



## ECDC Public Health Training Section

# Annual Activity Report 2015



**ECDC National Focal Points for Public Health Training (NFPTs) and Public Health Training Section**

Consultation with the NFPTs, 28<sup>th</sup> – 29<sup>th</sup> April 2015

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## Abbreviations

AF	ECDC Advisory Forum
ASC	MediPIET Annual Scientific Conference
ASPHER	The Association of Schools of Public Health in the European Region
CCB	Coordinating Competent Bodies
CPDP	Continuous Professional Development Programme
EAP	EPIET Associated Programmes
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EPIET	European Programme for Intervention Epidemiology Training
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
ETSF	EPIET Training Site Forum
EUPHEM	European Programme for Public Health Microbiology Training
FETP	Field Epidemiology Training Programme
FSC	Fellowship Scientific Coordination
GOARN	Global Outbreak Alert and Response Network of the World Health Organization (WHO)
LMS	Learning Management System
MB	ECDC Management Board
MediPIET	Mediterranean Programme for Intervention Epidemiology Training
MS	European Union Member States
NFPT	ECDC National Focal Points for Training
PCC	MediPIET Project Coordination Committee
PHC	Public Health Capacity and Communication Unit
PHE	Public Health Event
PHT	Public Health Training
SAB	Scientific Advisory Board
SC	Scientific Committee of the MediPIET Annual Scientific Conference
SEI	Senior Exchange Initiative
SMT	Senior Management Team
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
TRNA	Training Needs Assessment
WHO	World Health Organization

## Foreword

Presenting this Annual Activity Report 2015 of the Public Health Training Section is a privilege because of what it represents: one year of creative and sustained efforts by a group of individuals committed to capacity building in Europe.

The Section is only partially responsible for the success. Public health professionals in different EU Public Health Institutes contribute with their scientific and mentoring skills as Coordinators of the European Programme for Intervention Epidemiology Training (EPIET) and the European Programme of Public Health Microbiology (EUPHEM), or as supervisors in training sites. Collaborations with EPIET Associated Programmes are also instrumental in the didactic and logistic elements, both in planning and in implementation. My gratitude and admiration goes to all these professionals for their spirit and energy that should serve as a role model. Indeed fellows often become inspired to continue their career as trainers in this or similar programmes. In 2015, the World Health Organisation (WHO) acknowledged their work in the response to the Ebola outbreak in West Africa, making the Section and ECDC proud of their achievement.

The ECDC National Focal Points for Public Health Training (NFPT) are an important pillar and source of advice and guidance for the Section. In 2015, they also contributed to the first systematic analysis of capacity and training needs conducted by ECDC in the field of communicable disease prevention and control through a survey. The alignment of national strategies with the EU training strategy is possible thanks to the annual consultation with NFPT. Without their continuous engagement wouldn't be possible to achieve these results.

Back to the PHT Section, it is fair to say that this "space-ship" has sometimes struggled with bad weather, or unexpected circumstances. The leadership of Arnold Bosman, our Head of Section since 2008, provided direction, inspiration, and tireless support to all of us, in good and in difficult times. This document presents the 2015 activities, the definition of key performance indicators, and the training strategy endorsed by the Management Board in 2015; all result from his strong professionalism, comradery and leadership. Thanks, Arnold!

Finally, reading how much and how well the Section and stakeholders performed together in 2015, and without complacency, I trust that the team will keep this strong motivation to achieving results, investing in the future of intervention epidemiology and public health microbiology training, without forgetting that other disciplines and target audiences with different level of experience are also in our horizon.

Carmen Varela Santos

Acting Head of Public Health Training Section (from July 2016)

## Public Health Training Section Members in 2015

### Head of Section - Arnold Bosman

Victoria Markevich (Secretary)  
Tamsin Spargo (Secretary - maternity cover)

### Fellowship Scientific Coordination

Aftab Jasir (Head of EUPHEM)  
Yvan Hutin (Head of EPIET till March 2015)  
Marion Muehlen (Acting Head of EPIET, Scientific Coordinator)

### Training Network Strengthening (TNS) Group

Carmen Varela Santos (Group Leader)  
Vladimir Prikazsky  
Liliya Todorova-Janssens  
Rodrigo Filipe  
Barbora Kinross  
Federico Tonozzi  
Pride Linda (Trainee)

### Fellowship Programme Office (FPO) Group

Anna Bohlin (Group Leader)  
Heidi Jung  
Kristina Mittag-Leffler  
Ewelina Aydin  
Claudia Metz-Ruffer  
Aline Eklof

## National Focal Points for Training in 2015

Austria	Strauss Reinhild	Latvia	Mozgis Dzintars
Belgium	Lambert Marie-Laurence	Liechtenstein	Erne Sabine**
Bulgaria	Kurchatova Anna	Lithuania	Kuprevičienė Nerija
Croatia	Antoljak Nataša	Luxembourg	Danielle Hansen-Koenig*
Cyprus	Koliou Maria	Luxembourg	Debacker Martine
Czech Republic	Křížová Pavla	Malta	Gauci Charmaine
Denmark	Mølbak Kåre	Netherlands	de Boer Jeannette
Estonia	Kerbo Natalia	Norway	Borgen Katrine
Finland	Lyytikäinen Outi	Poland	Cianciara Dorota
France	Brigitte Helync	Portugal	Nogueira Paulo
France	Antoine Delphine	Romania	Popovici Florin
Germany	Alpers Katharina	Slovak Republic	Krištúfková Zuzana
Greece	Baka Agoritsa	Slovenia	Klavs Irena
Hungary	Melles Márta	Spain	Martínez de Aragón Maria Victoria
Iceland	Haraldur Briem*	Sweden	Brytting Mia
Iceland	Gudnason Thorolfur	United Kingdom	Bracebridge Samantha
Ireland	O'Flanagan Darina		
Italy	D'Ancona Paolo		

\* Changed role during 2015; \*\* National Coordinator (CCB) also holds the role of NFPT.

## EPIET/EUPHEM Scientific Coordinators in 2015

Alicia Barrasa	Christopher Williams	Loredana Ingrosso
Androulla Efstratiou	Giri Shankar	Silvia Herrera
Christian Winter	Kostas Danis	Sybille Somogi

## PHT Strategic Focus: Targets by 2020 as part of the SMAP

The Strategic Multi-Annual Programme (SMAP) 2014 – 2020 guides ECDC’s work, and provides the foundation for direction and activities across ECDC’s core functions and Disease Programmes. The SMAP outlines the overall programme priorities for the period 2014 – 2020, with a focus on ECDC collaboration and cooperation with partners and the technical areas where ECDC contributes to strengthening of Member States capacity against communicable diseases. Specific targets (deliverables) to be achieved by 2020 by each core function are included.

