



**A REPORT OF THE
GLOBAL FIELD EPIDEMIOLOGY
ROADMAP IMPLEMENTATION MEETING**

Held at the World Health Organization
in Geneva, Switzerland
February 13-15, 2019

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in collaboration with meeting participants

**THE TASK
FORCE**
FOR
GLOBAL HEALTH



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EXECUTIVE SUMMARY

A meeting of key leaders and stakeholders in field epidemiology capacity development was held at the World Health Organization (WHO) headquarters in Geneva on February 13-15, 2019, to develop an implementation plan for the *Global Field Epidemiology Roadmap*. The Roadmap, developed eight months earlier at a meeting in Bellagio, Italy, defined the Field Epidemiology Training Program (FETP) Enterprise as a complex, long-term, multi-partner initiative with clear goals and a defined set of functions and standards essential to meeting those goals; and put forward seven high-level recommendations for enhancing and accelerating the development of field epidemiology capacity worldwide. Though the primary purpose of this WHO meeting was to develop an implementation plan for the Roadmap, it was also intended to better connect the ongoing development of global applied epidemiology capacity to key related global health programs and priorities (e.g., global health security, the Global Strategy for Human Resources for Health, One Health, and universal health coverage).

The implementation plan developed at this meeting refined and proposed concrete action steps for each of the seven original Roadmap recommendations, and added an additional recommendation addressing alignment of the FETP Enterprise with other global health programs and priorities: (1) A broadly representative Strategic Leadership Group (SLG) – co-chaired by senior global health leaders from WHO and the US Centers for Disease Control (CDC) – should be established to provide a driving force for progress for the FETP Enterprise; (2) The SLG should continually monitor and assure needed improvements and changes in the FETP Enterprise, especially as regards the need to expand and modernize FETP core competencies and curricula; (3) The SLG should promote the development of applied epidemiology workforce targets at each level of expertise (basic [Frontline], intermediate and advanced), to support the development of a workforce capable of meeting country-specific public health and global health security needs; (4) The SLG should assure the development of a cadre of

specially-trained FETP fellows and alumni available for rapid response to health emergencies, including but not limited to major outbreaks of infectious disease; (5) The SLG should work with country partners to accelerate the rate at which FETPs become fully institutionalized—programmatically, technically, and financially—into country health systems; (6) The SLG should continue, strengthen, and expand efforts to assure and improve the quality of FETPs, as well as the supporting network-level elements of the FETP Enterprise; (7) The SLG should promote and work to assure sustainable funding for all elements of the global FETP Enterprise; and (8) The SLG should foster enhanced alignment and integration of the FETP Enterprise with key global health programs and priorities, including (for example) global health security, One Health, and universal health coverage.

It was agreed that the first step to be taken should be the selection of the WHO and CDC co-chairs for the SLG. Their first task will be to design the structure of the SLG and assemble a membership that would collectively provide a defined set of critically important competencies, professional experiences and organizational linkages.

The Global Field Epidemiology Roadmap and this implementation plan will be presented for consideration at the 10th TEPHINET Global Scientific Conference, to be held October 28 to November 1, 2019 in Atlanta, Georgia, USA. This will be the first opportunity for the full, global FETP community—program directors, trainees, funders, and many other stakeholders—to reflect on, engage with, and provide suggestions for improvement of the concepts and recommendations for the development of a collective roadmap for building global field epidemiology capacity.

MEETING PURPOSE

The meeting was held to develop an implementation plan for the *Global Field Epidemiology Roadmap*, which laid out a set of recommendations for enhancing and accelerating the development of global applied epidemiology capacity. The Roadmap recommendations were formulated in June 2018 at a Rockefeller-supported meeting at Bellagio, Italy. Eight months later, this implementation planning meeting was held at the World Health Organization (WHO) in Geneva, Switzerland. In addition to developing the implementation plan, the Geneva meeting was intended to better connect the ongoing development of global applied epidemiology capacity to key related global health programs and priorities (e.g., global health security, the Global Strategy for Human Resources for Health, One Health, and universal health coverage).

