出國報告 **(**出國類別：其他（國際會議）**)**

參加 **Training Programs in Epidemiology and Public Health Interventions NETwork (TEPHINET) Program Directors' Meeting**

服務機關：行政院衛生署疾病管制局

姓名職稱：周志浩（副局長）

黃頌恩（防疫醫師）

赴派國家：法國

出國期間：**98** 年 **7** 月 **6** 日至 **98** 年 **7** 月 **12** 日

報告日期：民國 **98** 年 **9** 月 **3** 日

摘要

為持續與全球流行病學與公共衛生防疫網絡（Training Programs in Epidemiology and Public Health Interventions Network [TEPHINET]）會員國交往，並汲取各國經驗強化本國衛生事件調查班訓練能力，本局指派周志浩副局長與黃頌恩防疫醫師共同參加2009年7月8 -10日於法國里昂舉辦之TEPHINET主席會議。該會議為TEPHINET五年來首次邀請各國FETP主要幹部召開之高層會議，會中針對各國辦理FETP的成效與困難，以發言討論方式，分享經驗；並於會中探討TEPHINET未來的目標方向。本次會議最大收穫，除藉由會議與多國的代表進行意見交流外，亦有機會認識許多之前未曾接觸過的會員國代表，為我國衛生事件調查班將來有可能的合作對象奠定基礎。

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目的

1. 與全球各流行病學與公共衛生防疫網絡（Training Programs in Epidemiology and Public Health Interventions Network [TEPHINET]）會員國進行意見交流

2. 汲取辦理衛生事件調查班實務經驗

3. 探討 TEPHINET 運作方向與目標

4. 瞭解 TEPHINET 與 WHO 可合作之可能項目

過程

Training Programs in Epidemiology and Public Health interventions NETwork (TEPHINET)爲一國際組織，於 1997 年組成，並在 2008 年併入 The Task Force for Global Health，目前共有 41 個會員國。本次 2009 年 7 月 8 -10 日於法國里昂舉辦之 TEPHINET 主席會議，參加成員包含，31 個會員國的 Field Epidemiology Training Program (FETP)代表，10 個規劃將成立 FETP 的國家代表，美國疾病管制中心，歐洲疾病管制中心，世界衛生組織駐日內瓦及法國里昂的代表等。目前 TEPHINET 的主席爲 Dr. Dionisio Herrera，董事會代表有 11 位，澳洲的 Dr. Paul Kelly 於本次會議前剛當選爲 Chairman of the Board。

本次會議的主要目標爲

1. 促進各會員合作參與 TEPHINET 各項活動
2. 尋求改進 TEPHINET 的營運方式
3. 尋找 TEPHINET 與各地區及國家共同合作機會
4. 促進各會員參與 International Health Regulation (IHR)及與 Global Outbreak Alert and Response Network (GOARN)合作

（開會議程如附件一）

1. 促進各會員合作參與 TEPHINET 各項活動

約旦、德國、澳洲、瓜地馬拉及南非的代表受邀介紹他們的 FETP。雖然「田野調查訓練」還是訓練的主軸，但這五個訓練都是與大學合作的計畫。沒有與大學合作且沒有學位的計畫並沒有受邀報告。其他國家的介紹則請各國代表書面介紹，張貼於會場的看板上，給大家約一個小時的時間瀏覽，詢問，汲取其他國家的經驗。經驗分享發現，有許多國家的 FETP 也同樣受到經費和訓練人員的限制，雖然有專業人才，而他們也希望訓練更多的人員，但在沒有政府的投入（political commitment）也常常面對到因經費刪減而沒辦法繼續經營的困擾。

TEPHINET 的活動目前除了有每二年會舉辦的全球性研討會外，還有每二年舉辦一次的地區性研討會。非洲的會員另有成立 African Field Epidemiology Network (AFENET)，定期舉辦合作訓練。歐洲的會員則有 European Program for Intervention Epidemiology Training（EPIET）。7 月 8 日的分組討論是以 WHO 的分區分組，由於屬 Regional Office for Southeast Asia (SEARO)區只有二個國家，因此與屬 Regional Office for Western Pacific (WPRO)的代表合併討論，也就是我國代表參加的討論場次。討論中各國代表指出這個地區目前雖有某些國與國的合作關係，但尚未有正式組織或其他多國性的活動。希望在此會議之後，可思考成立一個類似 AFENET 或 EPIET 的地區性組織，讓會員們能更有效的分享資源及互相學習。我國代表則表示因尚未加入 WHO，有些訊息未能及時得知，也希望藉由 TEPHINET 或其後有成立的地區性組織得到訊息。

