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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITIZENS FOR PROGRESSIVE NATION

Ethiopia Field Epidemiology and Laboratory Training Program (EFELTP)

Strategic Plan

2021-2025



March, 2021
Addis Ababa, Ethiopia

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ACRONYMS

AU	Addis Ababa University
AC	Advisory Council
AFENET	African Field Epidemiology Network
CDC	Centers for Disease Control and Prevention
EFELTP	Ethiopia Field Epidemiology and laboratory Training Program
EPHI	Ethiopian Public Health Institute
EIS	Epidemic Intelligence Service
EPHA	Ethiopian Public Health Association
FETP	Field Epidemiology Training Program
GID	Global Immunization Division
IDP	Internally Displaced Populations
PHEM	Public Health Emergency Management
MOH-E	Ministry of Health-Ethiopia
MOU	Memorandum of Understanding
NCD	Non-Communicable Diseases
PMI	President's Malaria Initiatives
SNNP	Southern Nations Nationalities and Peoples
SOP	Standard Operating Procedures
SPH	School of Public Health
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TEPHINET	Training in Epidemiology and Public Health Interventions Network
WHO	World Health Organization

FOREWORD

In the era of evidence based practice, the importance of a reliable, valid, and timely information cannot be overstated. Disease surveillance activities being evidence based practices, highly require a continuous supply of reliable, valid and timely information by trained field epidemiologist, providing evidence based information for decision makers. Cognizant of this fact, the Ministry of Health-Ethiopia (MOH-E) has been implementing the Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP) since 2009. The establishment of EFELTP has strengthen national disease surveillance systems through coordinating and streamlining of all surveillance activities and ensuring timely provision of surveillance data to all disease prevention and control programs. Learning by doing is a key component of the program. The resident provides needed services to the Ministry of Health while mastering competency in disease surveillance, system evaluation, outbreak response, and other applied epidemiology competencies.

Therefore, updating of the existing EFELTP's strategic plan is very compulsory to improve the quality of the training program that stimulates the expected role and responsibilities of the program. This strategic plan document for the 3rd five years, therefore, aims at strengthening the national capacity of EFELTP for implementing effective training program. Hence, specific strategies and activities have been identified and focused to make EFELTP more effective and efficient. Additionally, the current strategic plan definitely helps EFELTP to manage and guide the mentoring and supervisory component of the program through understanding of the expected role and responsibilities of personnel works under the umbrella of EFELTP.

Finally, Ministry of Health-Ethiopia (MOH-E) sincerely hopes that all hard works put into the development and production of this strategic document will bring about, among other efforts, the much needed improvement in the Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP).

“Together, we can make a difference”

Alemtsehay Paulos
State Minister (Operation Wing)
Ministry of Health Ethiopia
Addis Ababa, Ethiopia

EXECUTIVE SUMMARY

Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP) is aptly described as the "first program in applied epidemiology training in Ethiopia" is striving to ascertain itself as an important learning institution that combines training from short modular classroom courses designed to teach principles of epidemiology and public health's major competencies. A 75% of the training consists of a field residency program, which includes hands-on learning. This is the third consecutive strategic plan of EFELTP, covers the period of 2021-2025, that has been developed based on an in-depth situational analysis and the last 5 years performances aligned with the country priorities and needs.

This strategic plan continuing to recognize EFELTP as a comprehensive two-year post-graduate training and service program tailored to address the national needs with a deep commitment to public health priorities. The objectives of the EFELTP are:

- To build public health capacity by developing a cadre of health professionals with advanced skills in applied epidemiology and laboratory management;
- To increase national and regional capacity to respond to public health emergencies;
- To strengthen national surveillance systems;
- To prepare field epidemiology residents to take part in the leadership of Public Health Emergency Management units at national, regional, and sub-regional levels;
- To contribute to research activities;
- To sustain EFELTP to produce field epidemiology professional that are capable of responding public health emergencies;
- To improve the network of public health practitioners in Ethiopia and Africa

To achieve the above mentioned objectives, the country has been providing the MPH level of EFELTP in 8 eight universities. Since its establishment, the program has graduated more than 450 field epidemiologists; currently it has enrolled more than 240 residents in 8 universities. The program is founded on a very strong mentorship, field supervision and classroom training.

Continues improvement is the hallmark of the EFELTP and the main focus of the strategic plan as well. The plan proposes three critical goals and actions that cross cut or transcend the boundaries of training alone. It suggests that the EFELTP can take even greater advantage of its weaknesses

and challenges while also reinforcing those strengths the program has been experiencing and facilitating innovation and creativity that should be the characteristics of a constantly growing program.

Developing a strategic plan with a focus on quality and sustainability is important to chart strategic directions of the program and mobilize external and internal capacities around those directions. The challenges and opportunities of EFELTP's changing environment suggest the need for enhanced institutional capacity to act as a corner stone for investigating disease outbreaks, develop effective prevention and control measures, and work with disease surveillance systems to establish data-derived information about the health burden of reportable diseases in Ethiopia. For example, improving and strengthening training, field supervision and mentorship in field/applied epidemiology are major issues for the program in light of anticipated need over the next five years, and this requires an institution-wide response. This challenge also presents an opportunity to increase significantly the quality of the program that requires an institutional response that sets priorities over the next five years, ensures effective and create a need to rethink how the program fulfills mission and revitalizes its unique commitment to improve the public health practice in Ethiopia.

The general strategy proposed here for achieving this aspiration is captured by the elements of this document. The main elements of this strategic plan include goal areas with associated objectives and actions which define areas of focus for the plan and steps for achievement. This plan develops a series of specific objectives (ends) and actions (means) to enhance improvement and achievements in three central domains or goal area of the program that are strategic priorities and initiatives.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

USA-CDC has developed EIS (Epidemic Intelligence Service) in 1951, and then expanded as FETP (Field Epidemiology Training Program) to other parts of the world. Currently, more than 80 countries are running the program

Generally, Field Epidemiology Training Program (FETP) globally aims to effectively respond to health threats through providing skills to collect, analyze, and interpret data and contribute to evidence-based decisions. Countries in the world need to have the applied epidemiology capacities that protect and promote the health of its own population.

Ethiopian Field Epidemiology Training Program (EFELTP), which is owned by MOH-E, is a program works towards the development of skills and all capacities of workforces on surveillance, outbreak investigations, disaster managements, etc through appropriate use of data to make scientific and evidence based decisions to save lives.

Ethiopia's capacity to respond to health emergencies and detect problems was largely limited. Taking into consideration the importance of training of field epidemiologist, with competent skill and knowledge of applied epidemiology and public health, to strengthen and improving the Ethiopian public health system, Ministry of Health-Ethiopia (MOH-E), in collaboration with other national and international partners, initiated the program at Addis Ababa University in 2009. Since 2015 the Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP) has been expanded in to eight public universities.

The following are among the distinguishing characteristics and practices of EFELTP:

- Providing service: Both the residents as individuals and the EFELTP as a program are expected to provide service to the MOH-E and to improve the health of the population.
- Implementing competency-based training: Graduates of the program is expected to demonstrate proficiency in a defined set of competencies. In most programs at least 75% of the training period is devoted to practicing epidemiology in the fulfilled under the guidance of a mentor.
- Building health systems capacity

In collaboration with MOH-E, partners like US-CDC have been engaged and supported in the implementation the program. However, currently MOH-E is highly increasing the support aiming to become self-sustaining programs within the country’s public health system.

The objectives and strategic directions were developed based on the situational analysis of the 2016-2020 strategic baselines. The targets were set based on the recent findings of SWOT analysis. Experts in the field were also consulted to develop the strategic plan.

1.2 COUNTRY CONTEXT

Ethiopia experiences disasters that affect households, infrastructures, and system resilience. Ethiopia continues to experience a high burden of endemic diseases as well as recurrent outbreaks of epidemic prone diseases, including cholera, Malaria, measles, and yellow fever. Moreover, the occurrence of epidemics such as measles, yellow fever and cholera has also posed a challenge to the health system. Interventional activities for Internally Displaced Population (IDP) put additional pressure on local health systems, straining healthcare workers, stocks of medicines and other essential supplies. People affected by drought and food insecurity are at higher risk of malnutrition. Additionally, like many countries in the world, the recent global COVID-19 pandemic has also tested Ethiopia’s health system capacities.

