



ASEAN+3 FETN

ASEAN Plus Three Field Epidemiology Training Network

*Working Collaboratively to Build National & Regional Capacity through
Field Epidemiology Training*

June 2012

ASEAN+3 FETN

ASEAN Plus Three Field Epidemiology Training Network



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ASEAN+3 FETN

ASEAN Plus Three Field Epidemiology Training Network



FOREWORD

The year 2011 was a good start for our network, ASEAN Plus Three Field Epidemiology Training Network. The idea of forming a network among field epidemiology training units of ASEAN Plus Three Countries originated from the meeting of Health Ministers of ASEAN Countries plus China, Japan and Korea, who met in Singapore in July 2010. Four months later, the ASEAN Expert Group on Communicable Diseases endorsed Thailand to be the lead country for this activity. In January 2011, representatives from ASEAN Plus Three Countries joined the first meeting in Bangkok, Thailand. There, we laid out the Terms of Reference (TOR), which includes key principles, objectives, main activities and most importantly, the mechanism to govern the network. This TOR was subsequently endorsed by the Senior Officials Meeting on Health Development in Yangon, Myanmar, and each country nominated two persons to serve as Focal Points of the Steering Committee for the network.

The first Steering Committee meeting held in Bangkok and Pattaya in October 2011 was a very successful one. Besides getting to know each other, we succeeded in developing a work plan for the next four years. Countries volunteered to lead each activity under the workplan. Thailand is serving as the Chair of the network from January to December 2012. We are very glad to share that Myanmar and the Philippines have volunteered to be the Chair in 2013 and 2014, respectively.

Network is a term that we hear very frequently. In the past, we would depend on our own effort to succeed in solving a problem. That may not be applicable today as the problem may be too complicated and there are many stakeholders. To have adequate quantity and quality field epidemiologists, it is wise to join hands among field epidemiology training units from different countries.

Many networks form each year. Also, many networks are just a name, not a lively or action-oriented network. One can easily differentiate a lively network from a paper-network. The beginning of ASEAN+3 FETN is certainly a lively network as we regularly communicate, sharing our situations and solutions through the use of field epidemiology. Since September 2011, we have had four video/teleconferences with discussion topics that included the 2011 epidemic of Hand, Foot and Mouth Disease in China, Japan, Thailand and Vietnam as well as the flood crisis in Cambodia, Thailand, The Philippines and Vietnam. Each member is appreciated for the sharing of technical strategies and condolences given to each other during these difficult situations.

Enclosed, we take this opportunity to share with you what we are doing collaboratively through our network, as well as insight into each valuable ASEAN+3 field epidemiology training program. On behalf of the network, we would like to thank our good partners, namely WHO, FAO, USAID, MBDS and many others. Let us continue to work harmoniously to build field epidemiology training and protect our nations from emerging infectious diseases and other public health events.



Dr. Kumnuan Ungchusak)
Senior Expert in Preventive Medicine
Chair, ASEAN+3 FETN

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ASEAN Plus Three FETN Newsletter
February 2012

One Health & Field Epidemiology Training

Dear Ann,
Welcome to your ASEAN Plus Three Field Epidemiology Training (FETN) Newsletter! Since we are a network of Field Epidemiology Training Programs (FETPs), this issue puts the spotlight on FETP Thailand's One Health training activities held last week in Bangkok, where our Dialogue Partners CSE, US CDC, and WHO kindly shared their efforts with One Health activities.

One Health Training-Of-Trainers Workshop
The first of three one-week workshops under the Support Training to Strengthen One Health Epidemiological Teams at the Provincial and District Level Project, a collaboration between the United States Agency for International Development (USAID), US Centers for Disease Control and Prevention (CDC), Field Epidemiology Training Program (FETP) Thailand, Field Epidemiology Association of Thailand, Department of Livestock Development (DL), Biological Risk Organization (BRO), and Department of Health Affairs, Wildlife and Plant Conservation (DPA), was initiated last week in Bangkok. The One Health Training-Of-Trainers (TOT) workshop included both field physicians, veterinarians and wildlife experts from Thailand's Ministry of Public Health, FETP, DLD, DMP, (http://www.dld.go.th), Chulalongkorn University, Kasartit University, Khon Kaen University and Chiang Mai University.



ASEAN Plus Three Field Epidemiology Training Network (ASEAN+3 FETN)
Building National & Regional Capacity in Field Epidemiology Training

Projects
ASEAN+3 FETNs first official year started in January 2012. Some of the agreed activities under the workplan (2012-2015) have already been initiated and even completed in some cases. Please have a look at the table below to see our progress on activities.