圖：各國代表觀看其他國家的介紹並互相討論

2. 尋求改進 TEPHINET 的營運方式

TEPHINET 在 1998 年成立，並於 2008 年併入 Task Force for Global Health 組織。由於 TEPHINET 的運作需要龐大的資金，主席 Dr. Herrara 也積極參與募款。目前辦公室位於美國的亞特蘭大，除了 director 之外，還有一名專職人員。會議中利用一個下午的時間，討論 TEPHINET 在各 program 的訓練過程、訓練計畫評定標準，與提高各計畫的培訓能力，建立 alumni network，及支持 INR 和疾病監測可扮演的角色。每一個方案其實都有其重要性，然而，各國代表也發現基於目前 TEPHINET 的營運狀況，並不足以有效的執行所有的建議。但所有的建議，都提到各會員國間交流的重要性，畢竟從認識、建立互信機制，及即時性訊息的交流，都要從最基本的 networking 開始；另自上次正式的 directors meeting 到這次的會議時間已久，人員也有改變，最後代表們建議 TEPHINET 在未來的一年建立有效的 networking 管道，才好啓動其他有必要的合作。

圖：黃頌恩醫師代表小組討論做報告

3. 尋找 TEPHINET 與各地區及國家合作的機會

各國家的訓練過程都有其優點與缺點，爲要各訓練能達到其所設定的目標，TEPHINET 日前撰寫了一個 facilitated self assessment tool（自我評估工具），讓各訓練計畫間，可藉由其他人的角度來評定訓練成效。TEPHINET 雖有談到是否發給各訓練計畫 certification 或 accreditation，但多數的代表並不認同此項意見，並建議反而應是經由 TEPHINET 積極的遊說，提醒各國政府 FETP 的重要性，並給予適當的國際舞台，才是 TEPHINET 對各國、各地區最實質的協助。

圖：FETP 代表於 WHO IARC 會場開會

4. 促進各會員參與 **International Health Regulation (IHR)**及與 **Global Outbreak Alert and Response Network (GOARN)**的合作

爲加強全球因應傳染病威脅的應變能力，世界衛生組織(WHO)已修訂國際衛生條例（IHR），以預防疾病在國際間傳播並減少對於全球旅遊市場和經濟貿易上的衝擊。會議中引用目前正在發生的新型流感 A(H1N1)疫情爲例，調查各 FETP 是否有參與 IHR 及 GOARN 的活動，答案如果爲肯定，則再敘述是參與何項活動。另也請 WHO 專員報告 IHR 歷年的演變，介紹修訂的源由和內容。藉由小組討論的方式，各國代表均表示希望能更積極參加 IHR 與 GOARN 的活動，盼日後 GOARN 的援助派赴任務可讓 FETP 學員加入，增加其國際緊急疫情處理的經驗。

圖：周副局長於會場外

心得

本次的國際會議因各參加國家的代表僅 1-2 位，得以有較多的機會可以認識他國代表，並且利用小組討論的時間，可較深入瞭解小組中其他會員國成員的訓練計畫。台灣的 FETP 訓練經過多年的演變，有需重新調整爲一個以 competence-based 爲導向之訓練，並給予學員更充分的機會參與各項活動，累積經驗，以成爲專業與多元並行的公共衛生人才訓練管道。其他國家也同樣面對類似台灣的困境，可以互相學習、討論，嘗試解決問題。雖然台灣的訓練計畫目前仍持續在修訂當中，還是可以利用本次會議給予的 self assessment tool 自我評估建議，確實讓整體訓練計畫能夠更爲紮實。

建議事項

1. 修訂台灣衛生事件調查班訓練過程爲一 competence-based 訓練

2. 利用本次會給予的自我評估表定期評估衛生事件調查班的訓練（附件二）

3. 積極參與 TEPHINET 各項會議及活動

圖：各國代表於會場外合照

附件一：開會議程

TEPHINET Program Directors Meeting and

Workshop of Field Epidemiology Capacity Building

Organized with the support of TEPHINET, WHO, CDC and ECDC, among other partners.

Centre International de Recherche sur le Cancer (CIRC) Lyon, France
July 8-10, 2009

Agenda

DAY 1 -- Wednesday, 8 July

0800 – 0900 **Registration of Participants in the IARC**

0900 – 0910 ***Plenary Session:*** Opening remarks and Goals for the Conference

Dr. Roberto Flores Reyna, Past Chairman of the Board
Dr. Paul Kelly, New Chairman of Advisory Board
Dr. Dionisio Herrerra, Director of TEPHINET
Dr. Christian Mathiot, Director WHO Lyon Office

Welcome, introduction of the new Chairman of the TEPHINET Advisory Board and review of the objectives for the meeting. The overall objectives are:

- **Promote the participation** of the programs as integral parts of the TEPHINET FETP/FELTP network as a whole.
- **Determine and improve** the ways in which the network operates. This is an opportunity for directors to share their opinions on how to strengthen the network and how TEPHINET can better

support the programs in building field epidemiology capacity. This is also an opportunity to help shape a strategic plan for TEPHINET's future.