1.3 PROGRAM OVERVIEW

The Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP) is a two-year competency-based training and service program in applied epidemiology, which took place in 2009 at Addis Ababa University. It guides field epidemiology residents in the development of knowledge and skills to become public health professionals qualified to gratify leadership positions in various levels of the Ministry of Health-Ethiopia (MOH-E) and Regional Health Bureaus (RHBs)

The program was launched in eight public universities (Addis Ababa University, Jimma University, Haramayay University, Hawassa University, Gondar University, Bahir Dar University, Mekele University, and St. Paul Hospital Millennium Medical College, SPHMMC) in collaboration with RHBs and Zonal Health Departments (ZHD), EPHI, TEPHINET, AFENET and U.S. CDC).

The training comprises 25% of didactic sessions and 75% of field practices with organized mentorship and supervisory arrangements. They take public health courses like epidemiology, biostatistics, scientific communications, disaster management, leadership and management, etc

where they develop the skills necessary to investigate health problems, implement intervention strategies, and generate evidence-based health information to inform and improve health policy and reduce morbidity and mortality in the country

Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP) train health workers in the principles and practices of field epidemiology while they providing service to public health system. The EFELTP model is based on the premise that improving the epidemiologic skills of MOH staff aims to improve the capacity of the MOH to prevent, detect, and respond to public health priority issues, and in turn can contribute in strengthening of the public health emergency management and response. Recognizing that effective disease surveillance, outbreak investigation and response, and scientific use of public health data require epidemiologic proficiency at all levels of a public health system. Hence, EFELTP promotes a three-tiered model of trainings: namely, Frontline [3-months program primarily intended for district surveillance officers], Intermediate [9-months training primarily focus on for MOH staff that performs epidemiologic functions at the sub-national and national level and Advanced [2-years graduate-level program to train field epidemiologists]. All three tiers implement a mentored training-and-service model to address the principles and practices of public health surveillance, outbreak investigation and response, communication, and use of data for evidence-based decision-making. Currently, the Advanced and the Frontline trainings are underway in Ethiopia. EFELTP have engaged in preliminary works and preparations to commence the Intermediate training in the country.

The EFELTP is intended to address one health issues and trains epidemiologists in three tracks (medical, veterinary, and laboratory) in affiliation with 8 masters of public health-awarding p universities. The program has graduated nine successive cohorts and has currently (as of December 2020) enrolled tenth and eleventh cohorts at AAU, and sixth and seventh cohorts at the rest of 7 hosting universities. The graduates and residents constitute a significant part of the workforce at the national and sub-national levels in the country to support the public health emergency management and responses. Since 2009, more than 580 trainees have graduated from the advanced level and 600 trainees have graduated from the frontline level.

1.4 ADMINISTRATIVE STRUCTURE

The EFELTP's Country Director and National Program Coordinator are placed at the MOH-E, Human Resource Development Directorate. The US-CDC provides financial support and technical support (through Resident Advisor).

The administration ladder consists of an Advisory Council (AC) and Technical Working Group (TWG). Advisory Council (AC) chaired and Co-chaired by State Minister of MoH-E (Operation wing) and Country Director of EFELTP, respectively. The secretary of AC is a director of EPHI-PHEM. Additionally, based on the contribution and support of the program, the AC includes one representative from Minister of Agriculture (MoA), Ministry of Science and Higher Education (MoSH), hosting universities, partners (CDC Ethiopia, WHO and FAO). The AC provides consultations and directions with regard to overall activities and communication with other stakeholders.

There is also a Technical Working Group (TWG) which supports administrative and technical matters of the program and makes the necessary follow up. The AC consists of a representative from national program coordinators (MOH-E), technical program director (EPHI), academic coordinators, AFENET-Addis Ababa, resident advisors, CDC-Ethiopia, and residents.

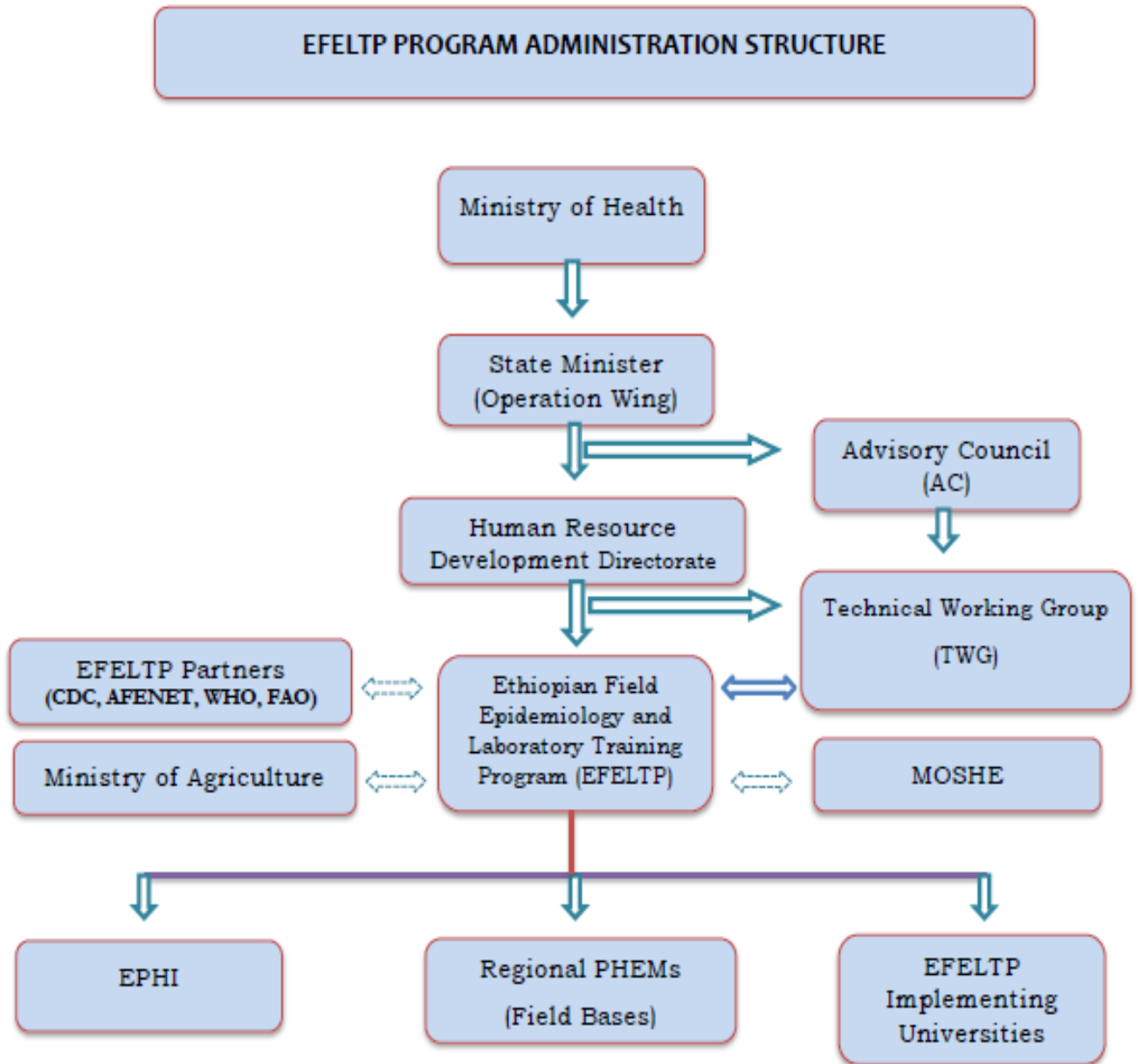


Figure 1: Administrative structure of EFELTP

1.5 ASPIRATION

The general strategy proposed here for achieving this aspiration is captured by the elements of this document. The main pulse elements of this strategic plan include goal areas with associated objectives and actions which define areas of focus for the plan and steps for achievement. This plan develops a series of specific objectives (ends) and actions (means) to enhance improvement and achievements in three central domains or goal area of the program that are strategic priorities and initiatives.