In The Pipeline

Activity	Lead Country	En-Led Countries	Progress	Initiated/Ongoing/Completed	Additional Notes
ASEAN+3 FETN Training Support (ASEAN+3 FETN Training Support)	Thailand	Philippines, Viet Nam, Cambodia, Laos, Myanmar	✓	✓	US-ASEAN+3 FETN. Start with one country in 2012 (2012-15)
ASEAN+3 FETN Training Support (ASEAN+3 FETN Training Support)	Thailand	Philippines, Viet Nam, Cambodia, Laos, Myanmar	✓	✓	Exchange of information & expertise to strengthen FETNs

INTRODUCTION



Cambodia's AET team provides health education to an avian influenza-afflicted village in Kampong Cham Province

In a region prone to emerging infectious diseases (EIDs) and other public health events, Association of Southeast Asian Nations (ASEAN) Plus Three Countries mobilize epidemiologists and other health professionals to detect, assess, prevent and control public health events of both national and international concern. The increase in population, globalization, natural disasters, and the recent outbreaks of severe acute respiratory syndrome (SARS), avian influenza (H5N1) and influenza A (H1N1) illustrate the crucial role of epidemiologists and the need for communication within the Southeast and Western Pacific Asian region. Each nation needs sufficient capacity to ensure prompt public health response in order to protect the public and reduce socio-economic loss.

Effective human resource capacity development is found through Field Epidemiology Training (FET). Over thirty countries worldwide utilize a two-year program referred to as FETP (FET Program). These “learning-by-doing” programs are modeled after the United States Centers for Disease Control and Prevention (US CDC) two-year Epidemic Intelligence Service (EIS) program. FETP fellows gain field-based training and experience in applied epidemiology and public health practice, thus strengthening national public health systems and infrastructures.



EIP Malaysia trainees participate in group activities to promote teamwork

Among the ASEAN Countries, Thailand, Indonesia and The Philippines launched the earliest FETPs in 1980, 1982 and 1985, respectively. In 2008, Indonesia revitalized their FETP to shift from an academic format to the well-established “learning-by-doing” field-focused model. Thailand's FETP has since expanded to include veterinarians (FETP-V) and health professionals from other countries, a program known as International FETP (IFETP). Since the late 1990s, FETPs have been established in the ASEAN Plus Three Countries China, Japan, and the Republic of Korea. Singapore and Vietnam recently

launched FETPs in 2010 and 2009, respectively. Other ASEAN countries in the region have implemented similar FET programs, such as Malaysia's two-year Epidemic Intelligence Program (EIP), Lao PDR's one-year FET, and Cambodia's six-month Applied Epidemiology Training (AET) program. Myanmar conducts a Field Epidemiology Short Course Training Program, which can last up to six months. Brunei Darussalam has a six-month vocational training program.

At the 4th ASEAN Plus Three Health Ministers Meeting in July 2010, the 13 Health Ministers expressed their support to further the development of networking among FET programs among the ASEAN Plus Three Countries to heighten vigilance, preparedness, capacity, communication and collaboration. At the ASEAN+3 Expert Group on Communicable Diseases (AEGCD) Meeting in November 2010, Thailand's Ministry of Public Health (MoPH) was endorsed to be the focal point for this important initiative. In January 2011, Program Directors and Authorities of FET programs in ASEAN Member States and Plus Three Countries coalesced in Bangkok to establish the ASEAN Plus Three Field Epidemiology Training Network (ASEAN+3 FETN) and its Term of Reference (ToR) (Appendix A, page 31).

In October 2011, the first ASEAN+3 FETN Steering Committee Meeting successfully agreed on a working mechanism, strategies and activities under the four-year workplan (2012-2015). Since this meeting, ASEAN+3 FETN has continued to work harmoniously and agreed activities have commenced through the active participation of Focal Points and support of the ASEAN+3 FETN Secretariat based in Thailand.