BACKGROUND

The 2018 Bellagio Meeting

It is well-recognized that every country needs effective field (or applied) epidemiology capacity to safeguard and promote the health of its citizens. In 1980, to help meet this need, the US Centers for Disease Control and Prevention (CDC) began supporting the development of Field Epidemiology Training Programs (FETPs) in countries throughout the world. From the outset, FETPs have been designed to develop field epidemiologists through a mentored, on-the-job training experience that simultaneously provides critically-needed epidemiologic services to host countries. This learn-by-doing approach improves the capacity of a country's workforce for rapid public health action and disease prevention, while also strengthening the systems required to provide those services. Now, after decades of steady investment by CDC, other US Government agencies, the European Union, the World Health Organization, individual countries, philanthropic foundations and others, there are 86 FETPs serving more than 160 countries throughout the world.

However, as the number and variety of programs have grown, challenges to continued progress have emerged, including the slow pace of in-country institutionalization of the FETPs; program quality assurance; securing adequate, sustainable funding; assuring a career path for FETP graduates; specifying evidence-based targets for field epidemiology capacity; updating and enhancing the FETP curriculum and the larger FETP system; and mobilizing FETP graduates and fellows in support of international response to epidemics and other public health emergencies.

To address these challenges, the Task Force for Global Health convened a group of key leaders and stakeholders from around the globe at the Rockefeller Foundation Conference Center in Bellagio, Italy on June 11-15, 2018. The goals of the meeting were to evaluate the current status of the multi-partner FETP initiative; collaboratively develop a guiding, long-term vision for this global undertaking; and make recommendations to address key challenges that limit the reach and pace of current efforts to develop applied epidemiology capacity worldwide.

A full report of the attendees, processes and work products of the Bellagio meeting is available at www.tephinet.org/the-global-field-epidemiology-roadmap. In brief, however, the Bellagio group developed:

- a consensus vision to guide further development of the FETP initiative: *Every country in the world will have the applied epidemiology capacities needed to protect and promote the health of its own population, and to collaborate with others to promote global health;*
- a re-framing of this global initiative as the **FETP Enterprise**, a complex, long-term, multi-partner initiative with clear goals and a defined set of functions essential to meeting those goals. Specifically, the FETP Enterprise was defined as the totality of the leaders, funders, implementing partners, government agencies, and other



stakeholders engaged in this global effort, along with associated workforce competency targets, standards, agreements, technologies, and other elements that undergird this work; and,

- a set of seven recommendations to address long-standing challenges and impediments to the successful development of effective, sustainable field epidemiology training programs worldwide.

Together, the guiding vision, conceptual framing, and recommendations for action comprised the *Global Field Epidemiology Roadmap*, intended to help guide and coordinate future efforts by the many partners and stakeholders engaged in the FETP Enterprise.

The 2019 Geneva Implementation meeting

At the close of the Bellagio meeting, the group recognized the need to develop an action plan to implement the Roadmap recommendations. The group also noted the need to engage a broader group of stakeholders, with special emphasis on better aligning the FETP Enterprise with key global health priorities and programs. The WHO was recognized as a key stakeholder and logical convener for a follow-up meeting, since many of the Bellagio recommendations relate directly to International Health Regulations-related workforce competencies, Joint External Evaluation (JEE)¹ indicators, and the need for global capacity to respond to public health emergencies.

In consequence, colleagues at WHO, CDC, the Australian National University, and the Task Force for Global Health proposed a follow-up Global Field Epidemiology Roadmap Implementation Meeting, which was subsequently convened at WHO headquarters in Geneva. The meeting, held on February 13-15, 2019, served to operationalize recommendations from the Bellagio meeting and linked planning to WHO priorities and initiatives, including those of the Health Emergencies Programme, Human Resources for Health, and Health Metrics Unit. Support for the meeting was provided by the Alliance for Health Security Cooperation through the Indo-Pacific Centre for Health Security.

¹ Joint External Evaluation is a process whereby international agencies assess country capacities to prevent, detect and rapidly respond to natural and intentional public health risks. The process is voluntary and covers many different elements important for global health security, such as public health laboratories, animal health and epidemiologic capacity.