CHAPTER TWO: ACHIEVEMENT OF EFELTP

A. Health Work Force Development

Ethiopia adopted the Field Epidemiology Training Program to help improve leadership within Public Health Emergency Management and began in 2009 in Addis Ababa University with thirteen residents were recruited from 8 regions in the country. Until the expansion of the program in 2015, the number of graduates was only 77. Because of the ministry of health high demand on the workforce due to emerging and reemerging public health emergency, it requires to open additional seven Universities (Mekele University, St. Paul's Hospital Millennium Medical College, University of Gondar, Jima University, Hawassa University, Bahir Dar university and Haromaya University) launched the program in 2015 and the number of graduates to date reached 580 (see in the annex:1).

During the attachment period residents investigated 767 outbreaks and 1050 surveillance activities and presented their abstract for Ethiopia public Health Association conference, World public health congress, Ethiopia Medical Association Conference, International Conference on AIDS and Sexual Transmittable Diseases, AFENET (3rd and 4th) and TEPHINET(6th and 7th) conferences, International Congress on Infectious Diseases and , CDC Epidemiology Intelligence Service conference that provided 78 scientific poster and oral presentations at international conferences, In Ethiopia it was prepared three annual conference and hosted the 4th AFENET conference.

Field epidemiology graduates and residents were supporting the national and international pandemic for Ebola and COVID-19 outbreak preparedness and response activities in Western Africa countries.

During the current Covid-19 pandemic, EFELTP graduates and residents are playing critical roles in the country's COVID-19 preparedness and response efforts. They are supporting enhanced surveillance within facilities and the community, which includes house to house surveys, mortality surveillance, and hospital-based pneumonia surveillance. Residents are leading data analysis and visualization, drafting protocols and guidelines, and building sub-national capacity through virtual trainings. More than 100 residents and 40 graduates have been working on active case search, contact tracing, point of entry screening, and laboratory testing at the national and regional level.

B. Multi-Sectoral Collaboration

Multi-sectoral engagement is an opportunity exists for significantly enhancing multi-sectorial collaboration, information exchange, and cross-disciplinary exchanges between the ministries

overseeing the health and health security of humans, animals, and food. The planned establishment of a National Public Health Security Council is noteworthy as a mechanism for collaboration among the relevant ministries at the Federal level; mechanism should also be established or enhanced to promote systematic policy and technical collaboration between the human and animal health sectors, and other relevant sectors, at all levels of government.

C. Ministry Health of Ethiopia

The program is governed by Ministry Health of Ethiopia under the Human Resource Development directorate leading by the EFEP program director. The MoH is accountable to recruiting program coordinators, Resident Advisors and other supporting staff. To sustain the program MoH allocate budget for the program and coordinating and organizing National and International conference, mentoring and supervision as well as monitoring and evaluation for the program quality. The MoH coordinates on the establishment of The Advisory Council (AC) composed of different partners and stakeholders chaired by MoH Ethiopia and it advises the decision making regarding the operation of the EFETP process, also it provides consultations and directions with regard to overall activities and communication with other authorities. EFETP advisory council strengthen capacity to respond to public health emergencies such as outbreaks, epidemics, natural disasters, and emerging infectious diseases and strengthen public health and veterinary surveillance systems as well as the linkage between public health and veterinary epidemiology.

D. Regional Health Bureau

The regional health bureau (RHB) is one of the stakeholders for the program to be recruiting the candidate from different working places who have experience to be joined university and to be practicing and conducting their competency at field bases. RHB and Zonal Health Department accommodate office for residents at field bases to be accomplished their output during residency period, in addition to this assigned field supervisor and mentor to support mentorship and supervision activities at the field bases. HRB also follow up the budget allocated by the program for the region. After the graduation the RHB is assigned Field Epidemiologist at appropriate working place. RHB provides financial administration and resources to the training program

Public Health Emergency Management:-The Ethiopia Public Health Emergency Management (PHEM) in charge for the whole field attachment areas in the Field sites. It is committed towards improving the human resource, disease surveillance and outbreak response capacity in the country particularly as related to health emergency and it coordinate the residents at any field base

(residents in the all field attachment areas) to undertake any surveillance activities in case of national and international epidemic and pandemic emergency situation.

PHEM provides EFELTP residents access to national surveillance and other data and authorizes their investigating and responding to public health emergencies and facilitates assignment of EFELTP residents to units responsible for surveillance, it also ensures EFELTP residents participating in surveillance, epidemic investigation and disaster management output and analyzing data a weekly morbidity and mortality report to provide decision makers and strengthen laboratory participation in surveillance and field investigation. PHEM has been struggle the EFELTP residents making all efforts to retain and employ them upon graduation, the last but not the lease of PHEM prioritize research activities on priority public health problems and Improve communications and networking based on field base training with regional health Bureaus.

E. Universities

Universities are the main stakeholder that provides the base of operations for the EFEP, recruiting residents, prepare office space and training rooms for academic teaching and learning process. The Universities assigned Academic coordinator to oversee the teaching process and are responsible to evaluate the academic and practical output at the field bases, the staff of Universities assist with the academic and technical supervision of residents. The university assures the qualification of teaching staff, provides faculty, and organizes the assignment for the residents' thesis research, also oversee research activities for the students and provide expertise in abstract and manuscript writing. Finally provide awards of the degree upon successful completion of the program,

F. CDC Ethiopia: -

CDC is the one of the member who facilitated the establishment of the Ethiopia Field Epidemiology and Laboratory Training Program (EFELTP) in 2009 and strengthened the capacity of public health emergency management for field epidemiologists to detect, respond, and control disease outbreaks at the source before high morbidity and mortality. It also assist The EFETP's two levels of training, advanced and frontline, helps Ethiopia build critical global public health capabilities to efficiently and effectively respond to ongoing and emerging global health pandemics like COVID-19.

EFETP graduates play a key role in preparedness and response efforts by leading the national PHEOC as members of the incident management structure for COVID-19 and contributed for the

establishment of National EOC to respond public health emergency. CDC is also the primary funding partners of the program on the financial. In addition CDC supporting grants for the new track for residents (HIV, PMI and NCD) and give technical support for teaching and learning process.

G. Africa Field Epidemiology Network (AFENET)

AFENET provides technical assistance to EFELTP through teaching, and links to other similar program across Africa, providing a platform for exchange of expertise and networking. AFENET is the primary partner responsible for the administrative and logistical implementation of the program.

H. WHO-Ethiopia

WHO-Ethiopia provides technical and financial support to the program in areas of outbreak investigations and responses, and participates in the planning and implementation of outbreak investigations and responses that address the interest of the country.

CHAPTER THREE: STAKEHOLDER AND SWOT ANALYSIS

3.1 SWOT Analysis

For the preparation of the current 5 year EFELTP strategic plan, SWOT analysis was used to identify and determine the most influential factors during the implementation of 2016-2020 strategic plan. The aim of the SWOT analysis is to properly identify and define all the factors

that influence the working condition of the program, which are broadly divided into internal factors (Strengths & Weaknesses) and external factors (Opportunities & Threats). Based on the assessment of the existing program performance, the following Table shows the result of the SWOT analysis.