Opening ceremony for the first batch of Vietnam FETP in 2009



Group photograph: ASEAN+3 FETN Establishment Meeting, Bangkok, January 2011

WHO WE ARE



ASEAN+3 FETN Hand, Foot, Mouth Disease Video Conference included participants in Cambodia, China, Indonesia, Japan, Malaysia, Myanmar, Singapore, Thailand, Vietnam, WHO SEARO & WHO WPRO, September 2011

ASEAN+3 FETN is under the umbrella of the ASEAN Secretariat (ASEC) and an extension of the AEGCD+3 Medium Term Plan (MTP). In July 2011, ASEAN+3 FETN received endorsement from the ASEAN+3 Senior Officials Meeting on Health Development (SOMHD). ASEAN+3 FETN meets the following health elements under the ASEAN Socio-Cultural Community (ASCC) Blueprint: establish/strengthen/maintain regional support system and network to narrow the gap among ASEAN Member States in addressing

EIDs and other communicable diseases; promote the sharing of best practices in improving the access to primary health care by people at risk/vulnerable groups, with special attention to HIV and AIDS, malaria, dengue fever, tuberculosis, and EIDs through regional workshops, seminars, and exchange visits among the ASEAN Member States; strengthen regional clinical expertise through professional organizations networks, regional research institution, exchange of expertise and information sharing; and strengthen cooperation through sharing of information and experiences to prevent and control infectious diseases related to global warming, climate change, natural and man-made disasters.

ASEAN+3 FETN Members include Program Directors and the Authorities of FET programs in ASEAN Member States and Plus Three Countries. Dialogue partners include organizations and networks such as the World Health Organization (WHO), United States Agency for International Development (USAID), and Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). The following pages include names and information for SOMHD+3 designated Focal Points for ASEAN+3 FETN.



Group photograph: 1st ASEAN+3 FETN Steering Committee Meeting, Bangkok, October 2011

ASEAN+3 FETN FOCAL POINTS

BRUNEI DARUSSALAM



Dr. Ong Sok King

Specialist (Public Health), Department of Health Services, Ministry of Health, Brunei Darussalam

CAMBODIA



Dr. Sok Touch

Director of Communicable Disease Control Dept.
Ministry of Health



Dr. Bun Sreng

Chief of Disease Prevention and Control Bureau
Ministry of Health

CHINA



Dr. Guang Zeng

Chief Epidemiologist in Chinese Center for
Disease Control and Prevention

INDONESIA

**Dr. Andi Muhadir, MPH**

Director of Surveillance, Immunization, Quarantine and “Matra” Health
Directorate General of Disease Control and Environmental Health
Ministry of Health of Republic of Indonesia

JAPAN

**Dr. Kazunori Oishi**

Director, Infectious Disease Surveillance Center
Program Director, FETP Japan
National Institute of Infectious Diseases, Japan

**Dr. Koji Nabae**

Deputy Director
Tuberculosis and Infectious Disease Control Division Health Service Bureau
Ministry of Health, Labour and Welfare Japanese Government

**Focal Point Representative:****Dr. Kazutoshi Nakashima**

Coordinator of FETP-Japan/Senior Researcher, Infectious Disease
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LAO PDR

**Dr. Bounlay Phommasack**

Deputy Director General of DOHP, Director of FET
Lao Project, Ministry of Health, Lao PDR

**Dr. Nyphonh Chanthakoummane**

Senior Technical Officer, Coordinator of FET
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MALAYSIA

**Dr. Chong Chee Kheong**

Director of Disease Control
Disease Control Division
Ministry of Health Malaysia

**Dr. Fadzilah bt Kamaludin**

Director of EIP Malaysia
Training Division
Institute of Public Health

MYANMAR



Prof. Soe Lwin Nyein

Director (Epidemiology)
 Central Epidemiology Unit
 Department of Health
 Ministry of Health

PHILIPPINES



Dr. Enrique A. Tayag

Assistant Secretary of Health
 Head, Support to Service Delivery Technical Cluster
 Director of National Epidemiology Center, Department of Health Compound



Dr. Ma Nemia L. Sucaldito

Chief of Applied Public Health Division
 National Epidemiology Center

REPUBLIC OF KOREA



Dr. Seung-Ki Youn

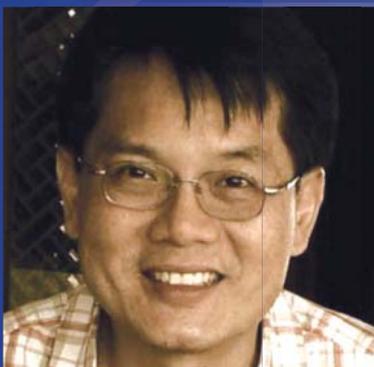
Director, Epidemiological Investigation Division, KCDC



Dr. Jin Gwack

FETP, Coordinator
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Coordinator
Singapore FETP
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**Dr. Sopon Iamsirithaworn**

Medical Epidemiologist, Senior Professional Level
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**Dr. Phan Trong Lan**

Deputy Director, General of Preventive Medicine
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**Dr. Vu Ngoc Long**

Deputy Head, Division of Communicable Disease Control, General Dept.
of Preventive Medicine, Ministry of Health Vietnam

STRATEGIES & WORKPLAN (2012-2015)

Upon SOMHD+3's endorsement of ASEAN+3 FETN's ToR in July 2011, ASEAN+3 FETN was able to proceed with the first Steering Committee Meeting, 6-7 October 2011, held in both Bangkok and Pattaya, Thailand. The Steering Committee and Dialogue Partners discussed and agreed on strategies and activities under the Workplan, with a focus on the first official year 2012. The below includes the three strategies, agreed activities and the progress made thus far (as of June 2012).

