interests include epidemiology and control of infectious diseases, focusing on emerging and re-emerging infections. During 2021, he has been on secondment to NSW Health COVID-19 Emergency Operation Center. 3. **Ashley Quigley** is a molecular epidemiologist and Senior Research Associate with the Kirby Institute's Biosecurity Program. She is the Epi Team Lead for EPIWATCH, an open-source intelligence tool which harnesses the power of AI and open-source data to capture early epidemic signals globally and rapid epidemic detection, leading to the prevention of global spread. Her research focuses on using open-source data synthesized in novel ways to develop new insights into the COVID-19 pandemic and other emerging infectious diseases (EID) to advise public health policy.
Target Audience	General
Venue	Room 4.02
Maximum pax	40

ILS 3 - Integrating data-driven policy development into FETP training	
Organizer	Vital Strategies
Workshop Description	**BACKGROUND AND CONTEXT** The Data to Policy (D2P) program, developed by Vital Strategies and the U.S. Centers for Disease Control and Prevention under the Bloomberg

	Philanthropies Data for Health initiative, aims to bridge the data-policy gap through team-based training and mentoring of public health professionals. D2P participants develop data-driven policy briefs and recommendations that respond to government health priorities. The program imparts analytical skills – including root cause analysis and health and economic impact assessments, as well as techniques for communicating with stakeholders using data. The Field Epidemiology Training Program trains field epidemiologists around the world, giving them the necessary skills to collect, analyze, and interpret data and contribute to evidence-based decisions. The D2P program complements the FETP curriculum to build skills of the fellows on translating the field data into effective policy briefs for advocacy of evidence-based action by decision makers. **WORKSHOP FORMAT** The half day workshop will be structured to share the process of development of a data-driven policy brief and provide hands on experience of using some key tools for policy brief development.
Learning Objectives	At the end of the workshop, participants will be able to: 1. Define "policy" and "policy brief" 2. Explain relevance of policy briefs in the context of FETP and describe various models for D2P integration with FETP 3. Describe basic methods relevant to policy brief development by field epidemiologists 4. Outline D2P curriculum, teaching methods and use of tools for policy brief development – root cause analysis; stakeholder mapping; policy analysis matrix; Economic evaluation.
Facilitators	1. **Nidhi Chaudhary**, Principal Technical Advisor – Data Impact, Vital Strategies 2. **Andrew Ancharski**, CDC Foundation 3. **Champika Wickramasinghe**, MOH, Sri Lanka 4. **Ric Mateo**, Country Coordinator Philippines
Target Audience	FETP directors and training staff
Venue	Room 4.03
Maximum pax	24

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ILS 4 - 7-1-7 Training Workshop	
Organizer	Resolve to Save Lives
Workshop Description	**BACKGROUND AND CONTEXT** The 7-1-7 approach to strengthening health security uses timeliness metrics to assess how well early detection and response systems are performing in real-world situations, generating actionable data for both real-time and long-term improvement. The 7-1-7 target sets three performance standards: 7 days to detect a disease outbreak, 1 day to notify relevant public health authorities, and 7 days to complete early response actions. Regional, national and local health authorities worldwide are adopting the 7-1-7 target because it offers a practical approach to rapidly and continuously improving disease detection and response systems. It identifies critical early bottlenecks and empowers authorities to quickly implement solutions for rapid and continuous improvement. 7-1-7's clear and simple metrics promote transparency and make it a powerful tool when advocating for resources and policies needed for long-term improvement. Interest in adopting the 7-1-7 target is growing, with countries and organizations across the globe – including ones in Southeast Asia and the Western Pacific - requesting support for implementation. To respond to these needs, the 7-1-7 team at Resolve to Save Lives is 1) providing trainings and technical support to potential implementers, managers, and funders of preparedness, emergency response, and health security programs and 2) helping to launch regional Communities of Practice for those integrating 7-1-7 into their programs. This pre-conference workshop presents an excellent opportunity to bring together implementers and partners interested in 7-1-7 in the Southeast Asia and Western Pacific region. **WORKSHOP FORMAT** The workshop will have a combination of lectures and interactive components. We will use brief didactic sessions to structure the program, but will focus on facilitated small-group discussions, simulations, and interactive brainstorming to enable participants to rapidly gain an understanding of 7-1-7, offer ideas and ask questions, and begin thinking about how 7-1-7 could be integrated into their programs.
Learning Objectives	Learning objectives for this workshop are: 1. To understand the 7-1-7 framework and performance improvement methodology for outbreak detection and response 2. To identify opportunities to enable effective and appropriate application of 7-1-7 and timeliness metrics within relevant programs, including field epidemiology projects