### a) Objective and targets of PHT by 2020

The overall objective of Public Health Training (PHT), as outlined in SMAP, is:

*With special emphasis on the core capacities referred to in Article 4 of Decision 1082/2013/EU, a strengthened workforce in the Member States through adequate and relevant training.*

The targets aimed to be reached by 2020 by the PHT Section are:

1. A sustainable level of EPIET and EUPHEM fellows has been established, and any further expansion of the Fellowship Programme is seen through an increased number of national EPIET Associated Programs (EAP).
2. With sufficient Commission funding, MediPIET has been firmly established. While the responsibility has been fully handed over to the participating countries, the network retains its strong links to the ECDC led training networks in the EU.
3. The ECDC virtual training centre makes available online training resources, including e-learning and tools for knowledge transfer, allowing the countries to cascade training to regional and local levels.
4. Further core competencies have been defined and are guiding the curriculum in ECDC training initiatives.
5. ECDC has delivered short training modules and “sharing good practice” workshops targeting national experts at mid-career and senior levels in ECDC networks, with focus both on specific national needs in less resourced countries and on the international dimensions of disease prevention and control.

This report presents a summary of outputs and achievements in 2015 by the PHT Section, as well as collaborations and activities completed with other ECDC units. These outputs and achievements contribute toward implementation of the Annual Work Programme and toward the targets outlined as above part of the SMAP.

## b) Results of the SMAP annual programme indicators

Table 1 outlines the key results of the annual programme indicators and targets for 2015, as outlined in the SMAP. These results are as produced in ECDC's Annual Report of the Director 2015 (<http://ecdc.europa.eu/en/publications/Publications/annual-report-director-2015.pdf>). All three targets for 2015 were met and exceeded.

**Table 1: 2015 Results of the SMAP Annual Programme Indicators - PHT Section.**

Indicator	Target 2015	Result 2015
<b>Reaction:</b> <b>Participant satisfaction with ECDC training activities.</b>	> 80% satisfaction	<ul style="list-style-type: none"> <li>• <b>EPIET:</b> 87.5% for EU track, 100% for Member State (MS) track</li> <li>• <b>EUPHEM:</b> 100% for both EU and MS tracks</li> <li>• <b>Short courses:</b> Average of 87.3%, across total of 5 courses: <ul style="list-style-type: none"> <li>○ Control of multi-drug resistant organisms in health care settings – 73%</li> <li>○ Rapid assessment in complex public health emergencies – 89%</li> <li>○ Introduction to intervention epidemiology – 93%</li> <li>○ Principles of public health surveillance and time series analysis – 94%</li> <li>○ ECDC Summer School – 83%</li> </ul> </li> <li>• <b>E-learning:</b> N/A</li> <li>• <b>Senior exchanges:</b> N/A</li> </ul>
<b>Learning:</b> <b>Achievement of agreed learning objectives in relation to core capacities in ECDC fellowship programmes (EPIET/EUPHEM).</b>	> on average 80% achievement by all fellows	<ul style="list-style-type: none"> <li>• <b>EPIET:</b> One EU track EPIET fellow withdrew from the programme in the first year. Of 19 remaining EPIET fellows (EU and MS tracks), 18 (95%) graduated (100% completion of learning objectives) and 1 did not graduate yet (achieved 80% of learning objectives).</li> <li>• <b>EUPHEM:</b> One EU track EUPHEM fellow withdrew from the programme during the first year. All remaining 8 EUPHEM fellows (3 in EU track, 5 in MS track) graduated with 100% achievement of learning objectives.</li> </ul>
<b>Behaviour:</b> <b>Number of scientific articles of public health relevance published by EPIET/EUPHEM fellowship during and 2 years after graduation.</b>	> 50% increase compared to the 2-year period before entering the programme	<ul style="list-style-type: none"> <li>• Increase/decrease in publications: + 80% <ul style="list-style-type: none"> <li>○ Average number of annual publications per fellow before fellowship: 0.9</li> <li>○ Average number of annual publications per fellow in the 2 years after fellowship: 1.6</li> </ul> </li> </ul>

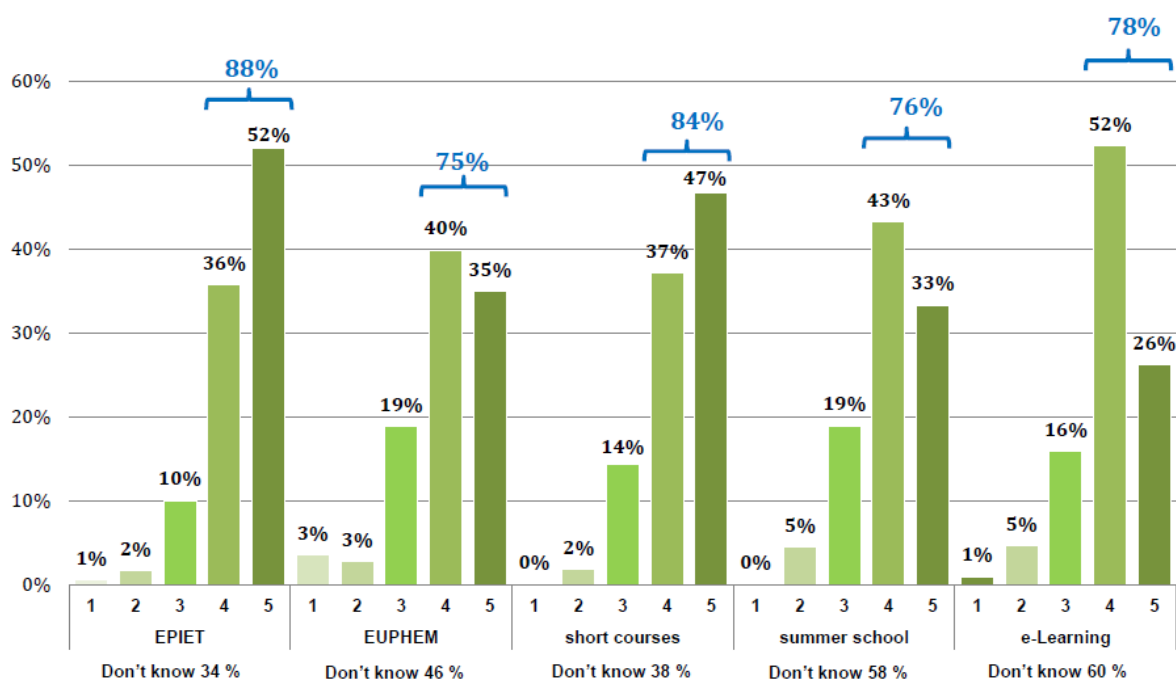


Key means of verification of results included course evaluations (reaction indicator), incremental progress reports (IPR), competencies development monitoring tool (CDMT), mid-term and final reviews with fellows and supervisors (learning indicator), and bibliometrics (PubMed, Scopus) (behaviour indicator).