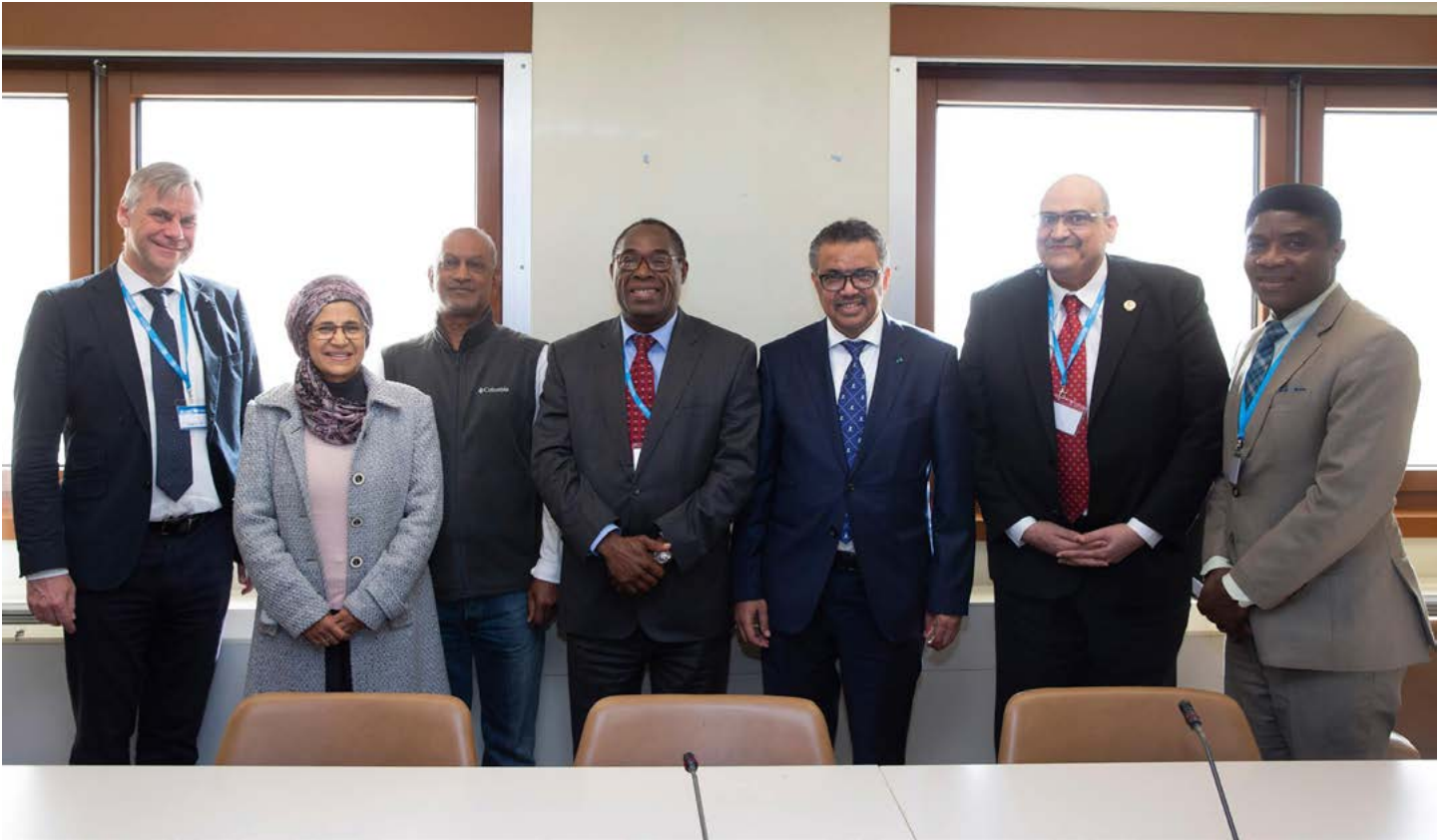
AN IMPLEMENTATION PLAN FOR THE GLOBAL FIELD EPIDEMIOLOGY ROADMAP

The first Roadmap recommendation addressed the need to enhance the structures and mechanisms for strategic leadership of the FETP Enterprise. Recommendations two through seven addressed discrete challenges facing the FETP Enterprise, namely: monitoring and implementing needed changes in all aspects of the FETP Enterprise; developing applied epidemiology workforce targets for each level of a country’s need (basic, intermediate, and advanced); ensuring there is a cadre of trained field epidemiologists for rapid response to local and international public health emergencies, as well as the necessary framework for cross-border

