

DPHSWD in Central America



Accomplishments in Central America

- Provided critical disaster response during Hurricane Stan in Guatemala, extensive flooding in Costa Rica, Hurricane Noel in Dominican Republic, and an earthquake in El Salvador
- Increased public health workforce capacity at all levels of the health system with 2,972 graduates from 2001-2011 from the basic, intermediate and 2 year programs
- Sustained commitment with 95% of graduates working in their national health systems and 82% of the 2 year program graduates serving their Ministries of Health
- Finalized a standardized FETP curriculum for all 3 levels in collaboration with the University of North Carolina and Universidad del Valle de Guatemala
- Achieving long-term sustainability. Costa Rica's 2 year program is fully supported by their Social Security Institute.
- Engaged in development of the FETP network in South America to increase knowledge sharing and improve collaboration.

Overview and Goals

The Central American Field Epidemiology Training Program (CA FETP) was established in 2000 as part of the effort to rebuild the public health infrastructure in Central American and Caribbean countries destroyed by Hurricanes Mitch and Georges in 1998. The Division of Public Health Systems and Workforce Development (DPHSWD), in the Center for Global Health at the Centers for Disease Control and Prevention (CDC) partnered with public health institutions in eight countries to establish the regional program.

The initial program included Belize, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. Haiti and Belize were recently added to the program. CA FETP strengthens system capacity by producing a highly-skilled public health workforce with field experience in epidemiology and research methods. Academic accreditation is provided by the Universidad del Valle de Guatemala in Guatemala City, which is also the site of the CDC-Central America Region Office (CDC-CAR). Through CA FETP, qualified candidates are trained and often move on to leadership positions in their respective national public health institutions. To date, CA FETP has trained more than 3,000 public health personnel in applied epidemiology through the basic, intermediate and advanced programs.

The goals of CA FETP are to:

- Build national epidemiological and institutional capacities in surveillance, outbreak investigation and planned studies.
- Foster a science and evidence-based approach for developing and implementing effective public health programs and policies.
- Maintain the technical partnerships between member countries and CDC which facilitates in-country scientific and programmatic support.

Program Description

Building Workforce Capacity

The program includes three levels of field epidemiology training that build a career track and surveillance network for epidemiologists.

- **Basic:** 96 hours of classroom training during 3-5 months in the field
- **Intermediate:** 210 classroom hours during 9 months in the field
- **Advanced:** 405 classroom hours during 2 years in the field

Utilizing this three-leveled training approach, upper-level residents train and mentor lower-level trainees. All trainees spend about 20 percent of their time in the classroom and 80 percent of their time in the field responding to outbreaks, conducting investigations and surveys, evaluating surveillance systems, implementing disease control and prevention measures, reporting their findings to decision and policy-makers, and training other public health workers.

Strengthening Public Health Systems

The CA FETP consists of eight national FETPs with country-ownership of domestic programs. This public health capacity-building training program increases the technical skills of residents in the region and allows them to assume influential positions in their respective countries. In 2011, eighty-four percent of the FETP class held Ministries of Health positions. Almost all of the national coordinators of programs in the region are FETP graduates.



CA FETP residents applying epidemiological practice during investigative field assignments.



Dr. Victor Caceres, CDC, leading table discussion during FETP training in CA.



Central America Field Epidemiology Training Program resident conducting interview.

Strengthening Public Health Infrastructure and Institutions

CA FETP residents also respond to natural disasters and conduct investigations including surveillance evaluations, outbreak responses, and planned studies. In 2010, FETP residents completed 64 outbreak or emergency investigations and 7 protocol-based studies in response to public health threats. In 2011, they played key roles in investigating 52 outbreaks, conducting 8 protocol-based studies, and evaluating 19 surveillance systems. In 2012, they led 87 outbreak investigations, conducted 21 protocol-based studies, and evaluated 31 surveillance systems.

Examples of such events include:

- During the recent cholera epidemic in Haiti, CA FETP residents from the Dominican Republic took part in the response to prevent spread of the disease. CA FETP personnel helped mitigate the impact of the outbreak by setting up an active sentinel surveillance system, searching for suspected cholera cases, training hospital staff in diagnosis and treatment, and developing protocols for laboratory biosafety.
- During severe flooding and landslides throughout the Central Pacific region of Costa Rica, CA FETP residents established surveillance for acute respiratory infections, diarrheal diseases, and leptospirosis; evaluated and monitored sanitation and hygienic conditions of shelter; and conducted surveys to assess needs with daily reports vital to decision-making and prioritization to the national emergency operations center.
- Through an innovative partnership with the Naval Medical Research Unit 6 (NAMRU-6), the CA FETP is training military public health staff in five countries. In countries where military and civilian public health systems have not traditionally worked together, joint training fosters both interpersonal relationships among trainees and inter-institutional communication and collaboration.

Future Plans

CA FETP will address critical issues by advocating for mentors to have sufficient time for mentoring, promoting the integration of FETP residents into national response teams, and ensuring long-term sustainability of the training programs. As countries meet the challenge of institutionalizing their programs, the development of competency-based and accredited field epidemiology programs within the CA FETP will increasingly be recognized as a model for sustainable public health capacity development.

Key Partners

- Universidad del Valle de Guatemala (UVG)
- National Center of Epidemiology (CNE)
- Ministry of Health of Guatemala (MSPAS)
- Ministry of Agriculture and Livestock of Guatemala (MAGA)
- Red Centroamericana de Epidemiología de Campo (REDCEC)
- Council of Ministers of Health of Central America and Dominican Republic (COMISCA)
- Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET)
- Pan American Health Organization (PAHO)
- CDC Central American Regional Office (CDC-CAR)

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