	3. To characterize resourcing needs and best practices for implementation of 7-1-7
Facilitators	**1. Amanda McClelland** is the Senior Vice President of Prevent Epidemics at Resolve to Save Lives. Amanda is a notable expert in international public health management, especially in emergency health, epidemic control, mass casualty in low resource settings, disease prevention and response operations. Her achievements include coordinating frontline Ebola response during the 2014 Ebola epidemic, for which she received the 2015 Florence Nightingale Medal for exceptional courage, and publishing a landmark study on the impact of unsafe burial practices, which confirmed the live-saving benefits of a comprehensive approach to Ebola prevention. She brings this expertise to the Prevent Epidemics initiative, prioritizing and planning interventions and support in countries and regions at risk from future epidemics and strengthening action packages in prevention, detection and response to epidemics. In addition to providing technical assistance, directly or through partners, Amanda's team mobilizes resources to support preparedness, and works to galvanize political will to address gaps in epidemic preparedness. Prior to joining Resolve to Save Lives, Amanda served as the Global Emergency Health Advisor for the International Federation of Red Cross Red Crescent (IFRC). Amanda earned her Master of Public Health and Tropical Medicine from James Cook University in Queensland, Australia and her Bachelor of Nursing from Queensland University of Technology. **2. Mohammed Lamorde** is the Incoming Director of the 7-1-7 Alliance team at Resolve to Save Lives Dr. Mohammed Lamorde is an internal medicine physician trained in Nigeria, United Kingdom and the Republic of Ireland. He is a member of the Royal College of Physicians of the United Kingdom. He has helped lead the implementation of 7-1-7 in Uganda. At the Infectious Disease Institute at Makerere University, he has undertaken clinical research in the fields of HIV, tuberculosis and malaria; plus health economics evaluations for interventions relevant to public health in developing countries. Dr. Lamorde has also been a clinician facilitator for district-level training in management of medical emergencies and infection prevention and control for emerging infectious diseases. In 2012, he was awarded a PhD at Trinity College Dublin, Ireland in recognition of his work on the clinical pharmacokinetics of medicines used in the management of HIV-infected adults. He subsequently held post-doctoral positions at IDI including a Sewankambo Post-Doctoral Scholarship focusing on the effect of food on the pharmacokinetics of rilpivirine, and a Senior Fellowship awarded by the European and Developing Countries Clinical Trials Partnership to study drug-drug interactions between rifampicin-based antituberculosis and antimalarial drugs among Ugandan patients with

	tuberculosis. Dr. Lamorde is the President of the International Society for Pharmacoeconomics and Outcomes Research Uganda Chapter; and he is a member of the advisory panel of the leading international HIV drug-drug interactions website www.hiv-druginteractions.org and of the African Research Network for Neglected Tropical Diseases.
Target Audience	General
Venue	5.02
Maximum pax	40