der mobilization; accelerating the institutionalization of FETPs in country ministries of health or other governmental public health authorities; assuring and improving the quality of FETPs and the supporting FETP Enterprise; and assuring sustainable funding for the FETP Enterprise. Participants at the Geneva meeting (hereafter, the Geneva group) added an additional, eighth recommendation: aligning and integrating the FETP Enterprise with key global health programs and priorities. (See Table.)

TABLE: RECOMMENDATIONS FOR GLOBAL FIELD EPIDEMIOLOGY ROADMAP IMPLEMENTATION

Recommendation 1.	A broadly representative Strategic Leadership Group (SLG) should be established to provide a driving force for progress for the FETP Enterprise. The SLG would monitor the need for change and enhancement of the FETP Enterprise; develop and promulgate action-oriented guidance, recommendations, and standards; and commission specific work to develop needed tools, systems and policies.
Recommendation 2.	The SLG should continually monitor and assure needed improvements and changes in the FETP Enterprise, especially as regards the need to expand and modernize FETP core competencies and curricula.
Recommendation 3.	The SLG should promote the development of applied epidemiology workforce targets at each level of expertise (basic [Frontline], intermediate and advanced), to support the development of a workforce capable of meeting country-specific public health and global health security needs.
Recommendation 4.	The SLG should assure the development of a cadre of specially-trained FETP fellows and alumni available for rapid response to health emergencies, including but not limited to major outbreaks of infectious disease.
Recommendation 5.	The SLG should work with country partners to accelerate the rate at which FETPs become fully institutionalized —programmatically, technically, and financially—into country health systems.
Recommendation 6.	The SLG should continue, strengthen, and expand efforts to assure and improve the quality of FETPs, as well as the supporting network-level elements of the FETP Enterprise.
Recommendation 7.	The SLG should promote and work to assure sustainable funding for all elements of the global FETP Enterprise.
Recommendation 8.	The SLG should foster enhanced alignment and integration of the FETP Enterprise with key global health programs and priorities, including (for example) global health security, One Health, and universal health coverage.



The Geneva group took special care with the first recommendation that called for the establishment of a Strategic Leadership Group (SLG), a broadly representative group of key partners and stakeholders that would be explicitly tasked with the strategic leadership function of the FETP Enterprise. The Geneva group worked to clearly define and clarify the mission and nature of the proposed SLG, which (as indicated in the Table) would be tasked with assuring that all the other recommendations are addressed.

Following this deliberation, the group considered each recommendation in turn, articulating concrete action steps to be taken to operationalize the various recommendations. Conceptually, recommendations two through eight may be thought of as an initial ‘work plan’ for the yet-to-be developed Strategic Leadership Group.

Throughout their deliberations, the group stressed the importance of working very closely with country partners to implement the

Roadmap. The group felt it was important to recognize and take full advantage of the in-kind and programmatic input that each country’s FETP brings to this global capacity building partnership.

The remainder of this report summarizes the results of the deliberations for each of the eight Roadmap recommendations.

RECOMMENDATION 1: ESTABLISH A STRATEGIC LEADERSHIP GROUP FOR THE FETP ENTERPRISE.

The FETP Enterprise faces a varied set of opportunities and challenges that must be systematically addressed to achieve the vision of effective, sustainable applied epidemiology capacity in countries worldwide. To that end, a key recommendation from the Bellagio/Geneva meetings was to constitute a high-level Strategic Leadership Group, explicitly tasked with driving continued progress toward global applied epidemiology capacity via the FETP Enterprise.

The Mission and Roles of the Strategic Leadership Group

The mission of the SLG is to provide a high-level driving force for progress toward global applied epidemiology capacity, via the FETP Enterprise. More specifically, the SLG will provide action-oriented oversight, guidance, and recommendations to the FETP Enterprise, particularly with regard to its network-level elements and functions.