Strength	Weakness
<ul style="list-style-type: none"> ○ Availability of qualified work force centrally at MoH (PCs) and hosting universities (RAs) ○ Strong integration of EFELTP residents with all level of PHEM structures as a fundamental part of health system. ○ Availability of qualified and trained mentors (Academic and Field Mentors) ○ Dedicated field bases with 42 program vehicles. ○ Strong financial commitment from national government ○ Availability of program working manuals and guidelines ○ Universities allocating budget for research activities and other teaching learning expenses ○ Organizing annual national conferences ○ Presence of a central coordinating unit at MOH under human resource development directorate (HRDD) at MoH ○ Graduates are available in strategic and leadership positions within MOH at the national and regional levels' PHEM structure ○ Participation of residents and graduates in national and international conferences ○ Availability of nationally harmonized curriculum by 8 universities ○ Availability of large number of graduates in the public health system ○ The graduates have employment guarantees ○ Strong involvement of residents and graduates in emergency response at all level 	<ul style="list-style-type: none"> ○ Inadequate of regular and timely feedback to residents from academic and field mentors ○ Inadequate documentation or unorganized documentation at field bases and universities) ○ Insufficient budget allocation for fuel ○ Inadequate budget allocation for universities faculty (mentorships, supervisions) ○ High turnover of trained staffs ○ Absence of vehicles in some field bases ○ Poor linkage between pyramidal model ○ Poor collaboration of one health establishment ○ Poor linkage between MoH and MoA ○ Poor central database ○ Lack of program advocacy

<p>e.g. COVID-19, IDP response and in other emergencies</p> <ul style="list-style-type: none"> ○ Responsible and committed residences available in almost all of field bases. ○ Establishment of Advisory Council (AC) 	
<p>Opportunity</p>	<p>Threats</p>
<ul style="list-style-type: none"> • Strong political commitment • Existence of committed partners supporting Field Epidemiology training projects • Funding support from CDC, GHSA, and Global Fund • Availability of networks, i.e., AFENET and TEPHINET • Higher officials in all of the 8 universities are willingness to support and deliver the training • Existence of frequent outbreaks and national emergency calls 	<ul style="list-style-type: none"> • Interruptions of universities' academic calendar due to the existence of recurrent and unprecedented outbreak/ pandemic/ disaster • Lack of EFELTP Alumni • Over extended Mentors and field supervisors • High turnover of graduates (Advanced and frontline) working in PHEM • Lack suitable budget for the program • Absence of academic carriers developments

Table 1: SWOT analysis of EFELTP, Ethiopia, 2020

3.2. Stakeholder Analysis

Stakeholder identification and analysis for the Ethiopian Field Epidemiology and Laboratory Training programs (EFELTP), March 2021.

Stakeholder name	Stakeholder description	Potential Role in the program	Level of commitment/ support the program (to what extent)	Available resources
<p>MOH-Ethiopia (HRDD)</p>	<ul style="list-style-type: none"> - Possess the Program:-Serve as a major stakeholder and support the training program and providing guidance, leadership and management - Set detailed goals and objectives of the program 	<ul style="list-style-type: none"> - Build public health capacity by developing a cadre of health professionals with advanced skills in applied epidemiology and laboratory management; - Capacitate field epidemiology residents to take part in the leadership of Public Health Emergency Management units at national, regional, and sub-regional levels as well as other health related institutions 	<p><i>Extremely High: Strongly support the planning, implementing, monitoring and evaluation of the program</i></p> <ul style="list-style-type: none"> - Help to solve priority public health problems by conducting applied public health research; - Strengthen laboratory participation in surveillance and field investigations; - Improve communications and networking of public health practitioners and researchers in the country and throughout the region; - Develop the curriculum based on the desired competencies; - Develop mechanism for assessing residents progress - Capacitate EFELTP to sustainably produce field epidemiology professionals who can respond to emerging and re-emerging public health problems. - Assure active use and dissemination of public health data collected and analyzed by EFELTP staff and residents. 	<ul style="list-style-type: none"> - Allocate annual budget for the operations of EFELTP, and facilitate release of funds. - Equip field-bases with equipment and services to include but not limited to tables, chairs, computers, personal protective equipment and safety materials. - Provide vehicles to support the residents' field activity - Provide trainings for residents and EFELTP staff (mentors, PCs, RAs, ACs, etc)

				- Involved in organizing workshops, conferences, seminars, etc
Stakeholder name	Stakeholder description	Potential Role in the program	Level of commitment/ support the program (to what extent)	Available resources
EPHI	- Build up the national capacity to respond to public health emergencies such as outbreaks, epidemics, natural disasters, and emerging infectious diseases.	- Coordinate EFELTP residents at field base to undertake any surveillance activities in case of national and international epidemic and pandemic emergency situation - Provides EFELTP residents access to national surveillance and other data, and authorizes their investigation and response to public health emergencies as required	<i>High: Highly committed to support the program through: -</i> - Provision of field sites to residents, - Facilitation of resident assignments to units responsible for surveillance activities. - Strengthening the national public health emergency response	- Provide field mentors at EPHI field base, oversee and control program's vehicles for maintenance, fuel cost, drivers' salary, etc.,;
Stakeholder name	Stakeholder description	Potential Role in the program	Level of commitment/ support the program (to what extent)	Available resources
Hosting Universities	- Co-owns the EFELTP with the MOH-Ethiopia	-Provide academic support throughout the duration of the training program.	<i>High:- Highly committed to support the program;-</i> - Offer final admission to screened, qualified and successful candidates	-Financially support the academic mentorship and

	<ul style="list-style-type: none"> - Leads the provision of classroom trainings and supports field trainings in close collaboration with the MOH-E other stake holders 	<ul style="list-style-type: none"> - Assist in periodically reviewing and obtaining accreditation for EFELTP curriculum from MOH and MOSHE - Award MPH degrees in Field Epidemiology 	<ul style="list-style-type: none"> - Assist in periodically reviewing the program's curriculum from MOH and MOSHE - Provide academic mentors in the university - Insure that the didactic classes will comply with EFELTP curriculum standard (20-25%) - Insure the quality of training at the university and field base level - Facilitate and manage academic mentorship and research activity for trainees 	research activity for each trainee (resident)
Stakeholder name	Stakeholder description	Potential Role in the program	Level of commitment/ support the program (to what extent)	Available resources
RHBs (Field bases)	<ul style="list-style-type: none"> - Insure and support quality of EFELTP training at field base level according to the EFELTP curriculum. 	<ul style="list-style-type: none"> - Provides financial administration and resources to the training program - Coordinate the activities on logistics, financial and technical needs of the program - Facilitates technical assistance for the program 	<p><i>High:- Highly committed to support the program;-</i></p> <ul style="list-style-type: none"> - Assign a full time EFELTP focal person at the field base - Facilitation of screening and enrolment of trainees' as per the standard requirements - Deployment of EFELTP graduates in regional/zonal/woreda PHEM units - Facilitates availability of transportation (vehicles) for the training program - Supports communication services for residents, coordinators, instructors and mentors - Facilitates reviewing workshops, seminars, and conferences related to the training program - Facilitates experience sharing and bench marking visits among field bases - Facilitate field mentorship, supportive supervision, etc to ensure the quality of the training 	<ul style="list-style-type: none"> - Provide field supervisor and mentors at each field base, - Provide office spaces and equipment/ materials

Stakeholder name	Stakeholder description	Potential Role in the program	Level of commitment/ support the program (to what extent)	Available resources
CDC	Work closely with partners to establish FETPs across the globe.	- Focus in production of cadre of well-trained disease detectives with the skills to gather critical data and turn it into action.	<p><i>High: Highly support the program</i></p> <ul style="list-style-type: none"> - Provide CDC-Resident Advisor for the program - Supports the program capacity through offering medical officers, epidemiologists, health scientists, public health advisors, and instructional designers who can provide scientific expertise, training consultations, and other programmatic support - Develops training materials for trainers to strengthen resident skills in major competencies - Ensure the availability of projects (CDC foundation, GID, neonatal tetanus, etc) to support residents' activity 	<ul style="list-style-type: none"> - Financially support the program - Provide RA to support the program - Provide funds to support specific activities like surveillance of NCD, polio, malaria, neonatal tetanus, etc
Stakeholder name	Stakeholder description	Potential Role in the program	Level of commitment/ support the program (to what extent)	Available resources
PMI	- Supports EFELTP to develop graduates with expertise in malaria prevention, control, surveillance and program evaluation.		<p><i>High: Highly support the program</i></p> <ul style="list-style-type: none"> - Every year PMI supports 8 malaria-focused residents from each university for the program and malaria training - Offer mini-grants for residents in malaria surveillance and epidemiological investigations 	<ul style="list-style-type: none"> - Financially support the program's malaria related activities - Award mini-grants for residents

AFENET	Help MOHs in Africa to build strong, effective, sustainable programs and capacity to improve public health systems on the African continent.	Strengthen EFELTP's capacity through efficient contribution in addressing epidemics and other major public health problems in the country	High: Highly support the program Facilitating training of field epidemiologists. Mentoring trainees in outbreak investigation. Providing support to Ministries of Health in outbreak investigations.	- Facilitating training of field epidemiologists
WHO	Strengthen the national capacities for detection, investigation and response to emerging diseases and other public health events	Provides technical and financial support to the program in areas of outbreak investigation and response,	High: Highly support the program Provides technical and financial support to the program in areas of outbreak investigation and response, Participate in the planning for outbreak and response activities that address the needs of Ethiopia.	- Provides technical and financial support

Table 2: Stakeholder identification and analysis matrix for the Ethiopian Field Epidemiology and Laboratory Training program (EFELTP), March 2021.