### c) ECDC Stakeholder Survey 2015

In early 2015, the second annual ECDC stakeholder survey was conducted. This survey assessed the satisfaction of key ECDC stakeholders and provided feedback on the quality of services and products of the Centre. As well as contributing to improved performance and service delivery, the results of the stakeholder survey also contribute to the annual programme indicators as part of the SMAP (see Results in Table 1 above).

Stakeholders were asked to judge the added value of various ECDC Public Health Training activities (Figure 1). Overall, the reported satisfaction with different training activities is high, particularly for EPIET and short courses (88% and 84% of respondents respectively judged these training activities as 'high added value' or 'indispensable'). E-learning and Summer School are training activities that ECDC stakeholder know least about.



**Figure 1: Results from 2015 ECDC Stakeholder Survey: How do you judge the added value of the following ECDC Public Health Training activities? [Rating: 1 = No added value (AV); 2 = Low AV; 3 = Moderate AV; 4 = High AV; 5 = Indispensable.]**



## PHT Results in 2015: What did we achieve?

### Highlights

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#### a) ECDC's Public Health Training Strategy

In June 2015, the ECDC Public Health Training Strategy was approved by the ECDC Management Board. This was the culmination of an iterative consultation process which followed up on the discussion paper on Public Health Training Strategy which was presented in 2014. The draft Training Strategy was discussed with the Advisory Forum Working Group in February 2015, the NFP-T in April 2015 and the Advisory Forum in plenary in May 2015.

#### i) *Vision*

Based on the ECDC's *Mission* to strengthen Europe's defence against infectious diseases, ECDC has the following vision on public health training:

*A competent workforce across Europe effectively collaborating and coordinating between local, subnational, national and community levels to prevent, detect, assess and control diseases that could threaten the health of the European population.*

#### ii) *Strategic Objectives*

There are three strategic objectives outlined in ECDC's Public Health Training Strategy:

1. To strengthen and maintain the workforce in the Member States and at the Community level through relevant training of key national experts, in order to ensure adequate performance of functions for communicable disease preparedness, prevention, detection, assessment and control nationally and cross-border.
2. To strengthen and maintain a network of European and global training partners, supporting capacities to provide training to the workforce in the EU at local, subnational, national and Community levels.
3. To support the cascading of training within the Member States by providing a common virtual training infrastructure with access to training material, e-learning and platforms for communities of practice.

The second and the third strategic objectives are considered to be supportive of the first (as the core of ECDC's training and capacity role) and essential, allowing ECDC to reach a broad and diverse target audience through a comprehensive network of partners and appropriate infrastructure for cascading training to national and local levels.

The Public Health Training Section work programme and activities for 2015 were focussed on progressing towards fulfilling all three strategic objectives.

## Implementation of the Annual Work Programme 2015

An Annual Work Programme, based on the SMAP, is developed each year and outlines the key activities and outputs expected from the PHT Section that year. This section provides commentary and details of activities and outputs achieved in 2015, according to which overarching SMAP target they contributed toward.

### a) Elaboration of Key Outputs Achieved

#### *I) Under the first SMAP target: Fellowship Programmes*

In 2015, a total cohort of 38 fellows were recruited for the EPIET, EUPHEM and EAP programmes. Table 2 provides a breakdown of fellows in each programme, by the host Member State and by track - European Union (EU) or Member State (MS). 2015 saw the first Croatian fellow selected as part of the programmes.

Table 2: 2015 Fellows in EPIET, EUPHEM and ECDC Associated Programmes, by host Member State and track.

Host Member State	EPIET (Epidemiology)		EUPHEM (Microbiology)		EAP	Total
	EU track	MS track	EU track	MS track		
Austria	1	1			1	3
Denmark	1	1	1	1		4
Finland	1					1
France		1	1			2
Germany	1	1	1		5	8
Greece		1		1		2
Ireland	1					1
Italy	1			1		2
Netherlands	1	1				2
Norway	1			1		2
Poland	1					1
Portugal		1				1
Spain	1		1			2
United Kingdom	2			1	4	7
<b>Total</b>	<b>12</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>10</b>	<b>38</b>

#### EPIET and EUPHEM Programmes

There continued to be a high demand from aspiring fellows from across Europe for the EPIET and EUPHEM fellowship programmes in 2015.

The EPIET programme celebrated its 20 year anniversary in 2015. Since 1995 when the EPIET programme was launched, the number of fellows has been steadily increasing (Figure 2).

The 2015 cohort in the EPIET EU track was similar to previous years, with a total of 12 fellows. The EPIET MS track was initiated in 2011, with a total of 7 fellows in the 2015 cohort.

The EUPHEM EU track was initiated in 2008, and the EUPHEM MS track in 2013. Cohort size in each of these tracks in 2015 was similar to previous years.

