

# DESCD Presentation Notes

The following notes accompany the slides.

## Slide 1

This presentation provides an overview of the Division of Epidemiology and Surveillance Capacity Development (DESCD) and its programs. It is intended for briefing internal and external partners.

## Slide 2

Our vision is to create effective public health systems that support the well-being of communities around the world. Our mission is to work with partners to strengthen capacity of countries around the world to improve public health.

Using applied epidemiology programs such as the Field Epidemiology Training Program and the Data for Decision Making program, we help ministries of health throughout the world build strong, effective, sustainable programs and capacity to improve public health systems on a local, regional and national level.

We work with public health counterparts in the ministry of health to strengthen their country's disease surveillance, outbreak response, and program evaluation capacity through a residency-based training program in applied epidemiology.

## Slide 3

Our strategy is to improve public health through

- **Service:** by providing epidemiological services to public health system at national and sub-national levels (e.g., outbreak investigations and response)
- **Training:** by developing self-sustaining institutionalized capacity to train public health leaders in field of epidemiology
- **Systems:** by strengthening public health surveillance and information systems

## Slide 4

DESCD staff provide technical assistance in the development and implementation of programs in applied epidemiology and systems development. We comprise a variety of disciplines, including physicians and epidemiologists, public health advisors, instructional designers, training specialists and health communications specialist.

Our staff are organized into multi-disciplinary teams by country, allowing us to provide comprehensive technical assistance. Most of the staff are located in Atlanta, but we assign an epidemiologist to our new country programs for the first 6 or so years. We also draw upon other technical experts throughout CDC.

As of September 2006, we have 66 staff including 42 FTEs and 24 contractors. (25 in the field and 41 in Headquarters)

## Slide 5

No notes

## Slide 6

FETPs or Field Epidemiology Training Programs are our most well-known applied epidemiology programs. They were developed in response to country requests for programs like the U.S. Epidemic Intelligence Service (EIS).

The program is a 2-year, full time training program with approximately 25% spend in classroom instruction and 75% in field assignments. The training is competency based with close supervision, with courses in epidemiology, communications. The trainees provide epidemiologic services to the ministry of health during their training including surveillance system assessments and outbreak investigations. Graduates receive a certificate or, in some programs, a degree.

FETP trainees take courses in epidemiology, communications, economics and management. They also learn about quantitative and behavior-based strategies. In addition, FETP trainees work in the field, where they conduct epidemiologic investigations and field surveys; evaluate surveillance systems, perform disease control and prevention measures; report their findings to decision and policy makers, and train other health workers.

## Slide 7

No notes

## Slide 8

**FETPs:** Brazil, China, Egypt, Ethiopia (planning stages), India, Jordan, Pakistan, South Africa, Zimbabwe (and Vietnam early planning stages)

### Regional FETPs

- Central America (Guatemala, Costa Rica, El Salvador, Honduras, Nicaragua, Dominican Republic)
- Central Asia (Kazakhstan, Uzbekistan, Kyrgyzstan, Tajikistan, Turkmenistan)
- Kenya (includes Tanzania, Uganda, Ghana, and South Sudan)
- Thailand (includes Laos, Myanmar, Vietnam, Cambodia, Southern China)

Resident advisors in China, Guatemala, India, Jordan, Kazakhstan, Kenya, Pakistan, South Sudan, Thailand

These programs are funded by and done in partnership with various organizations including USAID, GDD, Ellison Foundation, World Bank and the CDC Foundation.

## Slide 9–11

No notes

## Slide 12

Even though assigning trainees for 2 years to this program is a big commitment for ministries of health, the FETP and the trainees provide a number of services to the Ministry of Health throughout their training including outbreak and disaster response, enhancing disease surveillance systems, communication and recommendations of public health findings to guide interventions, and training for others.

### **Slide 13**

In addition to the services that the trainees provide to the MOH, there are other key characteristics that distinguish FETPs from other training programs.

### **Slide 14**

FETP has been a successful program.

Since 1980, CDC has provided a resident advisor to 28 programs covering 36 countries. Of these, 19 no longer need support from a full-time resident advisor and 19 are still producing graduates. More than 1200 epidemiologists have graduated from these programs. Many of the graduates have moved up in their country's ministry of health to decision-making positions.

There continues to be a lot of interest in starting FETPs in additional countries. In 2006, new programs were started in Pakistan and South Africa, new programs are planned in Vietnam and Ethiopia, and we have received initial requests from several other countries.

### **Slide 15**

No notes

### **Slide 16**

In addition to our FETPs, we have several other program related to public health surveillance and laboratory capacity, including

- The integrated disease surveillance and project in Ghana, Tanzania, Uganda, and Zimbabwe (USAID funded)
- Several surveillance and laboratory projects in Central Asia, including HIV, TB, blood safety (USAID funded), and Threat Agent Detection and Response (TADR) (funded by the Defense Threat Reduction Agency (DTRA) in DoD)
- The Sudan Health Transformation Project (USAID)
- The Amazon River Basin Surveillance Project (GDD)
- Various avian influenza projects.

We have field staff related to these projects in Kazakhstan, Uzbekistan, South Sudan, and soon in Brazil.

These projects have various sources of funding including USAID, GDD, and Department of Defense