- **Identify opportunities for the programs to collaborate** with organizations at the sub-regional, regional, and international levels.
- **Improve collaborations** with IHR and GOARN to strengthen the programs

0910 – 0930 ***Plenary Session:*** Welcome

Dr. Dionisio Herrera, Director of TEPHINET

This session will welcome participants on behalf of TEPHINET and outline the program for the next three days.

TEPHINET has gone through many changes since the last directors meeting in 2005. TEPHINET has merged with the Task Force for Global Health; there is a new Director, a new Chairman, and new staff at the Secretariat. Many new projects have been implemented and many new programs have become members of TEPHINET. In addition, the regional networks have really developed. Given these changes, this is a unique opportunity for TEPHINET to incorporate priorities identified by the programs into a strategic plan. TEPHINET wants to be a value-added resource for the programs.

0930 – 1030 ***Plenary Session:*** Update directors on WHO initiatives, the implementation of the International Health Regulations (IHRs) and possibilities for collaboration – Contribution of GOARN to the IHR

Dr. Pierre Nabeth and Dr. Pat Drury, WHO

The need to strengthen global capacity to deal with infectious disease threats has led to the current revision of the International Health Regulations (IHR) to ensure maximum security against the international spread of disease with minimum interference with world travel and trade. The proposed revisions provide a global

legal framework for Member States to detect, verify and respond to "all public health emergencies of international concern" and reflect and complement WHO/GOARN Global Alert and Response operations. While implementation of the revised IHR could dramatically improve worldwide disease surveillance and response, it could also place even greater demand on response infrastructure, which will need to develop accordingly.

Questions to consider:

- How could TEPHINET help facilitate the IHRs? How can TEPHINET support the programs to help implement the IHRs?
- If we assume TEPHINET's role is to promote and support the FETPs, how do we use the FETPs to ensure countries comply with the IHRs?
- What tools would be useful?
- How do we best incorporate this into the training process?
- How does GOARN contribute to the implementation of IHR?
- What is expected from GOARN participants?

1030 – 1045 ***Plenary Session:*** Debate

1045 – 1100 ***Coffee Break***

1100 – 1300 ***Plenary Session***: Program Models

Moderator: Dr. Pattie Simone, CDC

The purpose of this session is to demonstrate that under the same name (FETP), there are various types of programs. Dr. Simone, who has worked on the essential components of FETP's, will introduce the session and discuss:

- Commonalities across FETPs
- Explain different types of training programs for Epi and lab components
- Review training elements associated to/not associated with a University Diploma
- Review Regional Training / National training models

Each speaker will give a 10 minute presentation on their program models, specific objectives and practical outcomes. For each category, in addition to the presentation of the program and the curriculum, each speaker will examine the characteristics, their justifications for program choices, advantages and challenges faced by the programs and recommendations to other programs. They will cover the following aspects:

- Explanation of the program model (diagram) and the key components of the program
- Opportunities for program graduates
- Principal aspects of the curriculum of the program
- Key lessons: What are we good at? Where could we improve or use more support?

Speakers include:

- **Dr. Raja Haddadin, Jordan FETP**
- **Dr. Katharina Alpers, Germany FETP**
- **Dr. Paul Kelly, Australia FETP**
- **Dr. Augusto Lopez, CDC Guatemala**
- **Dr. Bernice Harris, South Africa FELTP**

Questions to consider:

- How can TEPHINET help the FETPs meet the standards set for field epidemiology training programs?
- What is the mentoring and tutorial process in your program?
- Are lab and vet components integrated into the program model? If not, how can TEPHINET assist programs in integrating these components?
- What can be done to accelerate this integration and improve effectiveness?

1300 – 1400 ***Lunch Break***

1400 – 1415 ***Plenary Session***: Introduction of Group Discussion on Regional and Global Priorities

Moderator: Dr. Dionisio Herrera, Director of TEPHINET

1415 – 1615 ***Group Discussion:*** Regional and Global Priorities

Regional program directors work together to discuss the issues listed below in groups formed according to WHO regions.

The purpose of this session is to identify regional and global priorities of the network and to determine how the TEPHINET Secretariat and member programs can facilitate the development of new programs and support more interaction between existing programs, at the country, regional, and global levels.

This is a small group discussion format and participants will break into groups by region. The regional board member will act as facilitator and each group will choose a person to report back during the plenary session. Each group will discuss and organize their responses to the following topics:

- Identify common activities in the region
- Identify regional priorities
- Explore ways to coordinate activities between FETPs in the regions
- Determine how TEPHINET can support more collaboration between programs in the regions
- Identify resources and partners within the region
- What is the best way for TEPHINET to work with other global and regional organizations?
- How can TEPHINET facilitate collaboration between WHO and the regional network offices?