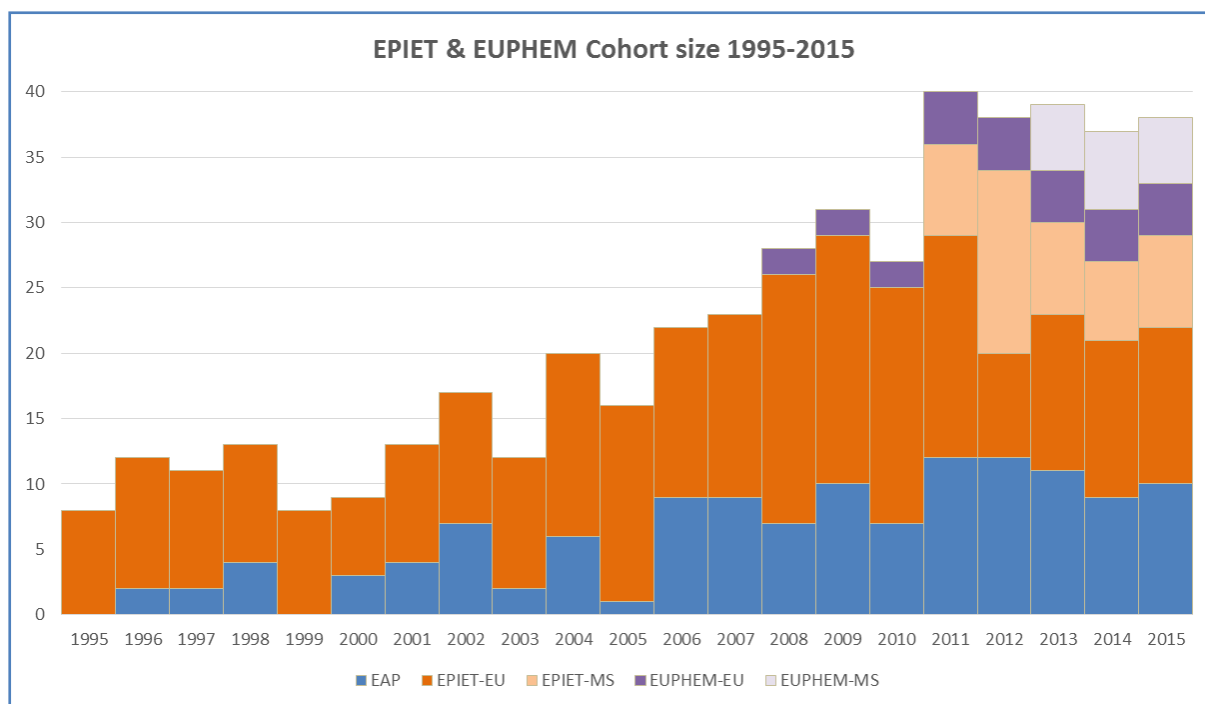


Figure 2: EPIET, EUPHEM and EAP cohort size, 1995 - 2015.

The PHT Section continued to provide salaries and training support to the 2013 and 2014 cohorts of EPIET and EUPHEM fellows and their coordinators.

The main activities completed in 2015 can be broadly grouped as either scientific or administrative:

**i. Scientific / academic activities**

a) Eleven Fellowship modules/courses were successfully conducted:

Module/course title	Organised by	Dates	Location	Fellows involved
Initial Management in Public Health Microbiology	Aftab Jasir	9 – 13 February	Stockholm, Sweden	EUPHEM
Bio-risk and Quality Management	Aftab Jasir	16 – 20 February	Stockholm, Sweden	EUPHEM
Multivariable Analysis	Alicia Barrasa	23 – 27 March	Vienna, Austria	EPIET & EUPHEM
Vaccine Preventable Diseases	Chris Williams	20 – 24 April	Krakov, Poland	EPIET & EUPHEM
Rapid Assessment in Complex Emergency Situations	Kostas Danis	15 – 20 June	Athens, Greece	EPIET & EUPHEM
EPIET & EUPHEM Project Review Module	Marion Muehlen	24 – 28 August	Lisbon, Portugal	EPIET & EUPHEM
Preparatory Week	Aftab Jasir Marion Muehlen	21 – 25 September	Spetses, Greece	EPIET & EUPHEM
Introductory Course	Aftab Jasir Marion Muehlen	28 September – 16 October	Spetses, Greece	EPIET & EUPHEM
Bioinformatics and Phylogeny	Aftab Jasir	16 – 18 November	Stockholm, Sweden	EUPHEM

Time Series Analysis	Ioannis Karagiannis	23 – 27 November	Bilthoven, the Netherlands	EPIET
Outbreak Investigation	Katharina Alpers	7 – 11 December	Berlin, Germany	EPIET & EUPHEM

- b) Services provided by fellows (contributions to public health), as part of the ‘learning through service’ ethos of the Fellowship Programmes, are a key output. At the end of the 23 month training period, each Fellow publishes an individual portfolio which summarizes their work activities, international missions, publications and modules/courses completed. Portfolios summarizing the work of both EPIET and EUPHEM Fellows can be downloaded here: <http://ecdc.europa.eu/en/epiet/who-we-are/pages/fellows.aspx>
- c) A number of Fellows presented at and attended the ESCAIDE conference.
- d) 20 site visits were performed.

## ii. Administration of programmes

- a) Framework Partnership Agreements (FPAs):
  - 47 fellows and 10 coordinators managed under FPAs in 2015
  - Average of 12 communication events per FPA
- b) Specific Grant Agreements (SGAs):
  - 69 fellows and 15 coordinators managed under SGAs in 2015
  - Average of 8 communication events per SGA
- c) Fellowship selection process,
- d) Coordinator meetings,
- e) Fellowship Graduations (from the 2013 cohort – see Table 3), and
- f) External Fellowship Review.

Table 3 provides a summary of the EPIET, EUPHEM and EAP fellows from the 2013 cohort who graduated in 2015.

**Table 3: Fellows (by track) from the 2013 cohort who graduated in 2015.**

Fellowship and track	Number graduated in 2015
EPIET - EU	11
EPIET - MS	8
EUPHEM - EU	3
EUPHEM - MS	5
EAP	14
<b>TOTAL</b>	<b>41</b>