CHAPTER 4: IMPLEMENTATION PLAN

Objectives, Targets and Strategic Directions

This plan has been guided by the EFELTP Vision, Mission, Goal, values, Objectives and strategic directions outlined below.

4.1. Vision

To see a world class field epidemiology and laboratory training program producing public health leaders and practitioners that can strengthen and lead public health systems to prevent and reduce morbidity and mortality from priority diseases in Ethiopia.

4.2. Mission

Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP) exists to develop, implement, and strengthen an effective public health surveillance and response system with adequate numbers of competently trained personnel providing epidemiologic service, public health research, and public health emergency response in the country

4.3 Values

- ◆ Compassionate,
- ◆ Innovation,
- ◆ Collaboration,
- ◆ Commitment,
- ◆ Professionalism

4.4. Goals and Objectives

EFELTP strategic plan will be carried out under three goal that leads to the achievement of the program vision and mission. The detail objective and activities are described under each goal and it will be measured through target stated in the target section. The three priority goals and the strategic objectives in this document are;

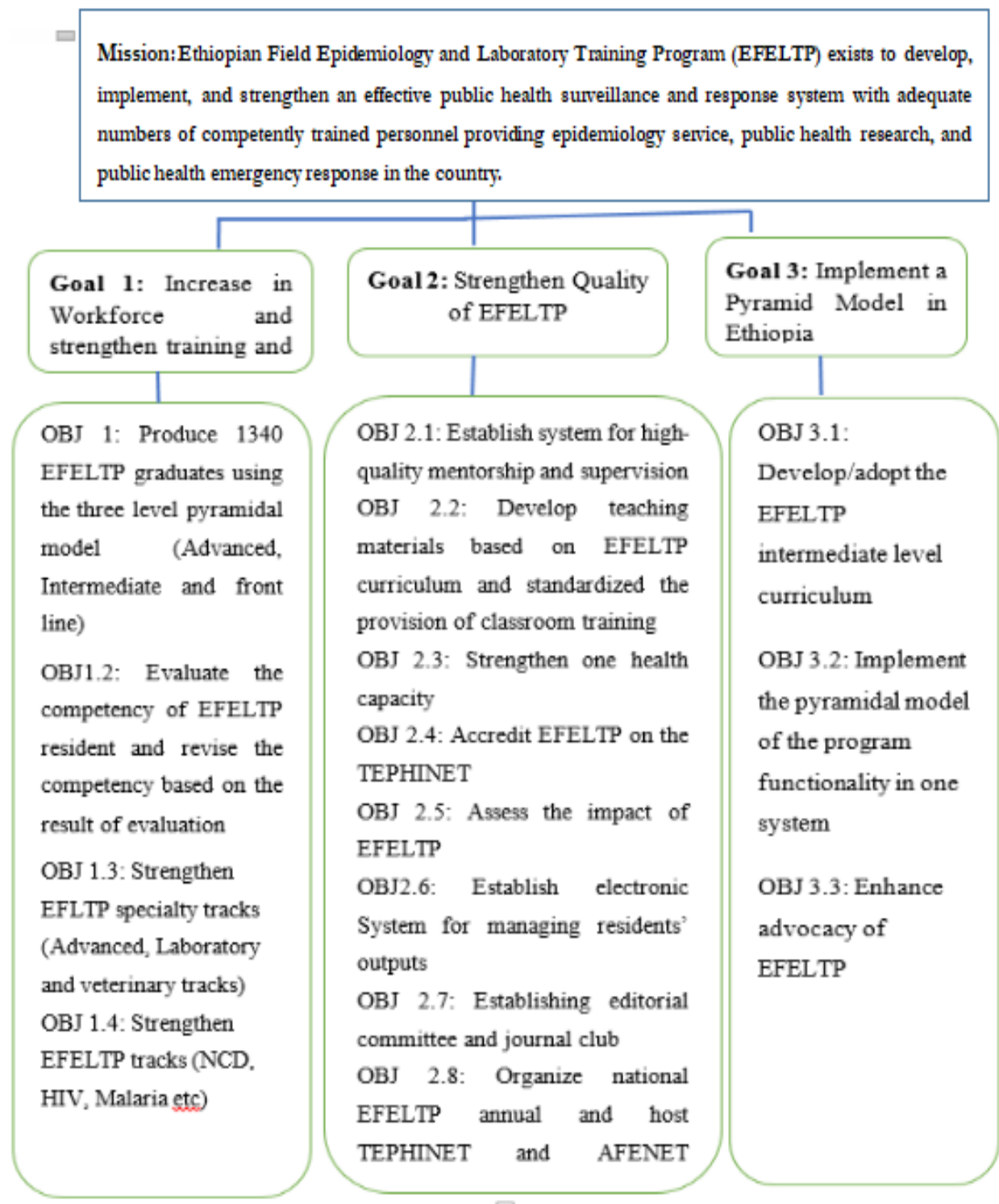


Figure 2: Summary of Goals and objectives

Goal 1: Increase in Workforce and strengthen training and mentorship

Objective 1.1: Produce 1340 EFELTP graduates using the three level pyramidal model (Advanced, Intermediate and front line) in the coming five years

Activities:

- Assessing the need and capacity of the 8 universities and 45 Field base sites
- Assess the demand of PHEM system for front line and Intermediate EFELTP training
- Enroll and train 100 Intermediate trainees for the next five years
- Enroll and train 1000 front line trainees for the next five years
- Enroll 240 EFELTP advanced residents for the next five years
- Revise the recruitment guideline

Objective 1.2: Evaluate the competency of resident and revised EFELTP based on the result of evaluation

Activities

- Establish technical working group for curriculum evaluation and revision
- Organize workshop for reviewing EFETP curriculum
- Revise National EFELTP curriculum for Epi-Track, VET-Track and Lab-Track
- Disseminate the revised curriculum to the 8 universities

Objective 1.3: Strengthen EFLTP specialty tracks (Advanced, Laboratory and veterinary tracks)

Activities

- Launch EFELTP Veterinary Track
- Identify Potential field base for the veterinary track
- Identify potential mentors and supervisors
- Revitalization EFELTP Laboratory track
- Define selection criteria for academic and field mentors
- Conduct mentorship training

Objective 1.4: Strengthen EFELTP tracks (NCD, HIV, Malaria etc.)

Activities:

- Revise selection criteria to enroll residents on specialty track
- Enroll one residents from each university on NCD,HIV and Malaria track
- Assign academic and field mentors for each residents
- Conduct workshop NCD,HIV and Malaria workshop

- Launch HIV track

Goal 2: Strengthen Quality of EFELTP

Objective 2.1: Establish system for high-quality mentorship and supervision

Activity:

- Update mentor and supervisor training materials
- Harmonize the enrollment process for all the 8 universities
- Training on the Mentorship Quality
- Revision of SOP
- Update supervision assessment tool
- Conduct quarterly supervision

Objective 2.2: Develop teaching materials based on EFELTP curriculum and standardized the provision of classroom training in all universities.