Strategy I. Promote capacity building of field epidemiology training in ASEAN Plus Three Countries							
#	Activity	Lead Country	Co-Lead Countries	Progress			Notes
				IN DEV	ONGOING	COMPLETE	
1	FET Program & Immediate Needs Survey	Singapore	Thailand & The Philippines			√	All 13 countries participated. Program information & immediate needs identified (e.g. need for expertise). Manuscript is in development.
2	Create & Compile List of Experts, Alumni, Trainers & Fellows among ASEAN Plus Three Countries	Japan	Singapore & ASEAN+3 FETN Secretariat			√	This supports enhanced technical communication & exchange of trainers/fellows. List is available to Focal Points on ASEAN+3 FETN website.
3	Exchange FET Trainers/Fellows among ASEAN Plus Three Countries	Japan	Cambodia, China, Philippines, Singapore, Thailand	√			At least 4 countries will exchange in 2013, 8 countries in 2014, and 10-12 countries in 2015. Specific countries & location will be confirmed during 2nd ASEAN+3 FETN Steering Committee Meeting, July 2012.
4	Enhance Publication of Member Countries	Philippines	Thailand	√			Abstract writing workshop in Bangkok, August 2012. WHO WPRO may host writing workshop.

STRATEGY II. Enhance joint effort to prevent & control public health events through collaboration in surveillance, investigation, study, research, etc							
#	Activity	Lead Country	Co-Lead Countries	Progress			Notes
				IN DEV	ONGOING	COMPLETE	
5	Pneumonia Surveillance System Evaluation Under Umbrella of Field Epidemiology Training at Border Sites in Cambodia & Thailand	Thailand	Cambodia, Laos PDR & Vietnam	√			Development completed & activity scheduled 10-20 July 2012 in Banteay Meanchey, Cambodia & Sa Kaeo Province, Thailand. Fellows from Cambodia, China, Lao PDR, Malaysia, Myanmar, Philippines Thailand & Vietnam will attend.

STRATEGY II. Enhance joint effort to prevent & control public health events through collaboration in surveillance, investigation, study, research, etc

#	Activity	Lead Country	Co-Lead Countries	Progress			Notes
				IN DEV	ONGOING	COMPLETE	
6	Conduct Severe Flood Surveillance, Response & Policy Recommendations Workshop	Thailand				√	In April 2012, reps from Cambodia, Indonesia, Malaysia, Philippines, Thailand, & Vietnam attended. Outputs include a manuscript & an executive report.
7	Conduct Workshop on Developing Case Studies on Outbreak Investigation	Singapore				√	In December 2011, case studies for Adenovirus, Dengue Fever & Salmonella Enteritidis outbreaks were developed. Participants from Cambodia, Indonesia, Lao PDR, Malaysia, Mongolia, Myanmar, Singapore, Thailand, & Vietnam as well as observers from WHO & Singapore's MOH attended.
8	After Finalizing Activity 7, Conduct Tabletop & Field-Based Joint Outbreak Investigation	Indonesia	The Philippines				This activity will be developed in 2012 & is planned for 2013.
9	Conduct Joint Study On A Specific Disease	Japan	China, Singapore, Thailand & Vietnam	√			Japan & co-lead countries continue to develop Hand, Foot, & Mouth Disease (HFMD) study. This activity is planned for 2012 & 2013.

STRATEGY III. Ensure active & effective network management for sustainable development

#	Activity	Lead Country	Co-Lead Countries	Progress			Notes
				IN DEV	ONGOING	COMPLETE	
10	HFMD Video Conference	Thailand				√	In September 2011, Cambodia, China, Indonesia, Japan, Malaysia, Myanmar, Singapore, Thailand & Vietnam as well as reps from WHO SEARO & WPRO attended. Countries shared situation, surveillance & control methods for HFMD. This first regional communication strengthened field epidemiology training (FET), the network, & proved this sort of communication among ASEAN+3 Countries is indeed possible & effective.