## International Assignments

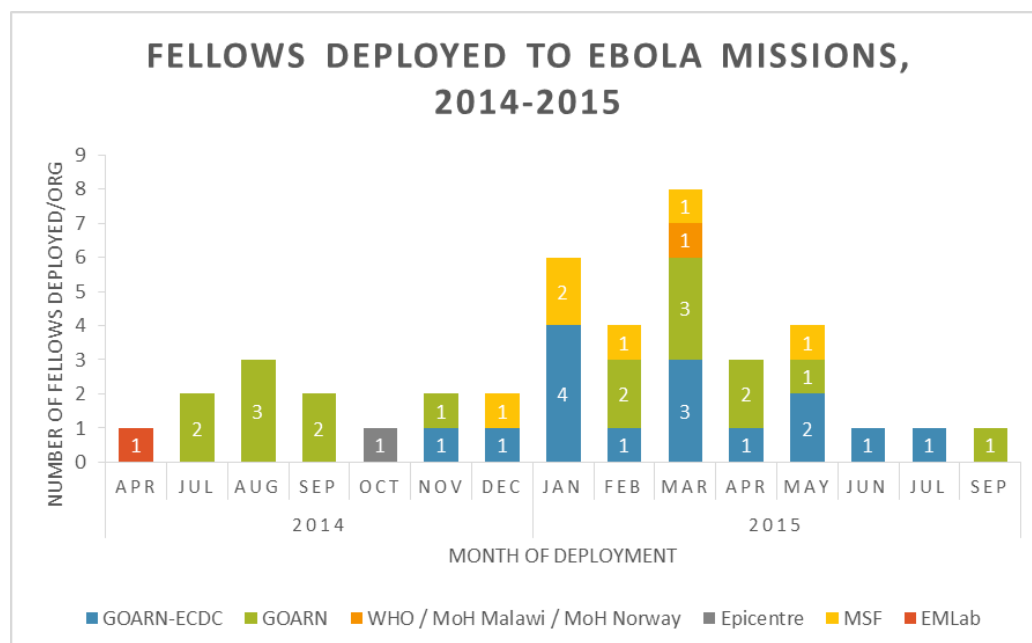
International assignments and missions to support public health emergency events are also an important component of the Fellowship programme, with a focus on ‘learning through service’. Humanitarian and other agencies request assistance from fellow mostly for field work (e.g. surveillance, outbreak investigation and control, surveys), but also ‘desk-work’ (e.g. data analysis, protocol development, literature reviews).

30 EPIET and EUPHEM fellows undertook international assignments in 2015 (Table 4).

**Table 4: Details of international assignments undertaken by EPIET and EUPHEM fellows in 2015.**

Description of the assignment	Requesting Agency	Location(s) of deployment	Number of fellows
Ebola Virus Disease outbreak	GOARN (WHO)	Guinea, Sierra Leone, Liberia	18
	MSF <sup>1</sup> /Epicentre <sup>2</sup>	Guinea, Sierra Leone, Liberia	4
Measles Outbreak - Vaccine Coverage Survey	MSF	Democratic Republic of the Congo (DRC)	1
Assessment of IHR <sup>3</sup> (2005) core capacities	WHO/MoH Norway	Malawi	1
Diphtheria surveillance / immunisation evaluation	PHE	Surabaya, Indonesia	3
Klebsiella HCAI <sup>4</sup> in neonates	MSF	Haiti	1
Survey on impact of PCV <sup>5</sup>	Epicentre	Yida, South Sudan	1
Vaccination Coverage Survey	MSF	Katanga, Democratic Republic of the Congo (DRC)	1
<b>TOTAL</b>			<b>30</b>

Figure 3 shows the Fellows who were deployed on mission to the Ebola outbreak in 2014 and 2015. January to May 2015 saw the highest number of fellows deployed. In March 2015 alone, eight (8) fellows were deployed in collaboration with GOARN, WHO/MoH Malawi/MoH Norway and MSF.



**Figure 3: Fellows deployed to Ebola missions 2014 - 2015, by month of deployment and requesting agency.**

<sup>1</sup> Médecines sans Frontières/Doctors Without Borders (MSF)

<sup>2</sup> <http://www.epicentre.msf.org/en>

<sup>3</sup> International Health Regulations

<sup>4</sup> Healthcare Associated Infections

<sup>5</sup> Pneumococcal conjugate vaccine

### EPIET Associated Programmes

The PHT Section provided support, expertise and training to EPIET Associated Programmes (EAPs) in 2015. Four EAP agreements were managed (currently Germany, United Kingdom, Austria and Norway), with no new countries added to the programme this year. Additionally, ECDC observes countries with former national Field Epidemiology Training Programme (FETP) who are applying to the MS-track.

Each EAP country contributes resources for their own participation to joint actions. ECDC maintains and strengthens opportunities for joint actions, which in 2015 were:

- Summer School seats for Program of Applied Epidemiology (PAE) faculty (German FETP),
- Fellowship seats for EAP in cohorts 2013 – 2015,
- Mutual invitation of facilitators for modules and inclusion in site visit teams,
- Support from EUPHEM fellow in PAE lab module.

### ***II) Under the second SMAP target: MediPIET***

The MediPIET programme has been firmly established. Although full responsibility for the programme lies with the participating countries, ECDC remains to be the scientific leader of the programme and there are strong links to ECDC training networks in the EU.

In 2015, the PHT Section provided scientific leadership and support to the MediPIET Programme. ECDC, represented by Professor Karl Ekdahl, the Head of the Public Health Capacity and Communication Unit (PHC), chairs the MediPIET Scientific Advisory Board (SAB), the MediPIET Annual Scientific Conference (ASC) and its Scientific Committee (SC) and is a member of the Project Coordination Committee (PCC). ECDC provides leadership on key technical aspects of the programme.

Key activities/outputs achieved in 2015 were:

- The Head of the PHC Unit steered and safeguarded ECDC scientific leadership of the programme.
- The Head of the PHT Section provided advice on programme content and selection of trainers and coordinators.
- Other PHT staff contributed with their time and expertise in providing guidance on the implementation of the project.
- Three site appraisals were supported by ECDC (Kosovo\*, Moldova, Serbia).
- Three Scientific Advisory Board (SAB) meetings were held, with the Head of PHC Unit as the Chair.
- Two Project Coordination Committee (PCC) meetings attended.
- The first Annual Scientific Conference (ASC) organised, with the Head of PHC Unit as the Chair of the Conference (Skopje, the Former Yugoslav Republic of Macedonia).
- ECDC took part in the abstract review process for the ASC.
- Two Training Centre Forum (TCF) meetings attended.
- Two staff participated in the MediPIET Black Sea Regional meeting (Tbilisi, Georgia).