ILS 5 - Urban Epidemiology for Emergent Environmental Threats	
Organizer	Singapore FETP in partnership with the US CDC Global Health Center
Workshop Description	**BACKGROUND** The COVID-19 experience has shown that cities and other urban areas can be very vulnerable to pandemics due to high population density, commerce, and connectivity. On May 27, 2022, the 75th World Health Assembly adopted a resolution on *Strengthening Health Emergency Preparedness and Response in Cities and Urban Settings*. Its adoption signals clear recognition of the critical role played by cities, being vulnerable to outbreaks and contributing to transmission of diseases but also having the capacity to deliver a strong response. **CONTEXT** More than half of the world's population live in urban settings and by 2050, the proportion of population is expected to increase to two thirds. As cities become more complex, local communities are often not adequately consulted in health emergencies preparedness planning and policy formulation. Vulnerable groups also need to be better engaged, informed and involved. Strength then lies in knowing how to effectively advance a multisectoral whole-of-society approach in handling these public health events. **WORKSHOP FORMAT** will involve a combination of lectures, case studies, and groupwork. Activities include interactive questions and answers, small group discussion of participant experiences, and presentations.
Learning Objectives	To understand the challenges of urban epidemiology, why urban settings are unique, and the important roles played in: 1. Preparedness, prevention and control 2. Surveillance and risk assessment, and

	3. Rapid field response to outbreaks, including engaging stakeholders such as healthcare providers, national security organizations, and local community leaders.
Facilitators	1. **Assoc Prof Steven Ooi** is a senior consultant at the National Centre for Infectious Diseases, Singapore. He is also national FETP Director and international TEPHINET Advisory Board Member. 2. **Dr Priscilla Gao Qi** is a senior epidemiologist at the National Centre for Infectious Diseases, Singapore. She is an FETP Trainer to Singapore Food Agency and National Parks Board. 3. **Dr Alden Henderson** is an epidemiologist at the US CDC Global Health Center. He supports Field Epidemiology Training Programs in the South East Asia and Western Pacific regions.
Target Audience	General
Venue	Room 5.05
Maximum pax	30

ILS 6 - Diversity and inclusion in FETPs: understanding the experiences of women to create a pathway to equity for all	
Organizer	Field Epidemiology in Action/Australian National University
Workshop Description	**BACKGROUND AND CONTEXT** Building on an Interactive Learning Session (ILS) facilitated at the 11th TEPHINET Global Scientific Conference in September 2022, the proposed ILS will engage participants from the field epidemiology community to consider gender intersections with field epidemiology training programs. Participants will be engaged to do this through group discussions focusing on how FETP experiences are gendered, including the barriers and enablers to participating in FETPs and unintended gendered consequences; how gender intersects with the design and delivery of FETPs; how a gender analysis of FETPs should be approached, including the kinds of questions to ask, and feedback on questions pre-drafted; and preliminary ideas to support gender sensitive FETPs. ILS participants will be able to reflect on the key points discussed under these headings at the Panama conference, comparing and contrasting experiences from the Southeast Asia and Western Pacific regions. **WORKSHOP FORMAT** The ILS will engage participants through a discussion-based format. Approximately 75% of the session will see participants interacting through small-group discussions or sharing in a plenary discussion. These formats will

	support participants to be exposed to a variety of opinions, perspectives and experiences on gender inclusivity in FETPs, with feedback respectfully given by way of agreement or gentle challenging of ideas.
Learning Objectives	The key learning objectives are: 1. To discuss current understandings of gender in global health 2. To describe benefits and unintended consequences for different genders participating in FETPs 3. To identify if and how gender is considered in the design of FETPs 4. To identify if and how gender issues emerge in the delivery of FETPs 5. To discuss and provide feedback on questions for an FETP gender analysis 6. To identify how TEPHINET can support gender inclusivity in FETPs 7. To compare and contrast experiences and perspectives from the Southeast Asia and Western Pacific regions with experiences gathered at the global TEPHINET conference.
Facilitator	**Rachel Mather** is an epidemiologist and Project Manager on the Field Epidemiology in Action (FEiA) at the University of Newcastle. As part of her doctoral studies at the Australian National University, she is researching how experiences of FETPs may be gendered in order to identify opportunities to maximize inclusivity and equity within FETPs, and more broadly support women's participation and leadership in public health. In her role with FEiA, she has worked with FETPs in Papua New Guinea and Solomon Islands since 2018, and prior to this for an NGO in Madagascar. Depending on the number of participants to register for the session, additional facilitators will be identified as required. The key role of additional facilitators would be to support small group-discussions at different tables. Co-facilitators will be included in the ethics application and SAFETYNET will be notified.
Target Audience	General
Venue	Room 5.06
Maximum pax	20