1615 – 1630 ***Coffee Break***

1630 – 1730 ***Plenary Session***: Reporting back and debriefing of discussion groups (about 10 minutes for each region)

Moderator: Renee Subramanian, Associate Director, TEPHINET

1830 ***Cocktail Reception in the City Hall of Lyon***

DAY 2 –Thursday, 9 July

0900 – 1045: ***Plenary Session:*** Round Table Collaboration and Cooperation

Moderator: Ms. Lisa Hayes, Task Force for Global Health

The purpose of this session is to gain commitment and determine priority areas for improving collaboration between TEPHINET and key partners (including donors, regional networks, and partners for field investigation and response).

This session will begin with a short 8-minute film to introduce the concepts of effective collaboration. This session will focus on how TEPHINET can work with the FETPs toward a common goal. Collaboration is important but difficult and there are many lessons learned from previous attempts at collaboration in global health. TEPHINET wants to support collaboration and help each of the FETP programs and partners reach their best potential. To do that, we must learn from each other and collaborate at the global level, the regional level, and the program level.

Panelists include:

- **Dr. Pat Drury, GOARN:** Focus on challenges and opportunities for collaboration from field investigation and response partner's point of view.
- **Mr. Bassam Jarrar, CDC:** Focus on challenges and opportunities for collaboration from donor's point of view.
- **Dr. Fred Wurapa, AFENET:** Focus on challenges and opportunities for collaboration from regional network's point of view.

Each panelist will address the following key areas:

1) What are some of the problems your organization faces in collaborating with other organizations?
2) Are there any examples that have really worked well?
3) What are the most critical areas where collaboration is needed? How can your organization help to facilitate effective collaboration?

How can TEPHINET help?

1045 – 1100 *Coffee Break*

1100 – 1300 ***Round Table***: Improving the Training Process

Moderator: Mrs. Anouk Berger WHO

The purpose of this session is to determine areas of improvement for FETPs through the extension to other domains relevant for human health and to introduce the use of new tools for Communication, Animal health (Vet), and E-learning. Each speaker will inform participants of some exciting new developments in training programs. This session will also address the process FETPs can use for determining priorities, and developing and incorporating new training programs.

Each speaker will give a 15 minute presentation that will cover new training developments in their curricula, the evolution of the curricula, and key elements of the training program. Specific objectives and practical outcomes include:

- New program developments and planned activities
- Explanation of the training activities they are doing
- Supervision in the field
- Training materials that have been developed and can be shared

- **Dr. Viviane Bremer, EPIET**: Will highlight the short course offered to improve trainee communications, including public speaking and presentation preparations.
- **Dr. Gerald Shambira, Zimbabwe**: Will update about the last development of the training process in Zimbabwe
- **Dr. Guang Zeng, China**: Will update on what has happened since the veterinary training workshop and how China plans to integrate the veterinary component into the FETP programs
- **Dr. Deise Aparecida dos Santos, Brazil**: Discuss Brazil's model that integrates the EPI, lab, and Veterinary components into the FETPs.

Questions to consider:

- How can TEPHINET help improve the training process to meet the standards of the field epidemiology programs?

- What is the mentoring and tutorial process in your program? What kind of problems have you encountered and how could it be improved? What new training activities or processes are planned or are already incorporated into the program?
- Are lab and vet components integrated into the training program? If not, how can TEPHINET help to assist programs in integrating these components?
- What can be done to accelerate this integration and improve effectiveness?

1300 – 1400 ***Lunch Break***

1400 – 1415 ***Plenary Session***: Introduction of Group Discussion on Improving Key Program Components

The purpose of this key session is to determine how TEPHINET can best serve the FETP programs. We are seeking feedback from the programs in the following areas with the important goal of identifying program needs and ways TEPHINET can help programs achieve their goals.

This is a small group discussion format and participants will break into groups by topic. The key to success will be the willingness to be open and transparent. Each group will choose a person to report back to the group during the plenary. Each group will discuss and organize their responses to the following topics with a focus on identifying key problems and solutions:

- Training Materials

  Facilitator: **Dr. Paul Kelly, Australia**
  - Identify priority training needs and materials for programs
  - Strategies to improve and disseminate training material
  - Strategies to monitor training support needs and provide better training
- Evaluation of the Programs

Facilitators: **Dr. Elizabeth David Dos Santos, Brazil, and Dr. Victor Caceres, CDC**

- Common standards for monitoring/evaluation
- Identify appropriate tools and processes (i.e. who, how, how often) for monitoring programs
- Certification of programs
- Monitoring/evaluation of TEPHINET secretariat functions and global activities

- Core Competencies of the Programs (Epidemiology, Communications, Professionalism, Management, Information Technology)