Activity:

- Establish technical working group for the preparation of standard power point teaching material/tool
- Develop power point teaching material
- Develop case studies (one health, HIV, NCD, Malaria, nutrition, disaster management, WASH, zoonotic, laboratory, climate and health)

Objective 2.3: Strengthen one health capacity

Activity:

- Conduct situational analysis
- Identify potential areas to implement the concept of One Health in EFELP
- Incorporate the concept of one health in the revised curriculum
- Organize training and workshop

Objective 2.4: Accredite EFELTP on the TEPHINET

Activity:

- Conducting periodic assessment of universities and field bases towards TEPHINET accreditation standard
- Conduct accreditation assessment findings dissemination workshop
- Furnish and equip field bases and universities based on TEPHINET accreditation requirement
- Applying for TEPHINET accreditation of the EFELTP

Objective 2.5. Assess the impact of EFELTP

Activity:

- Develop tool to assess the impact of the program
- Conduct assessment in the selected field bases and universities
- Conduct workshop before and after the assessment

Objective 2.6: Establish electronic system for managing residents' outputs

Activity:

- Develop e-library for documentation of residents' outputs
- Collect all the necessary information from residents and graduates
- Implement electronic system for managing and organizing residents output documents
- Share Update EFELTP website

Objective 2.7: Establishing editorial committee and journal club

Activity:

- Establish editorial committee
- Establish journal clubs
- Produce and distribute monthly program bulletin
- Prepared materials(reports,achivments) share and updates to higher officials and stakeholders
- Disseminate findings
- Schedule regular presentations using different platforms

Objective 2.8: Organize national EFELTP annual conferences and host TEPHINET and AFENET conferences

Activity:

- Mobilize fund to organize the conference
- Develop conference materials (Abstract book, brochure etc.)
- Identify and invite participant, moderator, panelist etc.
- Organize EFELTP annual scientific conference
- Host one EPHINET scientific conference in the next five years

GOAL 3: Implement a Pyramid Model in Ethiopia

Objective 3.1: Launching field epidemiology intermediate level program

Activity:

- Develop/adopt the EFELTP intermediate level curriculum
- Define selection criteria for mentors,
- Design mentor training TOT for the intermediate training
- Develop selection criteria for trainees
- Create budget, plan resources and logistics

Objective 3.2: Implement the pyramidal model of the program functionality in one system

Activity:

- Harmonize the Implementation of Advanced, intermediate and front line training under EFELTP
- Integrate the budget under EFELTP

Objective 3.3: Enhance advocacy of EFELTP

Activity:

- Distribution of materials to disseminate information about EFELP
- Organizing media sessions to conduct advocacy about EFELTP
- Establish mechanism to regularly update EFELTP website
- Create official social media pages (Facebook, Twitter & others)
- Preparing TV documentary/PSAs
- Establish regular Documented communication with different officials at Regional Health Bureaus

4.5. Strategic Directions

For this strategic plan, six strategic directions are identified and each is described along with their major strategic initiatives;

1. Strengthen the capacity of EFELTP: Field Epidemiology Program is a capacity building program aimed at developing the Public health emergency management system by producing high qualified field epidemiologists. Since the program inception in 2009 field epidemiology professional number is increasing in the country however the recurrence of the outbreak and the unprecedented occurrence of the pandemic showed the critical need of workforce that are capable of detecting, preventing and responding to outbreaks.
2. Harnessing coordination and partnership: in recent years involvement of the government and partners on the implementation of field epidemiology program has more improved however much more needed to be done in involving all actors in a well-coordinated manner and strengthen partnership for sustaining the program in the country
3. Improve scientific communication and knowledge transfer: One of the EFELTP core component is changing data to information and communicating to health care workers, public health professionals and other key actors for action. Building a country platform communicate epidemiological information and strengthen alliance with different international and national public health system to share experiences and knowledge is critical to strengthen EFELTP
Integrate the three tier level of EFELTP (Frontline, Intermediate and Advanced): The implementation of FELTP in Ethiopia counted more than a decade three tier level is not accomplished yet in addition the frontline and the advanced program is given through diffident institutions in the country therefore integrating the provision of the training in one system and launching Intermediate program based on the demand of the PHEM structure is necessary
4. Enhance quality of EFELTP: quality is one of the pillar of EFELTP, there is a great demand to improve quality of the training, mentorship and supervision. Also harmonization of the provision of the training in eight EFELTP implementing public universities as well accredit the program through international accreditation organization “TEPHINET” is needed to strengthen the quality
5. Advocate the EFELTP: the program residents and graduates is contributing a lot on strengthening surveillance, emergency preparedness and response system there by enhancing global health security. Therefore the program has a demand to advocate the program outputs

through different printing media, EFELTP websites and other public Medias. In addition, regular communication of epidemiological information is also dictated to flash the epidemiological products to the public

CHAPTER FIVE: COSTING AND FINANCING

The cost for EFELTP has been estimated based on activity costing and organized by the strategic objectives

Goal	Strategic Objectives	Budget required/year(USD)	2021-2025(USD)
Increase in Workforce and strengthen training and mentorship	Produce 1340 EFELTP graduates using the three level pyramidal model (Advanced, Intermediate and front line) in the coming five years	1,000,000\$/year	5,010,000\$
	Evaluate the competency of resident and revised EFELTP based on the result of evaluation		100,000\$
	Strengthen EFLTP specialty tracks(Advanced, Laboratory and veterinary tracks)	20,000\$/year	100,000\$
	Strengthen EFELTP tracks(NCD, HIV, Malaria)	1,000,000\$/ year	5,000,000\$
Sub total		2,020,000\$/year	10,210,000\$/five year
Strengthen Quality of EFELTP	Establish system for high-quality mentorship and supervision	500,000\$/year	2,500,000\$
	Develop teaching materials based on EFELTP curriculum and standardized the provision of classroom training in all universities.	100,000\$/year	500,000\$
	Strengthen one health capacity	20,000\$/year	60,000\$
	Accredit EFELTP on the TEPHINE	500,000\$/year	2,500,000\$
	Assess the impact of EFELTP	100,000\$/five year	100,000\$
	Establish electronic system for managing residents' outputs	30,000\$/year	90,000\$
	Establishing editorial committee and journal club	15,000\$/year	75,000\$
	Organize national EFELTP annual conferences and host TEPHINET and AFENET conferences	200,000\$/year	1,000,000\$
Sub total		1,465,000\$/year	6,825,000\$/five year
Implement a Pyramid	Launching field epidemiology intermediate level program	150,000\$/year	750,000\$

Model in Ethiopia	Implement the pyramidal model of the program functionality in one system	20,000\$/year	60,000\$
	Enhance advocacy of EFELTP	30,000\$/year	150,000\$
Sub total		200,000\$/year	960,000\$/five year
Grand Total		3,685,000.00\$/year	17,995,000.00\$/five year

CHAPTER 6: IMPLEMENTATION PLAN

The implementation of the plan, the may encounter risks that may hamper the achievement of results and the risks are identified through SWOT and stakeholder analysis. In order to mitigate the major risks that the program may face, mitigation strategies are identified. The following table summarizes the major expected risks and its mitigation strategies.

Table 1 Ethiopian field epidemiology and laboratory training program risks and mitigation strategic table, 2021

Risks	Mitigation Strategy
Universities calendar interruption due to the existence of recurrent and unprecedented outbreak/pandemic/disaster (COVID 19, IDP,...)	<ul style="list-style-type: none"> • The EFELTP, in close collaboration with the University and different • Ministries will actively work on busyness continuity plan during the emergency response.
<ul style="list-style-type: none"> • Inadequacy of financial • Resource Reduction of sudden donor fund (Low predictability of external funding due to world economic recession) 	<ul style="list-style-type: none"> • The EFLTP and university will focus more on domestic financing to fill the financial gap required during this five year strategic plan period. The following efforts will be done: <ul style="list-style-type: none"> - Implementation of innovative domestic financing strategies to mobilize adequate finance domestically will be implemented - Strengthen the university financial support for teaching learning activities - Strengthen public-private partnership
Weak inter-sectoral collaboration	The MOH will work closely with the government and line Ministries to collaborate in addressing social determinants of health

Communication strategy

It is EFELTP accountable for public interest and user experience of health services and accepts feedback by making status of program implementation visible to the public through many different types of products may be used for the communication of epidemiologic information, results, and recommendations. Following are some that are used frequently by EFELTP trainee:

- Public health bulletins/reports

- Public health newsletters
- Scientific, peer-reviewed papers for publication
- Scientific posters
- Oral presentations
- Seminar
- Workshop

CHAPTER 7: MONITORING AND EVALUATION PLAN

7.1. Purposes

The purpose of the framework is to monitor the implementation of the strategic document and to utilize the evidence to ensure the achievements of project milestones. This will help to determining whether or not the intended goals and objectives of the strategic documents have been met. The monitoring and evaluation will help to identify and document the successful program and approaches and tracking progress towards agreed indicators across the strategic document.