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Afternoon Sessions (13:30 PM – 17:30 PM)

ILS 7 - Evaluating the Impact of a Field Epidemiology Training Program	
Organizer	Field Epidemiology in Action (Hunter New England Health/University of Newcastle) and US Centers for Disease Prevention and Control (US CDC)
Workshop Description	**BACKGROUND AND CONTEXT** There are very few published evaluations focusing on outcomes and impacts of Field Epidemiology Training Programs (FETPs). While easier to implement, process and output evaluations are limited in their capacity to assess FETPs against their overarching aim: to improve the health of populations by improving the ability to detect, investigate and respond to public health threats. Measuring impact is complex and challenging, however, it is necessary to ensure FETP programs remain relevant and are achieving their ultimate goal. Throughout the COVID-19 pandemic there has been a desire to capture impact of FETP training on a country's pandemic preparedness and response. There has also been recognition of the need to reflect on core competencies and curricula to ensure we are equipping graduates with skills needed for future pandemics. This, in combination with a greater focus on quality assurance of FETP programs, has highlighted the need for programs to review monitoring and evaluation strategies to capture impact. Demonstrating impact provides an important advocacy tool for national ministries and demonstrates accountability to funders. Whilst there is a recognized need and growing desire to evaluate the impact of FETPs, there is a paucity of methods and tools to support such evaluations. The Field Epidemiology in Action (FEiA) team, in collaboration with the Impact Institute, have developed an impact evaluation framework for FETPs. The impact evaluation framework has provided the basis of developing impact evaluation implementation plans for the FETP programs in the Pacific. **WORKSHOP FORMAT** This interactive learning session will examine the practical aspects of implementing an impact evaluation. We will discuss the process of developing the FEiA Impact Evaluation Framework and collectively assess its usefulness, utility and generalizability to FETPs globally. The framework covers the type of data that can be collected in order to assess the impact of FETPs.
Learning Objectives	At the end of the workshop, participants will be able to: 1. Define impact evaluation and its relevance for FETPs 2. Describe the process of developing an impact evaluation framework 3. Review and critique a proposed FETP Impact Evaluation framework

	4. Understand the key methods and tools can be used to measure impact.
Facilitators	1. **James Flint**, Field Epidemiology in Action (FEiA) at the University of Newcastle. James Flint has worked in the international public health field for two decades; he has led and supported public health training programs in Africa, Asia, the Caribbean and the Pacific. James is currently undertaking a PhD focused on impact evaluation of FETPs. 2. **Dr Tambri Housen**, Field Epidemiology in Action (FEiA) at the University of Newcastle. Tambri Housen is a mixed-methods researcher with many years' experiences conducting and supervising field research; she has extensive experience as a FET program advisor, trainer and mentor and has led numerous emergency response activities around the world. 3. **Rachel Mathe**r, Field Epidemiology in Action (FEiA) at the University of Newcastle. Rachel Mather is an epidemiologist and monitoring and evaluation specialist with experience working for governmental and non-governmental organizations around the world; she has led several Theory of Change workshops, including for the Papua New Guinea and Solomon Islands FETPs. 4. **Dr Reina Turcios-Ruiz**, Evaluation, Policy, Innovation and Communications (EPIC) Team Lead Medical Epidemiologist, Workforce and Institute Development Branch, Division of Global Health Protection, Center for Global Health, U.S. Centers for Disease Control and Prevention. Reina is a medical epidemiologist, graduate of the U.S.' field epidemiology training program (EIS), former resident advisor of a multi-tier, multi-country FETP, and director of the CDC Central America Region office. She now leads the Evaluation, Policy, Innovations and Communications team that supports evaluation of CDC-supported programs around the world.
Target Audience	FETP directors, FETP faculty, and anyone else involved or interested in FETP impact evaluation
Venue	Room 4.03
Maximum pax	20