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\* *"This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence."*

- Summer School seats were offered to MediPIET supervisors and experts. 15 MediPIET supervisors attended, as well as three MediPIET support staff who took observer roles.
- One MediPIET Coordinator is hosted at ECDC in Stockholm.
- Advised on five MediPIET modules that were conducted:

Module/course title	Dates	Location
Multi-Variable Analysis	2 – 6 February	Madrid, Spain
Time Series Analysis and GIS	23 – 27 March	Belgrade, Serbia
Humanitarian Crisis and Mass Gathering	25 – 29 May	Amman, Jordan
Project Review Module	27 – 31 July	Tirana, Albania
Introduction to Intervention Epidemiology	19 – 30 October	Montenegro

- Participated in two Training of Trainers (ToT) courses:

Module/course title	Dates	Location
Epidemic Intelligence and Risk Assessment	20 – 24 April	Paris, France
Preparation Introductory Course (ToT)	15 – 17 October	Montenegro

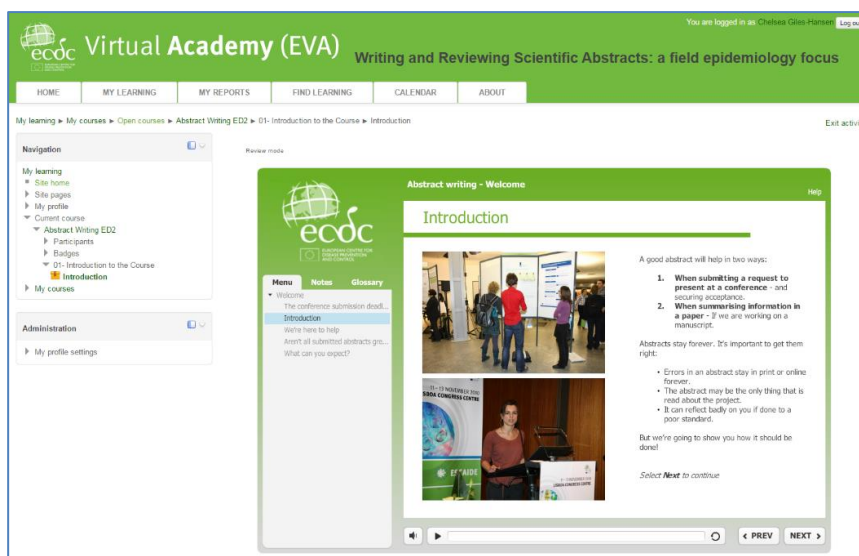
### III) Under the third SMAP target: ECDC's Virtual Training Centre

The ECDC Virtual Academy (EVA), a platform for online training, was launched in 2015. The EVA homepage can be accessed here: <https://eva.ecdc.europa.eu/>.

The launch of EVA as ECDC's online learning platform was a key milestone toward ECDC's goal of making online training resources available and accessible to a broad audience, including e-learning tools for knowledge transfer. EVA is Moodle-based, and utilises the Totara Learning Management System (LMS).

Throughout 2015 feedback has been gathered from partners – most notably the NFPs for training – through a consultative process, with a view to further improving the e-learning offered by ECDC in 2016.

A key focus of the PHT Section has been to develop e-learning courses and make them available on the EVA. In 2015, an e-learning course entitled 'Writing and Reviewing Scientific Abstracts: a field epidemiology focus' was developed, launched and piloted. 30 participants successfully pilot-tested the first course offering. A screenshot showing this e-learning course can be seen in Figure 4.



Another focus of the PHT Section was to expand the use of EVA for blended learning. To

**Figure 4: Screenshot of Writing and Reviewing Scientific Abstracts e-learning module of EVA.**



this end, in 2015 EVA was used for ECDC Summer School for the first time, to incorporate online and e-learning components (in combination with the core face-to-face elements).

A procurement Framework Contract with a future provider for development of e-learning courses was also initiated in 2015.

The FEMWiki was migrated to an upgraded platform. The FEMWiki continued to be used as platform for sharing relevant resources and training materials with ECDC networks.

In December 2014, an e-learning tool was developed to raise awareness about the proper use of personal protective equipment (PPE) in the context of Ebola and other emerging infectious diseases ([www.thinglink.com/scene/584726288351100929](http://www.thinglink.com/scene/584726288351100929)). This e-learning tool was designed as an interactive tutorial to be complementary to the skills-based training conducted before field assignments.

In early 2015, with the ongoing Ebola outbreak in West Africa, these e-learning tools produced in late 2014 were shared with ongoing knowledge dissemination through ECDC training networks. The tutorials were used by stakeholders when organising trainings, who in one instance even translated them to French in 2015 for wider dissemination and use. The PDF version of the e-learning tutorial can be accessed here: <http://ecdc.europa.eu/en/publications/Publications/Use-of-PPE-for-safe-first-assessment.pdf>.

#### ***IV) Under the fourth SMAP target: Core Competencies, Curriculum Guidance and Network Strengthening***

##### ***Development of core competencies***

2015 saw significant progress in the development of core competencies, as an important aspect of the training cycle. Defined core competencies provide guidance for the curricula of ECDC training initiatives.

A Working Paper on the core competencies for public health professionals in Vaccine Preventable Diseases and Immunization was discussed online with the PHT community and networks in FEMWiki: <https://wiki.ecdc.europa.eu/cops/vaccine-epi/w/wiki/3474.development-of-core-competences-in-prevention-and-control-of-vaccine-preventable-diseases-and-immunisation>). An expert meeting jointly organised by Surveillance and Response Support (SRS), Office of the Chief Scientist (OCS) and Public Health Capacity and Communication (PHC) enabled finalisation of the competencies list and confirmation of the preferable target audience (all public health professionals working in vaccine preventable diseases and immunisation). The set of competencies is a reference to be adapted to the realities of diversity in health systems among the EU MS.

The planned work on core competencies for public health professionals on Tuberculosis was cancelled in 2015 due to diminished staff capacity within the PHT Section. However, the first steps were taken in the process of development of core competencies for Public Health Emergency Preparedness.

##### ***Training Needs Assessment***

Following the recommendation of the European Commission Internal Audit Service (IAS), a capacity gap analysis and Training Needs Assessment (TRNA) in EU Member States and other EEA countries

was conducted in 2015. Initially, a review and mapping of ECDC in-house evidence of expressed capacity building, training needs and gaps in the Member States was conducted.

Two literature reviews were completed, focussed on: i) Training Needs Assessment methodology, and ii) Indicators of public health capacity in communicable disease prevention and control.

An Expert Meeting and consultation was held on the TRNA process. A Working Paper on the process and methodology for conducting a harmonised assessment, considering indicators of capacity in communicable disease prevention and control in the EU, to estimate the desirable number of specialists and related skills was also drafted.

As part of the TRNA process, an EU wide survey was conducted to elicit direct feedback and data from the EU Member States and EEA countries. The overall response rate was 65%, with 20 countries submitting answers via the EU survey tool, 20 countries providing access to their International Health Regulations (IHR) monitoring questionnaire, and six countries providing partial answers via-email.

For example, countries were asked to complete a self-assessment of existing capacity (as a percentage of ideal full capacity) in different domains of communicable disease prevention and control. However, many Member States experienced significant difficulties in quantifying and qualifying training needs for disease prevention and control. These difficulties were related to data access, diversity of public health systems and the complex distribution of professional profiles in public health workforce.