The SLG will be expected to:

- monitor the need for change, and promote ongoing modernization of the training available via the FETP Enterprise, to (a) incorporate new analytic techniques and capacities, new technologies for field epidemiology, and enhanced means of communication; (b) address new challenges and needs especially as related to global health security; and (c) facilitate lifelong learning by FETP alumni;
- prioritize and commission specific work as appropriate, to develop needed guidance, tools, and evidence-based norms, standards, and policies;
- advocate for support of all aspects of the FETP Enterprise, including (in addition to country-level program support) network-level elements such as program accreditation, learning resource development, network communications and mobilization, and global and regional scientific conferences;
- promote the institutionalization of FETPs within countries and regions, to assure sustainable country capacity for applied epidemiology; and,
- expand the purview of the FETP Enterprise to include the One Health paradigm (e.g., through inclusion of field epidemiology training programs for veterinarians, or FETP-Vs), non-communicable diseases, climate change, humanitarian issues, and other domains as appropriate.

Administrative and Functional Support of the Strategic Leadership Group

TEPHINET will serve as the Secretariat for the SLG, and as such will be responsible for communicating critical issues and challenges facing the FETP Enterprise and its constituent programs to the SLG, and ensuring that the SLG's guidance and recommendations are put into effect.

The tasks and workgroups commissioned by the SLG will be facilitated and coordinated by TEPHINET in its role as Secretariat.

Composition of the Strategic Leadership Group

Given the global nature of the FETP Enterprise, the critical importance of its mission to develop applied epidemiology capacity worldwide, and the inter-connectedness of the FETP Enterprise with key global health priorities and programs (e.g., related to global health security and health workforce development), it was agreed that members of the Strategic Leadership Group should include high-level, influential global health leaders, with broad experience working on a variety of public health issues and with multiple organizations on the global stage. To that end, it was determined that the SLG should be co-chaired by senior leaders from the WHO and the US CDC.

The remaining membership and organizational structure of the SLG were not explicitly determined at the Geneva meeting. It was felt by the group that the WHO and CDC co-chairs should have the lead in designing the structure and selecting the membership of the SLG, and in determining how the SLG should relate to existing FETP leadership groups and processes (e.g., the TEPHINET Advisory Board and the

Program Directors' meetings). To aid in their deliberation, however, a set of desirable competencies, professional experiences and organizational linkages was developed at the Geneva meeting that the SLG membership should ideally encompass. These include:

- Experience in senior leadership and strategy development
- Several kinds of technical expertise (e.g., in epidemiology, conflict resolution, advocacy, and communication)
- Experience in securing or advocating for financial resources and other program support
- Experience in policy development, and ability to influence policy makers
- Strong linkage to FETPs and awareness of on-the-ground realities
- Linkages to key global processes and priorities that influence (or should influence) the development of applied epidemiology, including:
 - o health systems strengthening
 - o universal health coverage
 - o global health security
 - o the One Health approach/paradigm
 - o data analytics and data science
 - o humanitarian response
- Expertise in learning systems and knowledge management

Relationship of the SLG to current management structures of the FETP Enterprise

As the global FETP Enterprise has grown, several formal and informal advisory structures and mechanisms have evolved to provide guidance and foster collaboration and shared learning across programs. These include:

- TEPHINET (Training Programs in Epidemiology and Public Health Interventions Network), which is the professional network of field epidemiology training programs (FETPs), formed in 1997. Today, there are 72 TEPHINET-member FETPs, including those with laboratory and veterinary components, serving more than 100 countries. (Note: There are currently 86 FETPs, but not all are official members of the TEPHINET network.)
- The TEPHINET organization and Secretariat, which was incorporated in 1999 to support and help develop a competent field epidemiology workforce in countries throughout the world, through standardized training, experiential learning, training program quality improvement, mentoring, and knowledge exchanges. In 2008, TEPHINET became a program of the Task Force for Global Health.