ILS 8 - FETP: NCD COVID-19 Toolkit, Intermediate Case Study: Investigating a Post-Pandemic Ischemic Stroke Surge at Capital City Hospital—Collecting, Reviewing, Interpreting, and Summarizing Data on Stroke and Associated CVD Risk Factors; Part B - Investigating Risk Factors	
Organizer	US Center for Disease Control & Prevention
Workshop Description	**BACKGROUND AND CONTEXT** Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, account for more than 74% of deaths

	globally. The COVID-19 pandemic has shown that people living with NCDs have a higher risk of becoming seriously ill or dying from COVID-19. The field epidemiology training program (FETP): NCD COVID-19 Toolkit was developed in response to the call from FETPs requesting tools and training to strengthen epidemiology skills needed to address NCDs, especially during a public health emergency. The Toolkit will help FETP trainees develop the skills needed to integrate NCD investigation into COVID-19 response duties while reinforcing best practices for infectious disease control. Case studies are a critical part of field epidemiology training. They are exercises that encourage participants to apply their problem-solving skills and knowledge of epidemiologic principles and practices in an interactive learning environment. The FETP: NCD COVID-19 Toolkit case studies are designed to provide real-life scenarios that illustrate the process of examining NCD comorbidities during the COVID-19 response. The exercises require participants to apply and extend their field investigation skills to the NCD context and build new competencies to address NCDs. This workshop will entail conducting a case study to investigate a scenario in which an urban hospital system experiences an apparent surge in ischemic stroke cases following pandemic-related health service disruptions and interruptions. Participants will utilize core field epidemiology skills to think critically about collecting, interpreting, and summarizing data on ischemic stroke and cardiovascular disease (CVD) risk factors. The case study asks participants to consider the impacts that a public health crisis (such as a pandemic) has on NCD diagnosis, management, and treatment. Participants will describe and interpret public health data to identify the potential effect of pandemic-related healthcare service delivery interventions. The case study is structured for field epidemiologists in low- and middle-income countries (LMICs). The tools are designed to expand the NCD capacity of epidemiologists conducting field investigations. The case studies present real-life scenarios in LMICs and enable participants to develop skills to effectively respond to COVID-19 and NCD comorbidities and conduct other investigations requiring a similar integrated response. **WORKSHOP FORMAT** This workshop is an interactive, facilitator-led activity that uses a case study. It is designed to encourage learner interaction and engagement. Facilitators are prompted to ask participants to read the case study scenarios and questions aloud and to discuss answers and experiences as a group. During an in-person session, participants will break out into small groups to complete the questions, then return to the larger group to discuss answers. The facilitator will use a PowerPoint Presentation that aligns with the participant guide to lead participants through the case study visually.

	Facilitators will require access to a presentation screen to show the PowerPoint slides, as well as an internet connection. Participants will be provided with a digital copy of the participant's guide, PowerPoint, and reference materials.
Learning Objectives	1. Describe and interpret public health surveillance and clinical data using core principles of descriptive epidemiology (for example, clinical time, place, person). 2. Identify the potential effects of pandemic-related healthcare service delivery interruptions on people living with NCDs and their associated risk factors. 3. Apply the essential outbreak investigation steps to explore a potential increase in stroke, including reviewing a clinical case definition against medical records to confirm a diagnosis
Facilitators	**1. Qaiser Mukhtar** Team Lead, Office of Global Noncommunicable Diseases, Division of Global Health Protection, CDC. Dr. Qaiser Mukhtar is the Program Implementation and Capacity Building Team Lead in the Office of Global Noncommunicable Diseases of the U.S. Centers for Disease Control and Prevention. Her CDC career has focused on preventing and controlling cardiovascular diseases and associated risk factors, including diabetes, heart disease & stroke prevention, and physical activity. She led several Community Preventive Services Task Force systematic reviews, including Team-based Care to Improve Blood Pressure Control and Reducing Medication Costs to Prevent CVDs. Dr. Mukhtar is leading the development and modernization of cardiovascular disease Field Epidemiology Training Program curricula for low and middle-income countries (LMICs). She is passionate about building CVD research and publication capacity from LMICs. Dr. Mukhtar is the CDC lead for Global CVD Emerging Authors Program, her team facilitates EAP in collaboration with faculty from the Lancet Commission on Hypertension Group, the World Hypertension League, CDC, and Resolve to Savel Lives, supporting scientific writing and publications by LMIC authors. Dr. Mukhtar has served as an Associate Editor for Preventing Chronic Disease Journal and a peer reviewer for several scientific journals. She received her doctorate in infectious disease epidemiology from the University of South Carolina and her MSc in parasitology from Karachi University. **2. Sushama Dhakal Acharya** Health Scientist, CDC Foundation Field Staff, Office of Global Noncommunicable Diseases, Division of Global Health Protection, CDC. Sushama Dhakal Acharya is an Epidemiologist with the Program Implementation and Capacity Building Team Lead in the Office of Global Noncommunicable Diseases of the U.S. Centers for Disease Control and Prevention (CDC). She helps develop curricula, deliver trainings, and