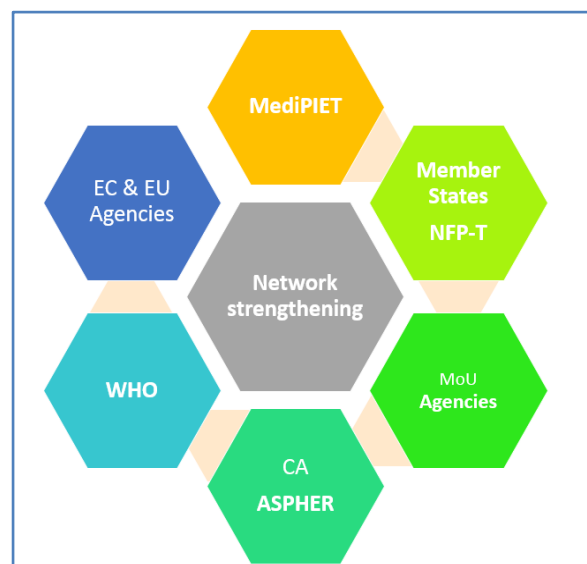
Due to the gaps in data and difficulties in their benchmarking, results can only provide an insight into areas that may require further focus. National, sub-national or individual assessments of training needs could inform an EU-level assessment. The TRNA report will be published in 2016, including next steps.

### Network Collaboration

ECDC's PHT Section is committed to active collaboration with key stakeholders and partners, and to strengthening of relevant networks in public health training and capacity development. The main benefits include an increase in communication, exchange of experiences and resources, pedagogic advice, and additional country or activity support.

Figure 5 shows the key stakeholders and networks that the PHT Section collaborates and engages with. In 2015 a number of network meetings were attended by the PHT Section, including:

- TEPHINET meetings,
- Mission to Turkey under the task force for assessment of non-EU countries,
- Digital Health Workshop,
- Joint Strategy Meeting (JSM),
- Time Series Analysis (TSA) module as part of the Canadian Field Epidemiology Programme (CFEP),



**Figure 5: Key networks and stakeholders that the PHT Section engages with.**

- Ebola High Level meeting,
- European Food Safety Authority (EFSA) capacity building meeting,
- European Public Health Association (EUPHA) conference,
- US Centres for Disease Control (CDC) meeting on joint development of a checklist on retention and career paths of graduates from FETPs,
- ESCAIDE conference, and
- Meetings with National Focal Points for Preparedness (NFP-P).

In 2015, a Collaboration Agreement (CA) with ASPHER (Association of Schools of Public Health in the European Region) was discussed and drafted; this agreement would be signed in March 2016.

The MS Consultation with the National Focal Points for Public Health Training (NFP-Ts) was organised in April 2015. The NFP-Ts gave input to the PHT Strategy that would be later endorsed in June 2015 by the ECDC Management Board (MB). ECDC presented updates on the TRNA process; feedback was sought particularly on the proposed methodology of carrying out training needs assessments in the area of infectious disease prevention and control in the EU MS and on the method of estimating the “sufficient number of trained specialists” in this area in the MS. Advice was sought as well on the selection process of EPIET/EUPHEM fellowships and ECDC short courses.

An important achievement was the election of the NFPT Coordinating Committee, which continuously ensures a more operational engagement with the countries on urgent and key topical issues.

### *V) Under the fifth SMAP target: Short Courses*

In 2015 ECDC delivered a number of short training modules and workshops aimed at building capacity in Member States. While ‘sharing good practice’ was not always explicit among the objectives, participants often recognised that this was one of the added values of the ECDC training. These short courses targeted national experts within ECDC networks who were mid-career or senior level, with a focus on the European Union and international dimensions of disease prevention and control in order to increase interoperability for preparedness and response, in the context of the Decision 1082/2013.

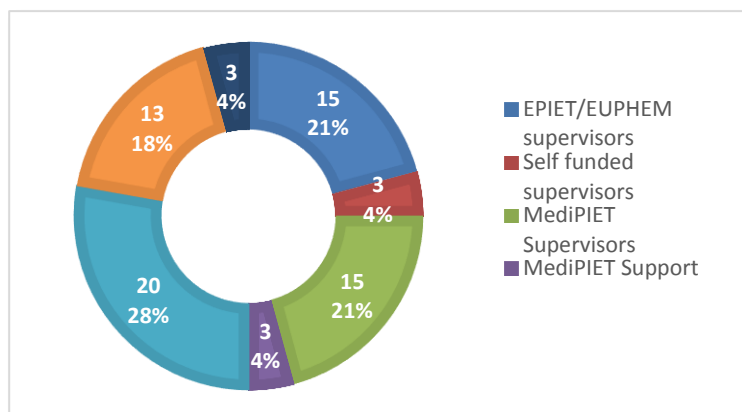
In addition to the ECDC Summer School 2015 (more details provided below), the following short courses were delivered in 2015:

Course title	Location	Number of participants
Control of Multi-Drug Resistant Organisms (MDRO)	Stockholm, Sweden	30
Rapid Assessment and Survey Methods in Public Health Emergencies (RAS)	Veyrier-du-Lac, France	30
Introduction to intervention epidemiology (‘IntoEpi’)	Veyrier-du-Lac, France	28
Principles of Public Health Surveillance and Time Series Analysis	Veyrier-du-Lac, France	28

### Summer School 2015

The 4<sup>th</sup> edition of ECDC's Summer School was held from the 9<sup>th</sup> – 12<sup>th</sup> June 2015.

The overall goal of the Summer School is to strengthen the mentoring and technical skills of both ECDC experts and experts within ECDC networks, by providing an opportunity for networking and scientific exchange on methods for communicable disease prevention and control.



**Figure 6: Composition of Summer School 2015 Participants (N = 72).**

The evaluation of Summer School 2015 was very positive, with an overall rating of 8.5 out of 10. Evaluation was done using online surveys which were hosted in ECDC's Virtual Academy (EVA).

A total of 72 participants from 31 countries took part in Summer School 2015 (Figure 6), including current and future supervisors of EPIET, EUPHEM, EPIET associated and MediPIET programs, ECDC experts, experts from the network of vector-borne diseases and Young Gasteiners.

### Key Developments in 2015

#### a) Senior Exchange Initiative

The Senior Exchange Initiative (SEI) is a multilateral exchange programme that provides an opportunity for senior public health experts from Member States to familiarise themselves with working methods of other EU countries, create a network and trust among colleagues and support the European dimension in public health cooperation and training. The SEI is a key target of ECDC's Strategic Multiannual Programme (SMAP).