  Facilitator: **Dr. George Pariyo, Uganda**

  - Review the CQI *(see reference in conference packet)*
  - Identify the current principal competencies of the FETP programs and training
  - How can lab and vet components be integrated into the competencies

- Alumni Network

  Facilitator: **Dr. Marion Muehlen , EPIET**

  - Support of program graduates for positions involved with the mission of the respective MOH's
  - Ideas for further involving program graduates in the mentoring process
  - Participation of the graduates in the international activities
  - Tools and processes for monitoring alumni

- Support IHR / Surveillance system

  Facilitator: **Dr. Pierre Nabeth , WHO**

  - How to best support the programs in implementing the international health regulations
  - How can programs become more integrated into the surveillance activities in the countries (i.e. H1N1)
  - How can we support better collaboration with WHO and TEPHINET at all levels

Questions to consider:

- What are some of the common problems programs have encountered? What lessons can we share?
- What is the key priority in this component?

- What can TEPHINET do to help improve this program component?

1415 – 1615 ***Group Discussion***: Improving Key Program Components

A. Training Materials
B. Evaluation of the Program
C. Core Competencies of a TEPHINET Program
D. Alumni Network
E. Support IHR / Surveillance system

1615 – 1630 ***Coffee Break***

1630 – 1730 ***Plenary Session***: Debriefing of discussion groups

Moderator: Dr. Arnold Bosman, ECDC

1900 ***Dinner will be at 7pm at Restaurant de Fourvière***

DAY 3 – Friday, 10 July

0900 – 0945 ***Poster Session:*** Program Overviews

The purpose of this session is for participants to circulate among the poster presentations in order to have a glimpse at each FETP program and to engage in discussions about the individual programs.

Participants will have 45 minutes to review the poster slides of each program, the last 15 minutes are for a question and answer plenary session.

Each director will have submitted a maximum of 5 slides for poster presentation including information on the following:

- Title: Name of the program, year program was founded, program host (university, MOH, both), number of alumni, number of graduates.
- **Program overview**: Curriculum: % field activities vs. theory, training field sites, disciplinary background of the students.
- **News**: current field activities, (i.e. programs involvement in H1N1 epidemic)
- **Successes:** current needs of the program, any areas where TEPHINET can provide more support
- **Conclusions**: current priorities of the program and collaborating organizations, summary of the main points from above

Questions to Consider:

- Unique aspects of the individual programs
- Recent activities of the programs in regards to outbreak investigations
- Common challenges that require more support from TEPHINET
- Links of the programs with organizations outside of the ministry and public health institutions (private and public sector organizations).

0945 – 1000 ***Plenary Session***: Program Overviews Questions and Answer Session

Moderator: Dr. Dionisio Herrera, TEPHINET

1000 – 1100 ***Plenary Session***: Regional Overviews

Moderator: Dr. Paul Kelly, Chairman of TEPHINET

The purpose of this session is to introduce the regional advisory board members, share their ideas and plans for developing each regional network, and discuss their role and how they can best represent their network.

Each speaker will give a 5-8 minute presentation and a group discussion will follow.

Speakers (Regional Advisory Board Members):

- **Dr. Xiomara Badilla , AMR**
- **Dr. Fred Wurapa, AFR**
- **Dr. Maria Victoria Martinez de Aragón, EUR**
- **Dr. Chuleeporn Jiraphongsa, SEAR**
- **Dr. Fadzilah Kamaludin, WPR**
- **Dr. Birjees Mazher Kazi, EMR**

Questions to consider:

- What principal activities are planned for the region in the near future?
- What are the priority areas for development?
- How can TEPHINET help support the regional priorities?
- What are the principal challenges that the programs in your region face? What is the capacity of the programs in your region to address these challenges?
- What does your region have either in the way of lessons learned, human resources, or programs that work that would be valuable to share with the other regions?
- What are the prospects of getting the programs and institutions in your region to work together?

1100 – 1130 ***Coffee Break***

1130 – 1300 ***Plenary Session:*** Priorities and Strategic Plan

Moderator: Dr. Roberto Flores Reyna, Past Board Chairman

The purpose of this session is to summarize the key priorities from the first two days of meetings, present a process for integrating these into the strategic plan, and next steps on how to share this with the network and include them in the ongoing planning process. The presentation will address:

- An overview of CQI
- Overview of previous strategic plan
- Priorities identified at this meeting
- TEPHINET advisory board committees and members

Advisory board committees will be proposed and participants will be asked to submit their preference for involvement in the various committees.

Questions to consider:

- Programs input on the main strategic objectives for TEPHINET
- Programs input on important advisory board committees and committee members
- How can TEPHINET secretariat better support regional network activities and collaborate with regional networks?
- How can TEPHINET increase and sustain its global and regional activities?
- Ideas for supporting the development of the laboratory and veterinary components of the FETP's

1300 – 1400 ***Lunch Break***

1400 – 1530 ***Plenary Session***: New Tools or Resources

Moderator: Dr. Pierre Nabeth, WHO Lyon

The purpose of this session is to present the new tools and resources

available for field epidemiology investigations.