- The TEPHINET Advisory Board (originally, the TEPHINET Board of Directors) supports and guides the functions of the network with the support of the TEPHINET Secretariat. In coordination with the TEPHINET Secretariat, the Advisory Board provides guidance regarding the technical aspects of the network, is informed of the annual budget, and



Country: China

On August 14, 2018, Liu Boxi investigated an outbreak of human cutaneous anthrax. The picture shows staff observing the result of the bacterial culture.

actively carries out the network's purposes and objectives. The Advisory Board is composed of at least one representative from each regional FETP network (e.g., AFENET, the African Field Epidemiology Network), as well as the director of TEPHINET and representative members from the following organizations (who serve as liaisons to the Board): the WHO; the CDC; and the European Centre for Disease Prevention and Control (ECDC). A board chairperson is elected by members of the network and serves a three-year term.

- The Program Directors' meetings, hosted annually by TEPHINET, provide the leadership of national TEPHINET-member field epidemiology (and laboratory) training programs, as well as regional FE(L)TP networks and other TEPHINET partners, with opportunities to convene and discuss progress achieved in alignment with the TEPHINET vision and the role of the TEPHINET Secretariat in continuing to support this collaboration. The Program Directors' meetings also present participants with a forum to review the implementation of key network-wide initiatives such as the accreditation of member FE(L)TPs, regional and global scientific conferences, and other activities.
- CDC guidance and norms, as developed in collaboration with program directors and other implementing partners. As the major funder of country-level FETPs around the world, CDC has played an important role in the collaborative development of major elements of the FETP Enterprise, including (for example) field epidemiology competency targets, and the three-tier model for FETPs (basic [Frontline], intermediate, and advanced).
- EU-funded "network FE(L)TPs" within the 28 EU Member States (EPIET and EUPHEM) and 18 neighboring countries in the Mediterranean and Black Sea Region (MediPIET), that provide an operating model for multi-country, regional FETP cooperation.
- Ideas for progress and improvement in the FETP Enterprise developed informally through *ad hoc* meetings, hallway conversations at global conferences, etc.

How these structures should relate to the SLG depends largely on its structure and membership, as determined by the WHO and CDC co-chairs. It may be that the functions of one or more of these advisory bodies and mechanisms will ultimately be performed by the SLG itself.

At the regional level, organizations such as AFENET and EMPHNET (the Eastern Mediterranean Public Health Network) have been instituted to support field epidemiology capacity development in the countries in their regions. These regional support programs have proven to be agile, innovative, and effective allies in the global effort to build field epidemiology capacity, and the SLG will need to consider how to support, expand, and make best use of such regional support partners. Supra-national organizations working in diseases control (e.g., Africa CDC and the ECDC) also play important roles in building field epidemiology capacity in general, and helping to develop and support FETPs in particular. To make optimal use of available resources, the respective roles and functions of the global and regional FETP support organizations and allied supra-national bodies should be harmonized.

RECOMMENDATION 2: THE SLG SHOULD CONTINUALLY MONITOR AND ASSURE NEEDED IMPROVEMENTS AND CHANGES IN THE FETP ENTERPRISE.

As with any professional discipline, the practice of field epidemiology must evolve to incorporate new analytic techniques and technologies, and adapt to new health threats and new systems and structures for working with colleagues and allied organizations. To that end, it was recommended that the SLG should:

- continually monitor the FETP core competencies, curricula and program contents; and promote improvements and modernization as needed;
- ensure that FETP training and experience foster the development of essential 'soft skills', e.g., interviewing, empathy, listening, etc.; and
- foster a culture of life-long learning among FETP fellows and graduates, e.g., through e-learning opportunities developed via the TEPHINET Learning Strategy.

RECOMMENDATION 3: THE SLG SHOULD PROMOTE THE DEVELOPMENT OF APPLIED EPIDEMIOLOGY WORKFORCE TARGETS.

As a first step to develop workforce targets, the group recommended that the SLG should commission a team to develop a basic (“light”) conceptual framework and tool that would empower countries to do their own capability assessment. This capability assessment would be used to set data-driven, country-specific applied epidemiology workforce targets at each level of expertise: basic (Frontline), intermediate, and advanced.