7.2. Strategies

Progress towards the attainment of the targets set out in this strategic plan will be evaluated quarterly, annually, at midterm and end term. To assess the interim progress of the targets, the following methods will be used:

- Routine collection of data
- Mid-term and Annual reviews/assessments and reporting,
- Periodic supervision and facility based surveys/assessments.
- Final program review will be undertaken before development of the next strategic plan
- Program Impact assessment

Note: The general description of the monitoring and evaluation frame work presented in the table below.

Goal	Objective	Indicators	Type of	Annual Target					Indicator def ⁿ	Source indicator	of	Periodicity	Data collection Level
			Indicators	2021	2022	2023	2024	2025					
Goal 1: Increase in work force and strengthen training and mentors hip	Objective 1.1: Produce 1340 EFELTP graduates using the three level pyramidal model (Advanced, Intermediate and front line) in the coming five years	Number of Advanced EFLTP residents recruited and trained	Outcome	40	40	40	40	40		Graduate Profile	Annual	University	
		Number of intermediate EFLTP residents recruiting and trainees	Outcome	20	20	20	20	20		Graduate Profile	Annual	University	
		Number of front line EFLTP residents recruiting and trainees.	Outcome	200	200	200	200	200		Training report	Quarterly	RHB	
		Number of Universities launched EFELTP Vet and Lab.	Outcome		1		1			Enrollment report	Annually	University	
		Number of New EFELTP trainees' residents	Outcome	40	40	40	40	40		Enrollment report	Annually	University	
		Recruitment guideline revised.	Outputs										

Objective 1.2: Evaluate the competency of resident and revised EFELTP based on the result of evaluation	Number of technical working group meetings conducted for curriculum evaluation and revision.	Outcome	1	1	1	1	1		Meeting reports	Annually	MOH
	Number of on-site /online evaluations of residents' competency conducted.	Output	4	4	4	4	4		Evaluation report	Quarterly	MOH/University
	Technical working group will be established for curriculum evaluation and revision	Output	1						Establishment TOR	Annually	MOH
	Number of workshop participants for reviewing EFETP curriculum	Outcome	20			20			Workshop report	Annually	MOH
	4Revised National EFELTP curriculum for Epi-Track, VET-Track and Lab-Track	Outcome		1		1			Revised Curriculum	Annually	MOH
	Number of universities the revised curriculum is decimated (8 universities)	Output		4	4				Dissemination report	Annually	MOH

	Objective 1.6 Strengthen EFLTP specialty tracks (Advanced, Laboratory and veterinary tracks)	Number of potential field base for the veterinary track identified	Outputs		10		10			Field bases assessment reports	Quarterly	MOH/Field bases	
		Number of potential mentors and supervisors identified	Outputs		10		10			Field bases assessment reports	Quarterly	MOH/Field bases	
		Number of universities with EFELTP Laboratory track revitalized	Outputs		1		1			Admission report	Annually	Universities	
	Objective 1.3: Strengthen EFELTP tracks (NCD, HIV, Malaria etc)	Number of residents from each university enrolled on NCD,HIV and Malaria track	Outcome	24	24	24	24	24			RA report	Annually	Universities
		Number of academic assigned for each residents (Advanced track).	Output	80	80	80	80	80			RA report	Annually	Universities
		Number of field mentors assigned for each residents (Advanced track)	Output	40	40	40	40	40			Field base reports	Annually	Field Bases
		Number of NCD, HIV and Malaria workshop participants.	Output										

		Launch HIV track	Output	1						Launching report	Annually	MOH
Goal 2: Strengthen Quality of EFELTP	Objective 2.1: Establish system for high-quality mentorship and supervision	Update mentor and supervisor training materials	Output		1					Updated materials	Annually	MOH
		Harmonize the enrollment process for all the 8 universities	Output			1				Harmonization document	Annual	OH
		Number of participants attended training on the Mentorship Quality	Outputs		25		25			Training report	Annually	MOH
		Revision of SOP	Outputs		1					Revised SOP	Annually	MOH
		Update supervision assessment tool	Output		1					Updated supervision tools		
		Number of quarterly supervision conducted	Output	4	4	4	4	4		Supervision reports	Quarterly	MOH
	Objective 2.2: Develop teaching materials based on EFELTP curriculum and	Established technical working group for the preparation of standard power point teaching material/tool	Outputs	1						TOR	Annually	MOH
		Develop teaching material	Output		4	4				Teaching materials distribution reports	Annually	MOH

standardized the provision of classroom training in all universities.	Number of teaching materials dissemination workshops	Outputs	1		1				Workshop report	Annually	MOH
	Number of university and program staffs attended teaching materials dissemination workshop (40)	Outputs		20	20				Workshop report	Annually	MOH
	Number of universities staffs trained on case study one health, HIV, NCD, Malaria, nutrition, disaster management, WASH, zoonotic, laboratory, climate and health) (30)	Outputs		15		15			Training outputs (Case studies)	Annually	MOH
	Number of disseminated case studies one health, HIV, NCD, Malaria, nutrition, disaster management, WASH, zoonotic, laboratory, climate and health) (30)	Outputs			15	15			Dissemination report	Annually	MOH
	Number of publication case study	Outputs		10	10	10			Publication report	Annually	MOH

	Objective 2.3: Strengthen one health capacity	Conduct ONE HEALTH situational analysis	Outputs		1					Situational Analysis report	Annually	MOH
		Number of potential areas identified to implement the concept of One Health in EFELP	Outputs		10		10			List of identified areas	Annually	MOH
		Incorporate the concept of one health in the revised curriculum	Outputs		1					Revised curriculum incorporated one health concept	Annually	MOH
	Objective 2.4: Accredited EFELTP on the TEPHINET	Number of periodic assessment of universities and field bases towards TEPHINET accreditation standard	Outputs		2		2			Assessment report	Bi-annually	MOH
		Number of accreditation assessment findings dissemination workshop conducted			1					Workshop report	Annually	MOH
		Number of participants attended accreditation assessment findings	Outputs		30					Workshop reports	Annually	MOH

		dissemination workshop conducted										
		Number of field bases and universities furnish and equip based on TEPHINET accreditation requirement	Outputs		50					Distribution reports	Annually	MOH
Objective 2.5: Establishing editorial committee and journal club		Established editorial committee	Outputs		1					Minutes	Annually	MOH
		Established journal clubs	Outputs		1					Minutes	Annually	MOH
		Number of monthly program bulletin produced and disseminated	Outputs	12	12	12	12	12		Dissemination report	Monthly	MOH
		Number of regular seminars conducted using different platforms	Outputs	12	12	12	12	12		Seminar/presentation report	Monthly	MOH
		Number of regular seminars participants through different platforms	Outputs	100	100	100	100	100		Seminar/presentation report	Monthly	MOH

	Objective 2.6: Organize national EFELTP annual conferences and host TEPHINET and AFENET conferences	Mobilize fund to organize the conference		1	1	1	1	1		Funding secured	Annually	MOH
		Number of conference materials (Abstract book, brochure etc) produced		300	300	300	300	300		Distribution list	Annually	MOH
		Number of EFELTP annual scientific conference participants		300	300	300	3003	0		Workshop proceedings	Annually	MOH
GOAL 3: Implement a Pyramid Model in Ethiopia	OBJECTIVE 3.1: Develop/adopt the EFELTP intermediate level curriculum	Number of rounds curriculum developed for intermediate level EFETEP	Outputs		1					Curriculum	Annually	MOH
		Number of intermediate level EFETEP curriculum design participants.	Outputs		30		30			Curriculum workshop report	Annually	MOH
		Implement the pyramidal model of the program functionality in one system	Outputs							Assessment report	Annually	MOH
	OBJECTIVE 3.2: Enhance	Number of times advocacy workshop conducted	Outputs	1						Assessment report	Annually	MOH

	advocacy of EFELTP	Number of advocacy workshop participants	Outputs		30		30	30		Workshop report	Annually	MOH
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ANNEXES

Annexes 1: Ethiopian field epidemiology and laboratory program Intake and graduate updated data, Ethiopia, 2021