Programs need to choose the appropriate tools based on their needs and priorities. Not all information systems work with each other. TEPHINET wants to find ways to promote information sharing across programs and country borders.

Speakers include:

- **Dr. Donna Jones, CDC**
- **Dr Johannes Schnitzler, WHO**
- **Mr Johan Lemarchand, WHO**

Questions to consider:

- Why is this tool important for the programs? How should a program determine when to use what tool?
- How do we ensure programs have access to the best tools to integrate into their program?
- How does this tool address early detection for potential outbreaks?

1530 – 1630 ***Plenary Session***: TEPHINET Technical and Administrative Report

Dr. Dionisio Herrera and Renee Subramanian, TEPHINET

The purpose of this session is to report on the technical and administrative aspects of TEPHINET. This includes:

- TEPHINET current activities
- Financial situation
- New business
- Comments

1630 – 1645 ***Closing Ceremony***

Dr. Dionisio Herrera and Dr. Paul Kelly

附件二：自我評估表

Comments and questions Donna Jones dqj3@cdc.gov

Matrix Tool for FETP Assessment

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1. COMPETENCY-BASED TRAINING		LEVEL OF ACHIEVEMENT			
					Advanced
		1	2	3	4
INDICATORS	(A) COMPETENCY-BASED CURRICULUM	• Program expectations not explicit • Curriculum not designed to achieve competencies	• Core competencies are explicit for resident/officers and supervisors. • Program has a defined list of key activities to be completed • Program is structured to achieve some of the competencies.	AND • Program has a process to document completion of key activities. • Core curriculum includes clear objectives and appropriate training methods. • Occasional review and revision of curriculum	AND • Program has process to document achievement of competencies • Yearly review and revision of curriculum with consideration of national public health priorities.
	(B) RESIDENT/OFFICER ASSESSMENT	• Ad hoc, non standardized assessment	• Assessment of learning or grades given for coursework.	AND. • Quality and completeness of key activities is assessed at least every 6 months • Feedback provided to resident/officer.	AND • Written plan for improvement provided to resident/officer and reviewed regularly. • Attainment of competencies by residents/officers prior to completion is documented
	(C) MENTOR/TECHNICAL SUPERVISOR SUPPORT	• Not all trainees have an identified mentor/technical supervisor	• Mentors/technical supervisors are not generally graduates of the program • Time spent with mentors/technical supervisors generally insufficient	• Mentor/technical supervisor are graduates of program or similar applied epidemiology program • Have sufficient time to mentor officers •	AND Supported by program to provide mentorship • Formal agreement between program and mentors regarding mentoring expectations
	(D) MENTOR/ TECHNICAL SUPERVISOR ASSESSMENT	• No assessment of faculty and mentors conducted	• Assessment forms available for evaluation of mentors/technical supervisors.	• Assessment forms for technical supervisors completed by the program. • Results documented	• Routine assessment of mentors by resident/officers and program/peers • Documentation available of at least 2 types of assessment (trainee and program/peer) • Used in decision making and planning for improvement.

*All references to MOH refer to Ministry of Health or whatever national public health institution with the mandate for public health (e.g. National Public Health Institute or Agency, CDC, Social Security, etc. in some countries) This should be clarified at the beginning of the assessment.

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INDICATORS	(E) COURSE FACULTY	• Ad hoc faculty	• Faculty availability or quality is often inadequate	• Faculty availability and quality usually adequate • Faculty quality is assessed and documentation available	• Faculty availability always adequate • Evaluation of faculty is used to improve quality
	(F) FIELD SITE/WORK SITE	• Field sites not identified or not supportive	• Field/work site supervisors receive orientation to program. • Limited access provided to use or review surveillance data • Limited opportunities or support for participating in outbreak investigations	• Field/work site supervisors are well oriented to and supportive of the program. • Provide access to participate in surveillance, including data analysis/evaluation or other. • Provide opportunity for participating in outbreak investigations and response	• Field sites provide adequate support for resident/officer work. • Field sites provide opportunities for relevant planned investigations by resident/officers. • Resident/officer (officer) is considered to be doing the necessary epidemiologic work of the unit – not academic assignments.
	(G) GRADUATES	• For past 2 cohorts, fewer than 50% of resident/officers complete	For past 2 cohorts • >50% resident/officers complete and • >50% complete on time	For past 2 cohorts • >75% resident/officers complete and • >75% complete on time	For past 2 cohorts • >=90% of resident/officers complete program successfully and • >=90% on time.