The SEI training format is based on exchange visits and on-the-job training, where 'exchangees' spend between two days up to a maximum of two weeks at a selected hosting site in an EU MS or an EEA country. Each training visit is organised around a specific topic/s, and the 'exchangee' is expected to cascade their newly gained knowledge to colleagues in their home country after the exchange period and/or have a marked impact on improving surveillance.

In 2015, a set of guiding documents and templates were produced for the SEI programme. A call for expressions of interest was disseminated among all National Focal Points for Training (NFPTs) in the 31 Member States of the EU and EEA, out of which:

- 17 countries submitted applications, and
- 14 countries did not submit applications.

Following the call for expressions of interest, 12 exchange visits were set up. Two took place in 2015 and 10 were scheduled for 2016. The Senior Exchange Initiative was also launched in ECDC's Virtual Academy (EVA) for the first time in 2015.

### b) Continuous Professional Development Programme

The decision to launch the Continuous Professional Development Programme (CPDP) was taken in 2015, with an overall goal of ‘life-long learning’ for EU public health professionals in a blended format. The recruitment process was started for the Head of CPDP position, and plans for conceptualisation and design of the program begun, with a view to progressing forward in 2016. It is envisioned that the short courses (including e-learning formats), SEI and other training initiatives by different ECDC teams will fall under the umbrella of CPDP.

### Collaborations with other ECDC units

A number of trainings were organised by other ECDC units in 2015, with collaboration and input from the PHT Section. For example, the Country Preparedness Support Unit together with the PHT Section organised the training “How to Plan for Pre-Hospital Management of suspected Viral Haemorrhagic (VHF) Patients”, held in March 2015.

## Summary of Key Outputs Achieved

Table 5 shows a summary of the expected outputs for 2015 for the PHT Section, and whether they were achieved, as reported in ECDC’s Annual Report of the Director 2015.

**Table 5: Outputs achieved as part of Annual Work Programme, PHT Section in 2015.**

Overarching Target (from SMAP)	Expected Outputs in 2015	Status
<b>1. A sustainable level of EPIET and EUPHEM fellows has been established, and any further expansion of the fellowship programme is seen through an increased number of national EPIET Associated Programs.</b>	a) Recruitment of the 2015 cohorts of EPIET and EUPHEM Fellows.	Fully achieved
	b) Continuing to provide salaries and training support to the 2013 and 2014 cohorts of EPIET and EUPHEM Fellows and the coordinators.	Fully achieved
	c) Provision of support, expertise and training to EPIET Associated Programmes (EAP).	Fully achieved
<b>2. With sufficient Commission funding, MediPIET has been firmly established. While the responsibility has been fully handed over to the participating countries, the network retains its strong links to ECDC led training networks in the EU.</b>	a) Provision of scientific leadership and support to MediPIET.	Fully achieved
<b>b) The ECDC virtual training centre makes available online training resources, including e-learning</b>	a) Develop 4 e-learning courses and make them available via a Learning Management System.	Partially achieved

<b>and tools for knowledge transfer, allowing the countries to cascade training to regional and local levels.</b>	b) ECDC gathers feedback from partners, most notably for NFPs for training, with a view to further improving its e-learning offer in 2016.	Fully achieved
	c) An e-learning tool is developed to raise awareness about the proper use of PPE in the context of Ebola and other emerging infectious diseases, complementary to skills-based training (before field assignments).	Fully achieved
<b>c) Further core competencies have been defined and are guiding the curriculum in ECDC training initiatives.</b>	a) Finalise and publish EU consensus core competencies for public health professionals who work in prevention and control of vaccine-preventable diseases.	Fully achieved
	b) Start work on tuberculosis for public health professionals.	Cancelled
<b>d) ECDC has delivered short training modules and “sharing good practice” workshops targeting national experts at mid-career and senior levels in ECDC networks, with focus both on specific national needs in less resourced countries and on the international dimensions of disease prevention and control.</b>	a) ECDC Summer School 2015.	Fully achieved
	b) Two senior professionals participate in exchange programmes.	Fully achieved
	c) One short course held at ECDC for senior/mid-career professionals.	Fully achieved

## Role of the PHT Section in Public Health Emergencies

In 2015, the continued Ebola virus disease outbreak in West Africa was an unforeseen circumstance that impacted on the PHT section, along with all of ECDC. For ECDC, the Ebola outbreak was an unprecedented Public Health Event (PHE) and subsequently there was a very high demand for deployments (particularly to Guinea) of EPIET and EUPHEM Fellows, as well as ECDC experts. This meant a higher than usual workload for the PHT Section:

- The PHT Section coordinated the deployments of 22 EPIET and EUPHEM Fellows to West Africa in the context of the Ebola outbreak, for a combined total of approximately 120 weeks.
- Three EPIET coordinators were deployed to West Africa, for a combined total of 17 weeks.
- One PHT Section staff member was deployed to Guinea twice, for a total of 12 weeks.

## Looking Forward: Priorities for 2016

Key priorities for 2016 include:

- EPIET and EUPHEM will continue to be delivered and supported, while gradually merging into a single Fellowship Programme, with two discipline specific paths. This is a process that is stated in ECDC's Training Strategy and encouraged by external stakeholders including the 2015 ECDC Joint Strategy Meeting.
- Transition from Short Courses and the Senior Exchange Initiative (SEI) programme to an integrated and cohesive Continuous Professional Development Programme (CPDP).
- Following completion of all planned milestones and deliverables of the e-learning implementation project; from the beginning of 2017, e-learning will be established as a coordinated operational activity. This will include development and operationalization of a number of additional e-learning courses, and utilising the ECDC Virtual Academy (EVA) for planning, management and follow-up of all training activities/training plans for Fellows.
- The Road Map for e-learning is consistent with the Fellowship Programme and CPDP plans.
- Continue collaboration with Public Health Schools for joint delivery of courses and cascading, in the context of the Collaboration Agreement with ASPHER. Intensify collaboration with WHO Europe and WHO Lyon on areas of capacity and needs assessments and capacity building.
- Feasibility study about EU wide Infection Control Training Programme to be discussed with Member State experts.
- Report on the results of the TRNA survey conducted in 2015 and discuss with MSs on way forward.
- Continue providing scientific leadership to the MediPIET programme, including advice on programme evaluation and sustainability aspects.
- In 2016, PHT will contribute to the implementation of the ECDC Country Support Strategy.