University	Cohort Number	Year	Number of Intake(M)	Number of Intake(F)	Total Number of Intake	Number of Graduated(M)	Number of Graduated(F)	Total Number of Graduated	Delayed	Complete dismissal
Jima	Cohort I	2015	7	3	10	7	3	10	0	0
Jima	Cohort II	2016	14	1	15	12	1	13	2	0
Jima	Cohort III	2017	13	2	15	12	1	13	2	0
Jima	Cohort IV	2018	6	0	6	0	0	0	0	0
Jima	Cohort V	2019	10	1	11	0	0	0	2	0
Jima	Cohort VI	2020	5	1	6	0	0	0	0	0
SPHMMC	Cohort I	2015	26	4	30	21	4	25	0	0
SPHMMC	Cohort II	2016	35	4	39	31	4	35	0	0
SPHMMC	Cohort III	2017	20	1	21	20	0	20	0	0
SPHMMC	Cohort IV	2018	18	2	20	16	2	18	0	0
SPHMMC	Cohort V	2018	10	0	10	0	0	0	0	0
SPHMMC	Cohort VI	2019	9	1	10	0	0	0	0	0
SPHMMC	Cohort V	2020	7	0	7	0	0	0	0	0
Mekelle	Cohort I	2015	10	2	12	10	2	12	0	0
Mekelle	Cohort II	2016	17	10	27	17	10	27	0	0
Mekelle	Cohort III	2017	14	1	15	13	1	14	1	0
Mekelle	Cohort IV	2018	3	3	6	0	0	0	0	0
Mekelle	Cohort V	2019	8	0	8	0	0	0	0	0
Mekelle	Cohort VI	2020	5	2	7	0	0	0	0	0
Hawassa	Cohort I	2015	8	2	10	8	2	10	0	0
Hawassa	Cohort II	2016	50	5	55	43	2	45	0	10
Hawassa	Cohort III	2016	14	1	15	12	1	13	0	3
Hawassa	Cohort IV	2017	9	1	10	0	0	0	0	0
Hawassa	Cohort V	2018	7	3	10	0	0	0	0	0
Hawassa	Cohort VI	2019	8	1	9	0	0	0	0	0
Gonder	Cohort I	2015	14	4	18	14	4	18	0	0
Gonder	Cohort II	2016	11	0	11	11	0	11	0	0
Gonder	Cohort III	2017	25	0	25	24	0	24	0	1
Gonder	Cohort IV	2018	11	1	12	11	1	12	0	0
Gonder	Cohort V	2019	10	0	10	9	0	9	1	0
Gonder	Cohort VI	2020	7	0	7	NA	NA	NA	0	0
Gonder	Cohort VII	2021	8	0	8	NA	NA	NA	0	0
Haramaya	Cohort I	2015	9	1	10	7	1	2	0	0
Haramaya	Cohort II	2016	10	0	10	10	0	10	0	0
Haramaya	Cohort III	2017	8	0	8	5	0	3	0	0
Haramaya	Cohort IV	2018	12	1	13	7	1	6	0	0
Haramaya	Cohort V	2018	10	0	10	0	0	0	0	0
Haramaya	Cohort VI	2019	10	0	10	0	0	0	0	0
Haramaya	Cohort VII	2020	7	1	8	0	0	0	0	0
Bahir Dar	Cohort I	2015	5	0	5	4	0	4	1	0
Bahir Dar	Cohort II	2016	25	11	36	25	11	36	0	0
Bahir Dar	Cohort III	2016	12	2	14	12	2	14	0	0
Bahir Dar	Cohort IV	2017	14	3	17	12	3	15	2	0
Bahir Dar	Cohort V	2018	5	0	5	5	0	5	0	0
Bahir Dar	Cohort VI	2019	9	1	10	0	0	0	0	0
Bahir Dar	Cohort VII	2020	8	0	8	0	0	0	0	0
Total			563	76	639	378	56	424	11	14

Annexes 2: Ethiopian field epidemiology and laboratory training program strategic plan:Activity action plan, Ethiopia ,2021.

Goal	Objective	Summary of Planned Activities (Strategic actions)	Responsible authority(s)	Year of implementation				
				2021	2022	2023	2024	2025
Goal 1: Increase in work force and strengthen training and mentorship	Objective 1.1: Produce 1340 EFELTP graduates using the three level pyramidal model (Advanced, Intermediate and front line) in the coming five years	Number of advanced EFLTP residents recruited and trained						
		Number of intermediate EFLTP residents recruiting and trainees						
		Number of front line EFLTP residents recruiting and trainees.						
		Number of Universities launched EFELTP Vet and Lab.						
		Number of New EFELTP trainees' residents						
		Recruitment guideline revised.						
	Objective 1.2: Evaluate the competency of resident and revised EFELTP based on the result of evaluation	Number of technical working group meetings conducted for curriculum evaluation and revision.						
		Number of on-site / on-line evaluations of residents' competency conducted.						
		Technical working group will be established for curriculum evaluation and revision						
		Number of workshop participants for reviewing EFETP curriculum						
		4Revised National EFELTP curriculum for Epi-Track, VET-Track and Lab-Track						
		Number of universities the revised curriculum is decimated (8 universities)						
	Objective 1.6 Strengthen EFLTP specialty tracks (Advanced, Laboratory and veterinary tracks)	Number of potential field base for the veterinary track identified						
		Number of potential mentors and supervisors identified						
		Number of universities with EFELTP Laboratory track revitalized						
	Objective 1.3: Strengthen EFELTP tracks (NCD, HIV, Malaria etc)	Number of residents from each university enrolled on NCD,HIV and Malaria track						
		Number of academic assigned for each residents (Advanced track).						
		Number of field mentors assigned for each residents (Advanced track)						

		Number of NCD, HIV and Malaria workshop participants.						
		Launch HIV track						
Goal 2: Strengthen Quality of EFELTP	Objective 2.1: Establish system for high-quality mentorship and supervision	Update mentor and supervisor training materials						
		Harmonize the enrollment process for all the 8 universities						
		Number of participants attended training on the Mentorship Quality						
		Revision of SOP						
		Update supervision assessment tool						
		Number of quarterly supervision conducted						
		Established technical working group for the preparation of standard power point teaching material/tool						
	Objective 2.2: Develop teaching materials based on EFELTP curriculum and standardized the provision of classroom training in all universities.	Develop teaching material						
		Number of teaching materials dissemination workshops						
		Number of university and program staffs attended teaching materials dissemination workshop (40)						
		Number of universities staffs trained on case study one health, HIV, NCD, Malaria, nutrition, disaster management, WASH, zoonotic, laboratory, climate and health) (30)						
		Number of disseminated case studies one health, HIV, NCD, Malaria, nutrition, disaster management, WASH, zoonotic, laboratory, climate and health) (30)						
		Number of publication case study						
		Conduct ONE HEALTH situational analysis						
	Objective 2.3: Strengthen one health capacity	Number of potential areas identified to implement the concept of One Health in EFELP						
		Incorporate the concept of one health in the revised curriculum						
	Objective 2.4: Accredited EFELTP on the TEPHINET	Number of periodic assessment of universities and field bases towards TEPHINET accreditation standard						
		Number of accreditation assessment findings dissemination workshop conducted						

		Number of participants attended accreditation assessment findings dissemination workshop conducted						
		Number of field bases and universities furnish and equip based on TEPHINET accreditation requirement						
	Objective 2.5: Establishing editorial committee and journal club	Established editorial committee						
		Established journal clubs						
		Number of monthly program bulletin produced and disseminated						
		Number of regular seminars conducted using different platforms						
	Objective 2.6: Organize national EFELTP annual conferences and host TEPHINET and AFENET conferences	Number of regular seminars participants through different platforms						
		Mobilize fund to organize the conference						
		Number of conference materials (Abstract book, brochure etc) produced						
	GOAL 3: Implement a Pyramid Model in Ethiopia	OBJECTIVE 3.1: Develop/adopt the EFELTP intermediate level curriculum	Number of EFELTP annual scientific conference participants					
Number of rounds curriculum developed for intermediate level EFETEP								
Number of intermediate level EFETEP curriculum design participants.								
Implement the pyramidal model of the program functionality in one system								
OBJECTIVE 3.2: Enhance advocacy of EFELTP		Number of times advocacy workshop conducted						
	Number of advocacy workshop participants							