2. PUBLIC HEALTH WORK/FIELD ACTIVITIES		LEVEL OF ACHIEVEMENT			
					Advanced
		1	2	3	4
INDICATORS	(A) OUTBREAK DETECTION AND RESPONSE	• Resident/officers do not participate	• Program resident/officers participate as observers/assistants in outbreak investigations.	• Program resident/officers are first responders for local outbreaks. • Laboratory has participated in outbreaks. • Investigation results are presented to relevant public health decision makers at site of outbreak. • Investigations are reviewed for quality.	• Program resident/officers are first responders for outbreaks of national importance. • Laboratory routinely involved in outbreak investigations. • Outbreak recommendations are used for disease control and prevention and policy. • Outbreaks investigations and reports meet a quality standard.
	(B) SURVEILLANCE	• No access or Limited access by resident/officers to surveillance data	• Some program resident/officers have access to surveillance data and play a role in review and report of data	• All program resident/officers have access to and have a role in surveillance data use. • Officers report surveillance work to public health decision makers. • Surveillance analyses and reports are reviewed for quality.	AND • Recommendations and conclusions are used for public health action or to improve surveillance systems and public health programs. • Surveillance analyses and reports meet quality standard.
	(C) PUBLIC HEALTH STUDIES	• No protocol-based epidemiologic studies done by resident/officers	• Program resident/officers conduct protocol-based epidemiologic studies.	• Program resident/officers conduct protocol-based epidemiologic studies on problems of importance for the MOH. • The results are presented locally. • The protocols are submitted for ethical review as required. • Protocol and report are reviewed for quality.	AND • Documentation of ethical review submission, feedback, and approval. • Protocol, study and report meet quality standards. • Study findings are used to improve public health programs.
	(D) PUBLIC HEALTH COMMUNICATIONS	• .Officers do not generally present their findings at national or subnational level meetings	• Resident/officers participate in presentations of surveillance and other epidemiology data to national or subnational level meetings.	• AND • Resident/officer work is presented at national, regional and international conferences.	AND • >60% of resident/officers have at least one presentation selected as an oral at an international conference. • At least 2 presentations per year to conferences outside TEPHINET. • Resident/officer publish work in peer review journals • At least 2 manuscripts per 10 resident/officers. • They participate in presenting to the media for public information and guidance (if appropriate or expected)

All of these refer to the past 2 years of program work.

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3. PUBLIC HEALTH LEADERSHIP DEVELOPMENT		LEVEL OF ACHIEVEMENT			
					Advanced
		1	2	3	4
INDICATORS	(A) PUBLIC HEALTH LEADERSHIP	• No change in job or job activities on program completion. • No recognition by MOH for advancement.	• <50% of graduates are promoted in first 2 years after completion.	• >50% of graduates move to higher/more appropriate positions after completion.	• Program is considered desirable and competition exists for selection. • National leadership in PH by at least 30% of graduates after 5 years
	(B) MOH' RETENTION/ CAREER PROGRESSION/	• <30% of graduates enter MOH	• 30-70% of graduates enter MOH positions on completion. • No recognition by MOH for advancement	• >70% of graduates enter MOH positions • >50% remain after 5 years. • Program completion is recognized by MOH in hiring decisions through an acknowledged accreditation or certification process	• Job descriptions include this training or explicit skills of training. • The program makes graduates eligible for advancement and promotion in the MOH system. • >90% of graduates enter MOH positions after graduation. • More than 60% remain with MOH after 5 years.