	provide structured technical assistance to the Field Epidemiology Training Program (FETP) NCD residents. She coordinates the Emerging Authors Program for Global CVD Research. Her CDC tenure since 2011 includes conducting scientific systematic literature reviews, managing a surveillance system, monitoring programs, and providing technical assistance. Before joining the CDC, she supported intervention implementation, development of intervention materials, teaching and data analysis activities. She received her doctorate in Epidemiology from the University of Pittsburgh and a Master's in Nutritional Sciences from the University of Hawaii.
Target Audience	FETP residents or alumni, Epidemic Intelligence Service (EIS) Officers, and others who have an interest in expanding their skill set to include NCDs
Venue	Room 5.02
Maximum pax	40

ILS 9 - One Health One Team approach using eLearning	
Organizer	Regional One Health Team – SAFETYNET
Workshop Description	<u>Background and content</u> We are now in a world where humans and animals are closely related and living in a shared environment. The health of humans is connected to the health of animals and the recent COVID-19 pandemic has reminded us of this intense relationship. One Health recognizes the interdependencies between different sectors related to health and the integral concept of One Health is promoting communication and collaboration between human, animal and environmental health sectors in response to a public health event. One Health FETP is an integrated approach aimed at increasing the competencies of the officers to recognize public health threats from different sources. To achieve this goal, the officers need to enhance communication and data sharing between different sectors. Achieving full integration is not without challenges. Nonetheless, the benefits of adopting a One Health approach outweigh these challenges. By promoting a “One Health One Team” approach, FETP training has the potential to provide a more effective and holistic approach thus providing a more comprehensive and sustainable and proactive strategy toward wellbeing of humans, animals, wild life and the environment.

	Workshop format This interactive session will include a combination of short presentation, interactive group work reflecting and embracing the One Health One Team concept. The hybrid eLearning approach is made adaptable and easy for group simulation and self-learning.
Learning Objectives	This workshop will examine the operational challenges when managing a One Health event. The Key learning objectives are: 1. Understand the concept of One Health One Team approach 2. Appreciating and understanding the strength and gaps when managing an event involving multi-sectors 3. Appreciate the use of e-Learning in One Health and discuss the possibility of the adoption of a One Health seamless surveillance system
Facilitators	1. **Dato Dr Fadzilah Kamaludin** is a public health physician specializing in field epidemiology. She is the deputy director of SAFETYNET and Lead officer for Regional One Health One Team Approach under SAFETYNET. 2. **Ms Ismeet Kaur** is a PhD fellow currently with SAFETYNET. She is the coordinating officer for SAFETYNET One Health projects. 3. **Dr Nik Mohd Hafiz Mohd Fuzi** is a public health physician who specializes in field epidemiology. His interest and projects are in One Health. 4. **Muttaqqin Eshamuddin** has worked as an administrator and operations officer in international humanitarian organizations managing refugees, multiracial, war zone countries and Cox Bazaar. He specializes in digitalizing the concept from paper to paperless. 5. **Aqashah Zainal Abidin** is the backhand technical expert who digitalized the content for interactive visualization.
Target Audience	FETP/FETPV faculty members, mentors and trainees
Venue	Room 5.05
Maximum pax	20