The group further suggested that this SLG-commissioned group should work closely with WHO health workforce partners to integrate the FETP Enterprise with other global health workforce development efforts, to address systemic issues related to applied epidemiology workforce development (e.g., the development of a workforce classification for ‘epidemiologist’, and a career path for epidemiologists).

It was also recommended that health workforce data for all occupations should be channeled through the National WHO Health Workforce Accounts (NHWA) mechanism and portal. In consultation with CDC, the Health Workforce Department has agreed to include a specific ‘epidemiologist’ occupation (at the three levels) in the NHWA platform. This will not only ensure harmonization and standardization according to the International Labor Organization (ILO) International Standard Classification of Occupation (ISCO) but also enhance coordination of data collection and reporting at national, regional and global levels.

Country: Nigeria

This photo shows the examination of a suspected case of Yellow Fever in Ideato South of Imo State, Nigeria during the Yellow Fever outbreak response, May 2019.

RECOMMENDATION 4: THE SLG SHOULD ASSURE THE DEVELOPMENT OF A CADRE OF SPECIALLY-TRAINED FETP FELLOWS AND ALUMNI AVAILABLE FOR RAPID RESPONSE TO HEALTH EMERGENCIES.

To assure that a cadre of FETP fellows and alumni develop the capacity to respond rapidly to major health emergencies (including, but not limited to major outbreaks of infectious disease), the Geneva group recommended that the SLG should:

- identify core competencies, skills, and experience needed by FETP Fellows and alumni for international response, and specify and promote the development of the delivery and documentation systems for such competencies;
- develop mechanisms to fund and support in-country deployments for FETPs as “first responders”, such as an emergency fund that could be managed by the regional networks.
 - It was noted that SLG activities in this regard should reflect an understanding of and respect for ongoing regional response efforts currently in play, e.g., the Africa Volunteer Health Corp (AVoHC), AFRO/EMRO Strategic Health Operations Centres (SHOCs), and AFENET’s Africa Corps of Disease Detectives (ACoDD);
- identify incentives for FETP Fellows and alumni to become regular international emergency responders, being careful not to compete with or degrade national response capacity;
- commission a landscape analysis of how FETPs are currently engaged in international responses (numbers, deployment mechanisms, etc.), and how FETPs might optimally support current regional and global constructs for response; and,
- assure ‘duty of care’ for deployed FETP responders while in the field and upon return.

RECOMMENDATION 5: THE SLG SHOULD WORK WITH COUNTRY PARTNERS TO ACCELERATE THE RATE AT WHICH FETPS BECOME FULLY INSTITUTIONALIZED.

For many countries, the initial development of FETPs is often supported by technical and financial support from CDC or other external funders. However, to develop truly sustainable in-country capacity for applied epidemiology, it is essential that FETPs ultimately become institutionalized—in organizational, programmatic, technical, and financial terms—within country ministries of health or other governmental public health authorities. In countries in which the field epidemiology training program is based in a university, institutionalization of the FETP may be accomplished through formal agreements and close alignment with health ministries or other national health authorities that have constitutional responsibility for epidemic control.

Several countries have successfully institutionalized their FETPs, through various approaches. However, to drive more rapid progress toward global field epidemiology capacity, the group agreed there is a need to accelerate the rate at which countries institutionalize their FETPs. To that end, it was recommended that the SLG should:

- advocate for institutionalization with partner governments;
- promote explicit country planning for the transition from external support;
- assure the provision of technical support for transition planning (including tools to assess progress toward institutionalization and techniques for securing in-country funding);
- develop clear, evidence-based epidemiology workforce targets, to help ministry officials make the case for long-term institutional support for their FETP (per Recommendation 3);
- promote the integration of FETP into apex national public health institutes; and,
- engage WHO to include and emphasize FETP in their normative policy guidance to countries, with regard to their national health workforce.



Country: Pakistan

This photo was taken in December 2018, during a field activity that was carried out to check routine vaccination activity and vaccination coverage among children. This photo shows an FETP graduate crossing the Indus river by a locally made pulley to reach an area in Skardu Gilgit Baltistan, Pakistan, with about 20 households.

