FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP)

Objective
For more than 60 years, the U.S. Centers for Disease Control and Prevention (CDC) has been dedicated to protecting health and promoting quality of life through the prevention and control of disease, injury and disability. Since 1980, CDC, through the Field Epidemiology Training Programs (FETP), has worked with ministries of health around the world, along with other partners, to strengthen national and local public health systems and to address the severe shortage of skilled epidemiologists worldwide. FETPs provide training in applied epidemiology to build a pool of public health workers able to use science and data to appropriately respond to public health threats, including polio, cholera, tuberculosis, HIV, malaria, and emerging infectious diseases of animal origin.

As part of their mission to strengthen public health systems globally, FETPs also assist countries to meet their core capacity requirements for surveillance and response under the revised International Health Regulations (IHR, 2005).

Program Description
FETPs are two year, in-service training programs modeled after the Epidemic Intelligence Service, an applied epidemiology training program created by CDC in 1951. FETPs emphasize practical experience, with residents spending about 25% of their time in the classroom and the remaining 75% of time conducting mentored field work. The classroom instruction focuses on epidemiology, disease surveillance, outbreak investigation, and biostatistics. In the field, residents conduct epidemiologic investigations and field surveys, design and evaluate surveillance systems, collect and analyze data using appropriate statistical tools and methods, report their findings to decision- and policy-makers, and train other health workers.

CDC typically helps support new programs by providing the Ministry of Health with an in-county resident advisor (RA) for 4 to 6 years. The RA provides essential mentorship and technical assistance and also develops curricula, teaches courses, and guides training.

CDC has helped to establish over 41 FETPs that have trained more than 2,300 graduates from 61 countries. More than 80% of graduates stay in their home countries and many obtain leadership positions within the public health system.

Future Goals
- CDC is committed to ensuring quality training for all residents and producing highly-skilled graduates. In 2012, CDC will conduct a multi-site evaluation of up to 10 FETPs.
- CDC will continue to help countries enhance their capacity for...
surveillance and outbreak response as required under the IHR, as well as to build capacity within critical global disease-specific programs and initiatives (e.g., HIV, TB, malaria, and polio).

- CDC’s vision is that every low- and middle-income country has access to an FETP, either by having its own in-country program or by enrolling residents in regional programs. To achieve this, CDC’s goal is to establish two new programs per year in low- and middle-income countries.
- CDC aims to expand the reach of current FETPs by building capacity at different health system levels within a country or by implementing multiple FETPs in high population countries.

**Partnerships**

Developing partnerships is an important element of establishing, supporting, and sustaining FETPs. CDC works closely with country ministries of health and regularly collaborates with national and international organizations such as the U.S. Agency for International Development, U.S. Department of Defense, U.S. Department of State, the World Health Organization, the Bill & Melinda Gates Foundation, and the World Bank. Countries that set up FETPs can also collaborate with the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) to share resources and best practices, as well as several regional FETP networks. For more information on these networks, visit [www.tephinet.org](http://www.tephinet.org).

**CDC-Supported Field Epidemiology Training Programs and other national and regional applied epidemiology training programs, 2011**

![World map showing the locations of CDC-supported FETPs](image_url)

- **Resident Advisor(s)**
- **Fully-Supported:** Resident Advisor supporting program
- **Partially-Supported:** Receives some technical and/or financial assistance from CDC, but no RA is supporting the program
- **Under Development:** At any stage before the enrollment of the first cohort
- **Established Independently of CDC:** Program had previous CDC support, but currently receives limited or no financial or technical assistance from CDC
- **Other Applied Epidemiology Training Program:** Competency-based training program of < 2 years—but 26 months—with ongoing enrollment of participants and including a mentoring component
- **The EPIT program office is located in Stockholm, Sweden and serves 27 EU countries, Norway and Switzerland**

**For more information, please contact**

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**Where We Work**

- **Afghanistan**
- **Angola**
- **Brazil**
- **Central Africa region:** Cameroon, Central African Republic, Democratic Republic of Congo
- **Central America region:** Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras
- **Central Asia region:** Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan
- **China**
- **Egypt**
- **Ethiopia**
- **Ghana**
- **Haiti**
- **India**
- **Iraq**
- **Jordan**
- **Kenya regional FETP:** Kenya, South Sudan
- **Morocco**
- **Nigeria**
- **Pakistan**
- **Paraguay**
- **Philippines**
- **Rwanda**
- **Saudi Arabia**
- **South Africa**
- **South Caucasus regional FETP:** Georgia, Armenia, Azerbaijan
- **Tanzania**
- **Southeast Asia Region:** Thailand, Vietnam, Cambodia, Laos and Indonesia
- **Uganda**
- **West Africa regional FETP:** Burkina Faso, Mali, Niger, Sierra Leone, Togo
- **Yemen**