



**DIVISION OF
GLOBAL HEALTH PROTECTION**
CENTER FOR GLOBAL HEALTH

Center for Global Health



The Global Field Epidemiology Roadmap

*A Report of the Meeting held at the Rockefeller
Foundation Bellagio Center*

Kip Baggett

Chief, Workforce and Institute Development Branch

U.S. CDC

GHSA Workforce Development Action Package Meeting

Bangkok, Thailand

13-15 March 2019

Background

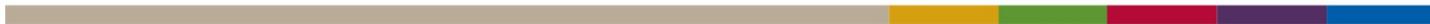
- Enormous growth in FETP initiative since 1975
- Terrific success, but also challenges with increasing growth and complexity:
 - sustainable funding
 - institutionalization
 - placing FETP graduates (career path)
 - assuring quality
 - adapting to changes in disease threats
 - new techniques, technologies and opportunities
 - mobilizing for mutual (cross-border) aid...



The idea



- Bring together wide cross-section of FETP leaders, implementing partners, funders and other stakeholders for a multi-day meeting
- **Purpose:** Take time to thoroughly work through major challenges, and develop actionable recommendations that provide a clear, well-considered path forward





The Bellagio Center

Goal: Develop a comprehensive roadmap for the global FETP partnership, that will guide all partners as we address current challenges and strengthen our collaboration into the future.

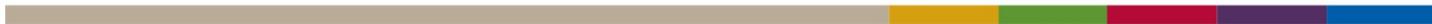
19 Participants

- Dr. Mohannad Al Nsour
- Dr. Kip Baggett
- Dr. Peter Bloland
- Ms. Sam Bracebridge
- Dr. Karl Ekdahl
- Dr. Dionisio Herrera
- Dr. Hamid Jafari
- Dr. Wantanee Kalpravidh
- Dr. Fadzillah Kamaludin
- Prof. Martyn Kirk
- Dr. Jeff Koplan
- Mr. David Lubinski
- Dr. Patrick O'Carroll
- Dr. Martha Ospina
- Dr. Carl Reddy
- Dr. Dave Ross
- Dr. Sally Stansfield
- Prof. Mufuta Tshimanga
- Ms. Ellen Wild



1. We developed our common vision:

Every country in the world has the applied epidemiology capabilities needed to protect and promote the health of its own population,
and to collaborate with others to promote global health.



2. Common Framework for Action

- 1975: Replicate CDC's EIS program in other countries → → 2018: A complex, global, multi-partner undertaking to assure applied epidemiology capacity throughout the world.
- **FETP Enterprise** concept: The totality of the leaders, funders, implementing partners, government agencies, and other stakeholders engaged in this global effort, along with associated standards, curricula, agreements, technology, etc. that undergird this work.



FETP Enterprise Functions

- Educate, train, mentor, provide experience
- Perform epi services
- Quality assurance, improvement
- Institutionalize FETPs
- Mobilize to provide mutual assistance
- Manage projects
- Strengthen the System
- Be Accountable
- Evaluate impact
- Foster targeted operational research
- Strategically manage the FETP Enterprise



Recommendation

- The strategic management function for the FETP enterprise should be strengthened.
- A (new or existing) group of key partners and stakeholders should be empowered to
 - **monitor** the need for action and change
 - **consider options**
 - **recommend or take actions**



Strategic Leadership Group

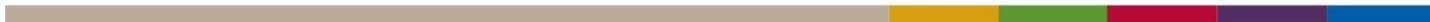
[Draft recommendation from follow-up meeting at WHO]

- Mission: To provide action-oriented guidance and recommendations to the FETP Enterprise, particularly with regard to the network level elements and functions of the enterprise.
- Purpose: provide a driving force for progress for the FETP enterprise.
- The SLG is expected to commission specific work as appropriate, to develop needed guidance, tools, systems and policies.



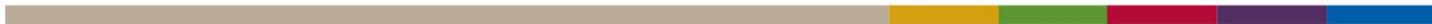
3. Modernizing FETP

- We face numerous challenges, opportunities, and disruptive influences
 - Advances in genomics; New bed-side and field-based rapid dx technologies; New data systems and data analytic techniques; Mobile phone and mobile technologies; Growth of e-learning platforms; Globalization, leading to different risk profiles; Changing demographics and disease profiles; Broadening scope of applied epi...
- Adapt—but maintain core principles



Recommendation: Modernizing FETP

- The *Strategic Leadership Group* (as defined above) should identify needed changes, and adapt the FETP system incrementally, while preserving core principles
- One or more subcommittees of TEPHINET could do this, or other entities so directed by the Strategic Leadership Group



4. Evidence-based Workforce Targets

- There is an acute need for clear, evidence-driven, country-specific epi workforce targets at each level of expertise (frontline intermediate, advanced); endorsed by: WHO? GHSA?
- Endorsed targets → benchmarks for nat'l PH WF strategies (a JEE indicator); help with career path issue; promote institutionalization

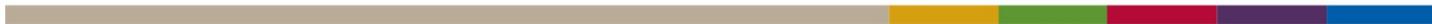
RECOMMENDATIONS

- Launch process to develop applied epidemiology workforce targets for each level of a country's need
- Initiate process to evaluate these targets



