

# Field Epidemiology Training Program

*Building workforce capacity in disease detection and outbreak response*

In our globalized world, contagious diseases and other health threats can spread rapidly across international borders. Every country needs a team of highly-trained epidemiologists to detect and rapidly respond to outbreaks. Since 1980, CDC, through the Field Epidemiology Training Program (FETP), has partnered with ministries of health to:

- Strengthen public health systems;
- Build workforce capacity; and
- Reduce the shortage of trained field epidemiologists able to detect, investigate and rapidly respond to health threats.



## Contribution to global health protection

**Mission** – Working with ministries of health and other partners, the FETP Branch supports FETP residents who play a critical role in conducting field investigations and sharing scientific data and ideas that can improve health outcomes on a daily basis and in times of crisis.

**Enhancing Global Health Security** –To help achieve global health security, CDC’s FETP Branch plays a significant role in assisting countries in meeting their International Health Regulation (2005) core capacity requirements. FETP residents are our “boots on the ground” in the ongoing battle against infectious diseases, environmental threats, and chronic diseases such as diabetes, heart disease and cancer.

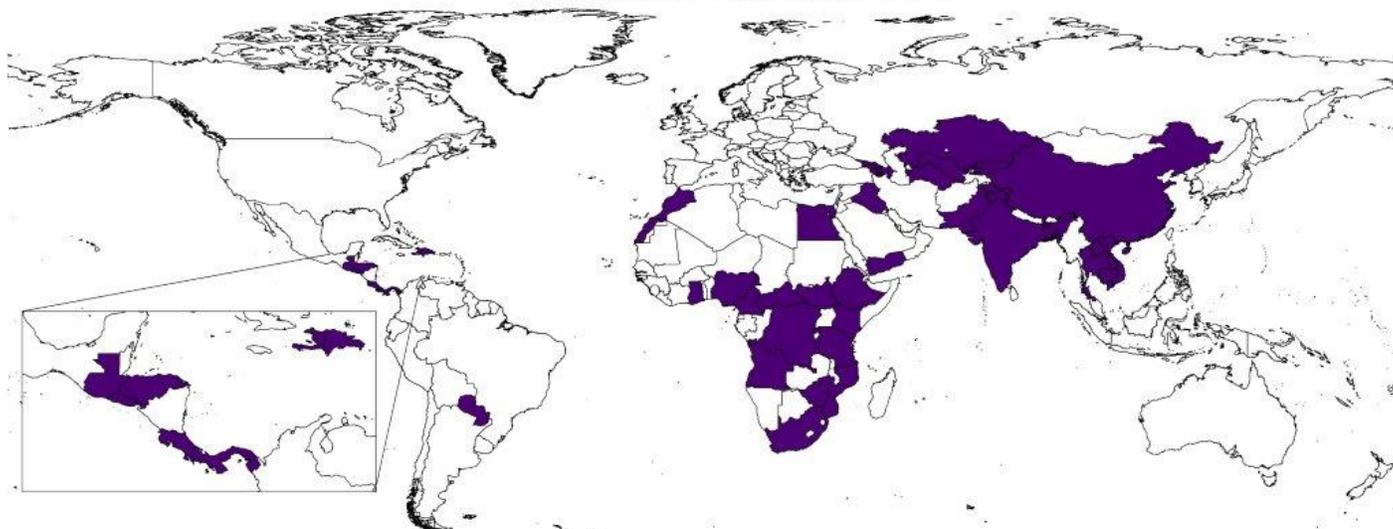
**Global Coverage** – CDC’s FETP Branch currently supports 46 countries on 5 continents. This includes the placement of in-country Resident Advisors who play a critical role in providing mentorship, guidance, and technical expertise to FETP residents deployed to investigate and respond to disease outbreaks. FETPs provide service to ministries of health while also providing hands-on experience in field-based research methods and evidence-based decision-making.

**Building Workforce Capacity** – FETPs provide training in applied epidemiology to build a cadre of in-country field epidemiologists (“disease detectives”) capable of using data to detect and respond to well-known public health threats and emerging infectious diseases of human and animal origin.

**On-the-job Practical Experience** – FETPs are typically two year, in-service training programs modeled after the U.S. Epidemic Intelligence Service, an applied epidemiology training program created by CDC in 1951. FETPs emphasize practical experience, with residents spending less than 25% of their time in the classroom and the remaining 75% or more of their time conducting field work under the supervision and guidance of an experienced mentor. More than 80% of graduates stay in their home countries. Many graduates obtain leadership positions within the public health system.



## Current CDC-Supported FETPs



**Working with partners to establish FETPs** – CDC’s FETP Branch works closely with ministries of health and other partners to establish, strengthen, and build sustainable FETPs. CDC leverages its technical expertise and collaborates with other U.S. government agencies (the U.S. Agency for International Development, U.S. Department of Defense, and U.S. Department of State), the World Health Organization, the Bill & Melinda Gates Foundation, and the World Bank to build workforce capacity. The agency also partners with, among others, the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) and regional FETP networks to share resources and best practices and expand its global reach. For more information on these networks, please visit [www.tephinet.org](http://www.tephinet.org).

### Accomplishments

Since 1980

Established 50 programs and produced 2800+ graduates from 69 countries

More than 80% of graduates work in government in their home countries

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2012

Graduated 253 residents, launched 2 new programs, and provided 2500 participants with short course training

628 residents improved public health outcomes through 408 outbreak investigations, 190 planned studies, and 447 surveillance evaluations and analyses

### Future Direction

- Ensure quality training for all FETP residents by working to establish an FETP accreditation process and standards
- Enhance country capacity for surveillance and outbreak response at all levels of the public health system
- Build capacity within critical disease specific programs (e.g., HIV, TB, malaria, polio)
- Continue establishing new FETPs in low-and middle resource countries
- Support CDC’s vision for low-and middle-resource countries to have their own FETP or enroll residents in regional programs