ILS-10 - Integrating a One Health approach in field epidemiology training programs	
Organizer	Field Epidemiology in Action | Indian Ocean Commission
Workshop Description	**BACKGROUND AND CONTEXT** A One Health approach is gaining increasing importance as a mechanism to address disease and other health threats in human, domestic and wild animals, plants, and the wider environment. For Field Epidemiology Training Programs (FETPs), the incorporation of One Health takes various forms, reflecting

	differences in sector risks, priorities and capacity. This can range from incorporating One Health principles into sector-specific programs through to fully integrating sectors in a cohesive approach. Incorporating a One Health approach in FETPs facilitates effective collaboration among sectors and disciplines to address complex health threats faced by communities. By embracing the One Health approach, FETPs facilitate and encourage professionals to work together, leveraging their expertise and perspectives to develop innovative strategies and interventions. However, while a One Health approach in FETPs holds great promise, it is not without its challenges. Achieving full integration requires a significant commitment of resources, coordination among multiple stakeholders, and the development of governance structures that account for the needs of different sectors. Nonetheless, the benefits of adopting a One Health approach within FETPs outweigh these challenges. By promoting collaboration, fostering interdisciplinary understanding, and embracing a holistic perspective, the integration of One Health into FETPs has the potential to provide a more effectively managed approach to health threats and provide a more comprehensive, sustainable, and proactive strategy for protecting the well-being of humans, animals, plants, and the environment. **WORKSHOP FORMAT** This interactive learning session will include a combination of short presentations and interactive groupwork. Activities include reflections from existing programs, small group discussions and a role play of the standardization process. **OTHER INFORMATION** Participants will be invited to attend a One Health training Brown Bag session later in the week and join a One Health FETP community of practice on WhatsApp. At regular intervals, we will be checking in with the group to understand progress made with regards to One Health FETPs. We will also encourage the sharing of curriculum and experiences.
Learning Objectives	This workshop will examine the practical aspects of a One Health approach in FETPs. The key learning objectives are: 1. Discuss different models for developing or incorporating One Health into FETPs

	2. Discuss the curriculum framework and development of One Health FETPs 3. Experience the process of cross-sectoral standardization of a One Health FETP curriculum through role play 4. Discuss approaches for integrating One Health in program delivery including field work and mentorship
Facilitator	**1. Laura MacFarlane-Berry**
Presenters	1. **Kelitha Malio** is a One Health epidemiologist and faculty with Field Epidemiology in Action. She currently works with World Vision as the National Program Lead for the One Health frontline FEPT of Papua New Guinea. Kelitha is a passionate advocate for One Health in Papua New Guinea. 2. **Bethseba Peni** is a public health epidemiologist and faculty with Field Epidemiology in Action. She is the program lead for the West New Britain province of the One Health frontline field epidemiology training program of Papua New Guinea. Beth is a graduate of the intermediate FETPNG and of the advanced FETP in Thailand. She currently works as the Disease Surveillance Officer with the provincial Department of Health. 3. **Elaine Hevoho** is an animal health epidemiologist and faculty with Field Epidemiology in Action, focusing on the One Health frontline field epidemiology training program of Papua New Guinea. She is a graduate of the intermediate FETPNG and has also completed fellowships with the Fleming Fund and APCOVE. Elaine currently works as an Animal Health Technical Officer with the PNG National Agriculture and Quarantine Inspection Authority (NAQIA). 4. **Dr. Lovena Veerapa Mangroo** is a physician and One Health epidemiologist with the Indian Ocean Commission. She is a graduate of the Indian Ocean FETP Advanced program. She currently works as the Coordinator of the Indian Ocean FETP One Health advanced program and is the deputy coordinator of the SEGA-One Health network which comprises more than 300 health professionals from health and livestock ministries from the five member-states.
Target Audience	FETP/FETPV faculty and mentors
Venue	Marie Reay Teaching Centre Room 5.06
Maximum Pax	20