RECOMMENDATION 6: THE SLG SHOULD CONTINUE, STRENGTHEN, AND EXPAND EFFORTS TO ASSURE AND IMPROVE THE QUALITY OF FETPS AND THE FETP ENTERPRISE.

As the number of FETPs has grown in countries with very different challenges, capacities, and organizational approaches, the need for systematic efforts to assure and improve program quality has become ever more important. To that end, the group recommended that the SLG continue, enhance, and expand current efforts to assure and improve the quality of FETPs, as well as the supporting network-level elements of the FETP Enterprise (e.g., the global and regional scientific conferences, the accreditation process, and FETP alumni networking and mobilization systems).

In particular, the group strongly recommended that the SLG should continue, strengthen, and seek to expand the current FETP accreditation system. For example, the current accreditation process was designed and has been implemented for the advanced (two-year) field epidemiology training programs. It needs to be extended (after appropriate modification) to include the intermediate programs, and possibly the basic (Frontline) programs as well.

RECOMMENDATION 7: THE SLG SHOULD ASSURE SUSTAINABLE FUNDING FOR THE GLOBAL FETP ENTERPRISE.

Two specific actions were suggested by the group as important first steps toward assuring sustainable funding for all aspects of the global FETP Enterprise (i.e., for the field epidemiology training programs *per se*, and also for network-level elements such as quality assurance and curriculum modernization).

First, the SLG should commission a group to develop a clear, defensible business case for the FETP Enterprise, a set of marketing materials, and a long-term strategy to:

- highlight the impact and value proposition of the FETP Enterprise;
- harness political support for the further development of the FETP Enterprise;
- potentiate country-level solutions, regarding both funding and job market issues; and,
- help leaders at all levels of the FETP Enterprise to seek financial support for specific packages and elements of the FETP Enterprise that address discrete needs.

Second, the SLG should commission work to assess the current 'state-of-play' and actual costs of today's global FETP Enterprise.

RECOMMENDATION 8: THE SLG SHOULD FOSTER ENHANCED ALIGNMENT AND INTEGRATION OF THE FETP ENTERPRISE WITH KEY GLOBAL HEALTH PROGRAMS AND PRIORITIES.

The global FETP Enterprise has now grown to the point that it can provide truly meaningful support to a variety of critically important global health initiatives and priorities, e.g., related to global health security and universal health coverage. But for this to occur, FETPs need to become better integrated with such global health efforts.

To that end, it was recommended that the SLG should advocate for the inclusion of field epidemiology training programs as partners in global health programs and initiatives that would benefit from such support.



It was further suggested that the SLG should commission a paper mapping out the myriad ways in which FETPs support – or should support – key global health programs and priorities, including universal health coverage; the Global Strategy for Human Resources for Health; the One Health approach; global health security and associated JEE framework and country action plans; the Sustainable Development Goals; and the movement to develop national public health institutes.

Country: Pakistan

Description: In-depth interview in the community for an HIV outbreak investigation at Ratodero Larkana, Pakistan, June 2019.

NEXT STEPS

Given the centrality of the proposed Strategic Leadership Group as a driving force for action, the Geneva group agreed that the first step to be taken should be the selection of the WHO and CDC co-chairs for the SLG. Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, attended the final part of the Geneva meeting, during which time he agreed to work with global health leaders at CDC to collaboratively name the WHO and CDC co-chairs for the SLG. Once named and installed as co-chairs, their first task will be to design the structure and select the membership of the SLG, as described under Recommendation 1, above. The TEPHINET Secretariat will work with partners at CDC and WHO to support the further development of the SLG.

The group suggested that the *Global Field Epidemiology Roadmap* and its associated implementation plan be presented for consideration at the 10th TEPHINET Global Scientific Conference, which is to be held in the United States, in Atlanta, Georgia, October 28 to November 1, 2019. This will be the first opportunity for the full, global FETP community—program directors, trainees, funders, and many other stakeholders—to reflect on, engage with, and provide suggestions for improvement of the concepts and recommendations for the development of a collective roadmap for building global field epidemiology capacity. TEPHINET will partner with its field epidemiology programs to arrange this and other opportunities for review, input, localization, and other refinements of the Roadmap.



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