4. MANAGEMENT		LEVEL OF ACHIEVEMENT			
					Advanced
		1	2	3	4
INDICATORS	(A) POLICIES AND PROCEDURES	• There are no formal policies and procedures. Ambiguity exists as to how things are normally done.	• Resident/officers and staff have general understanding of key policies and procedures, minimal written materials.	• Policies and Procedures are clearly documented, but no evidence of distribution. • Electronic database of program activities and participants	AND • Operations and policy manual is distributed and used for orientation of • Complete, updated electronic database of program activities, resident/officers and graduates
	(B) RESIDENT/OFFICER SELECTION	• Political appointment	• Limited documentation of process • Limited competition for selection	• Documented process, • Advertisement/recruitment among all administrative areas • Competitive without evidence of political interference	• Documented, transparent process • Selection is competitive on previous training, experience, and ability. • Selection is representative of the country's geogrphic regions (over last 5 years)
	(C) STAFFING	• There is no full-time director or coordinator	• There is a director or coordinator who is assigned a majority of his/her time to FETP • Some administrative support staff is available.	• There is a director or coordinator who is assigned full-time (>90%) to FETP from MOH. • There is administrative and/or technical staff assigned to assist management of FETP • There are identified gaps in administrative and technical staff	• Full-time program director/coordinator. • Position has visibility and credibility in MOH. • No identified gaps in skills or number of administrative and technical staff are sufficient.
	(D) PROGRAM OFFICE	• There is no physical space assigned to FETP	• There is office space, but ownership by FETP is limited. Has to compete with many other departments. • There are important gaps in supplies, and communication devices (telephones/email/fax/internet)	• There is office space assigned to FETP which is generally available. • Basic office materials/equipment is available and in use – some gaps identified. • Telephones/email/fax/internet is available for the program – some gaps identified.	• Financial resources, office space, supplies communication needs are sufficient with no identified needs or gaps.
	(E) COURSE WORK LOGISTICS	• Unavailable or inadequate training facilities.	• Classroom space often inadequate • Training supplies often inadequate	• Classroom space usualy adequate • Training supplies (textbooks, computers, etc.) usualy adequate	• Classroom space always adequate • Training supplies always adequate
	(F) FIELD WORK LOGISTICS	•	• Officers seldom receive support (transport, per diem, etc.) to participate in field work (outbreaks, studies, etc.) • Limited ability for communication between field and mentors and program • Access to necessary PPE, laboratory support, other technical resources (literature, subject matter experts, etc.) is sporadic	• Officers usually receive support (transport, per diem, etc.) to participate in field work (outbreaks, studies, etc.) • Communication between field and mentors and program is usually good. • Access to necessary PPE, laboratory support, other technical resources (literature, subject matter experts, etc.) is often available as needed.	• Officers always receive support (transport, per diem, etc.) to participate in field work (outbreaks, studies, etc.) • Resources are available to assure e communication between field and mentors and program (telephones, rados, etc) . • Access to necessary PPE, laboratory support, other technical resources (literature, subject matter experts, etc.) is always available as needed.

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5. SUSTAINABILITY		LEVEL OF ACHIEVEMENT			
					Advanced
		1	2	3	4
INDICATORS	(A) SUPPORT BY MOH	• There is no line budget item for Program • No financial support from MOH for resident/officers' salary or resident/officer activities	• MOH authorities provide some financial support or human resources to program and/or are active in identifying partner support.	• There is line budget item for Program • Program receives substantial financial and administrative support from MOH. • Resident/officers are supported in their field work by MOH.	AND • Program is represented within MOH organogram • Resident/officers are salaried by MOH during the program • Program staff are MOH employees
	(B) SUSTAINABLE LEADERSHIP FOR PROGRAM	• No program graduates from country work in FETP or serve as mentors.	• Less than 25% of FETP program staff are graduates of program • Less than 25% of FETP mentors are graduates of program	• Program director/coordinator and at least one other position filled by program graduates. • Limited turnover for program director due to political changes • 25- 50% of the mentors are graduates of the program.	• Program graduates serve in leadership positions in FETP. • Greater than 50% of field supervisors/mentors are program graduates. • Current and/or previous program director remained in position for at least 3 years. • Training/development for new staff/graduates to take leadership positions is planned for and occurs.
	(C) GRADUATE NETWORK	• No roster of graduates. • No efforts to link graduates of the program with each other	• Have held at least one meeting to plan graduate network.	• A roster of graduates is available. • At least one meeting of graduates/alumni has been held.	• A roster of graduates is available and up to date • Organization of graduates is functional. Meets at least yearly.
	(D) PLANNING	• No yearly workplan plan exists • No strategic plan exists	• Workplan exists OR • Strategic Plan exists	• Workplan exists AND • Strategic Plan exists	• Workplan documents available and used routinely. • A strategic plan for the program exists and is followed and updated regularly. • Workplan is based on strategic plan.
INDICATORS	(E) PARTNERSHIPS	• No national or external partners	• Member of TEPHINET • Work with other Ministry units or national PH institutions (e.g. universities) on occasional specific activity	• Regular scheduled meeting with more than one national partners • Participates in Global and Regional TEPHINET meetings and consultations •	AND • Program participates with WHO and other international organizations in addressing national and regional health problems. • Routine working meetings with key national partners, including agriculture/livestock, PH laboratory, or others.
	(F) ADVISORY BOARD/STEERING COMMITTEE	• There is no advisory board/steering committee	• An advisory board/ steering committee has been named, even met once; however there are no regular meetings.	• An advisory board/ steering committee meets at least yearly and provides guidance to the FETP. • No evidence of regular minutes	• MOH leads advisory board/steering committee that meets on a regular schedule at least >=2 times per year and provides support and guidance to program. • Meetings are minuted and committee follows up on plans/recommendations.
	(G) ADVOCACY FOR PROGRAM	• Graduates do not generally appear to be advocates for the program.	• There are internal (national partner) advocates outside program, but support not strong and effective. • Program does not have reports or standard presentations to advocate for the program	• Internal (national partners) routinely advocate for program with other stakeholders, including MOH • Program has some reports and presentations or other materials to advocate for itself.	• AND • Formal advisory board or advocacy group advocates effectively for program. • Program has readily available updated presentations and program reports to share for advocacy

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