5. Institutionalization

- Need to accelerate the full integration of FETPs into country public health systems
- Planning for institutionalization should be part of every FETP strategic plan
- Multiple dimensions—not just financial
- CDC has developed an *Institutionalization Indicators* tool for FETP (self)-assessment



Institutionalization Indicators and Measures



Institutionalization Indicators, 1 – 4 (DRAFT)

Indicator	Level 1 – Limited	Level 2 – Developing	Level 3 – Achieved	Level 4 - Advanced
(1) Organizational Integration with MOH/NPHI	Program is not affiliated with the country's Ministry of Health (MOH) or National Public Health Institute (NPHI)	Program works with the MOH/NPHI, or Program is functionally within the MOH/NPHI but the affiliation is with a non-appropriate* unit *Unit is not responsible for epidemiology, surveillance response or similar	Program is housed, physically and functionally, in the appropriate unit (with authority for epidemiology, surveillance, response or similar)	AND FETP is a recognized activity/program in the organizational structure (e.g. represented on the organogram)
(2) Program Oversight (Advisory Board)	There is no advisory board/steering committee or other formal oversight mechanism	An advisory board/ steering committee, or other formal mechanism has been named and met once; however there are no regular meetings	An FETP advisory board, expert committee, or similar formal mechanism is in place to provide oversight of the FETP. The majority of the members are not involved in the day-to-day activities of the FETP. They meet at least annually and provide general guidance and oversight on the program's goals and operations	AND Meetings are documented and the committee acts upon plans and recommendations from its meetings
(3) Strategic and Work planning	No strategic planning conducted	Occasional strategic planning completed, but the plans are not well documented or used	Documented strategic plans are linked to MOH plan and strategies. This plan includes specific goals and objectives. The plan is not regularly updated	A strategic plan for the program exists. The plan is regularly updated and followed Annual work plans are based on the program's strategic plan
(4) Technical Support and Staffing	Technical support is provided almost exclusively by external consultants (e.g., CDC Resident Advisors (RAs), other country support) All teaching conducted by external consultant faculty	At least 50% of technical support (technical program staff, mentors, supervisors) are national MOH/NPHI staff, preferably FETP graduates. Those staff are funded by MOH/NPHI financial sources MOH staff or local university faculty members teach at least 50% of coursework.	FETP has at least one technical staff (outside of director) assigned by MOH/NPHI who work at least 80% time with the FETP At least 80% of technical support (technical program staff, mentors, supervisors) are MOH/NPHI staff, preferably FETP graduates Majority (>80%) of coursework is taught by MOH/NPHI staff or local university faculty members.	All technical support staff and supervisors are MOH/NPHI staff and the majority are FETP graduates The FETP director position has visibility and credibility in MOH, and is staffed by a senior and recognized public health professional



Recommendations: Institutionalization

- Enhance advocacy for institutionalization
 - E.g., through networks; maybe WHO resolution?
- Foster broad FETP planning for transition
- Endorse use of CDC self-assessment tool
- Develop evidence-based epi WF targets
- Provide tech support → transition to self-support
- Enhance collaboration with IANPHI; advocate integration of FETP into apex national public health institutes



6. Mobilizing for cross-border assistance

- Compelling role for FETPs
- The case for rapid deployment across borders is evolving
 - Already being done by AFENET, and via TEPHINET to some extent

RECOMMENDATIONS

- Clarify roles and develop necessary agreements (e.g., MOUs) among the relevant parties (WHO, CDC, GOARN, TEPHINET, regional networks, *et al.*)
- Evaluate



7. Quality Assurance

- QA/QI currently via TEPHINET accreditation process and lifelong learning opp's for grads
- QA/QI also supported via standard setting
 - often by CDC but also via ongoing collaboration of FETP directors; TEPHINET, the regional networks, advisory committees, and other partners

RECOMMENDATIONS

- Continue/grow the current program accreditation process, and evaluate impact
- Explore credentialing of individuals



8. Assuring sustainable funding

- Key principles defined—e.g., we should:
 - Seek to maximize our investment impact
 - Invest in FETPs strategically, i.e., in alignment with mission, and appropriate to country/regional needs
 - Fund FETPs sufficiently so that fellows can participate in *all* aspects of their training
 - Measure our performance and rigorously assess our impact
 - Be flexible/adaptive to local realities, capabilities
 - Avoid duplication of effort



Recommendation: Sustainable funding

- Consider an externally-commissioned, big-picture assessment of FETP effectiveness and impact
 - **Goal:** develop a compelling, evidence-based narrative to support investment in FETP enterprise
- Determine actual costs of FETP enterprise
- Develop mechanism for private sector contributions to support the FETP enterprise
- Improve efficiencies wherever possible





<https://www.tephinet.org/the-global-field-epidemiology-roadmap>

Field Epi Roadmap implementation meeting – WHO, Geneva, 13-15 Feb 2019

Meeting Objectives:

- Operationalize the Field Epi Roadmap recommendations that were developed at the Rockefeller Bellagio Center, June 2018.
- Work with WHO and other partners to integrate the FETP Roadmap with other global initiatives and processes designed to enhance health security and develop the global health workforce



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