STRATEGY III. Ensure active & effective network management for sustainable development

#	Activity	Lead Country	Co-Lead Countries	Progress			Notes
				IN DEV	ONGOING	COMPLETE	
11	2011 Severe Flood Teleconference	Thailand				√	In October 2011, Cambodia, China, Malaysia, Myanmar, Singapore, Thailand, Philippines & Vietnam as well as reps from WHO SEARO & WPRO were in attendance to share disaster situation, previous experience & roles of FET in response to disaster.
12	ASEAN+3 FETN Workplan (2012-2015) Progress & Next Steps Video Conference	Thailand				√	In March 2012, Cambodia, China, Indonesia, Malaysia, Singapore, Thailand, & Vietnam attended & next steps identified, such as confirmed participants for Severe Flood Workshop.
13	2 nd Steering Committee Meeting Preparation & Outbreak Situations Video Conference	Thailand				√	In June 2012, Cambodia, China, Indonesia, Myanmar, Philippines, Singapore, Thailand & Vietnam attended. Technical difficulties discovered in Brunei Darussalam, Japan & Republic of Korea. Current outbreaks in Cambodia, China, Indonesia, Philippines, Singapore & Vietnam were discussed.
14	Develop Website	ASEAN+3 FETN Secretariat				√	In December 2011, the website was launched & includes information on network members, activities & secured documents (e.g. List of experts, alumni, trainers & fellows).
15	Develop Newsletter	ASEAN+3 FETN Secretariat				√	In December 2011, this monthly newsletter was disseminated & connects those among network, informs on regional activities, presents opportunities for FET fellows & other relevant topics in FET.
16	ASEAN+3 FETN Logo Contest	Philippines	ASEAN+3 FETN Secretariat			√	Logos have been submitted. Winning logo will be announced during 2nd ASEAN+3 FETN Steering Committee Meeting, July 2012.
17	Publications & advocacy for policy makers	ASEAN	ASEAN+3 FETN Steering Committee	√			At least two activities will lead to advocacy & published work, all of which are in development.

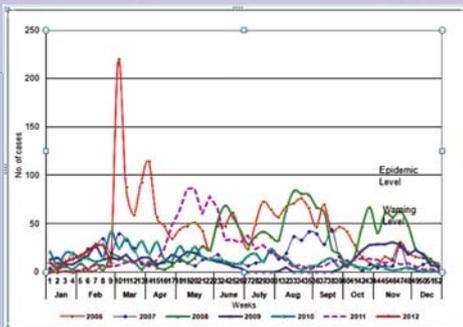
ASEAN+3 FETN

ASEAN Plus Three Field Epidemiology Training Network

PROPOSED 2013 ACTIVITIES

In addition to continuing efforts on the agreed Workplan (2012-2015), the following proposed activities will be discussed in the 2nd ASEAN+3 FETN Steering Committee Meeting, 3-4 July 2012, in Phuket:

- 1) Conduct joint study on FETP applicants/retention among FETN members
- 2) Organize and conduct regional workshop to develop research map priorities zoonosis (Note: Per AEGCD Medium Term Plan (MTP), ASEAN+3 FETN will collaborate with AEGCD, Cambodia is lead country)
- 3) Conduct short-course training on joint Human and Animal health outbreak Investigation on zoonosis (Note: Per AEGCD MTP, responsible parties include AEGCD & ASWGL, ASEAN+3 FETN, and Laos & Thailand are lead countries)
- 4) Conduct joint (multisectoral) field outbreak investigation and response (by using JMOIR) (Note: Per AEGCD MTP, ASEAN+3 FETN will collaborate with AEGCD, Cambodia is lead country)



ASEAN PLUS THREE

FIELD EPIDEMIOLOGY TRAINING PROGRAMS



ASEAN+3 FETN



BRUNEI DARUSSALAM



ASEAN+3 FETN Focal Point Dr. Ong Sok King (center) with trainers and senior health officers Hjh Mariam Hj Aliomar (left) and Ms. Mahani Hj Muhammad (right)



Field epidemiology activities to prevent and control HFMD in 2011 include active case finding in kindergarten classrooms and child care centers



Health education materials for the public are available in hard copy as well as on the Ministry of Health website

Program

A key strategy of the Ministry of Health (MoH) Vision 2035 focuses on upgrading human resources competencies and continuous professional development, with an emphasis on FET. The health system is continuously strengthened for early warning, detection and response to outbreaks of infectious diseases through capacity building. In terms of human resource development, this is done through enhancing national public health professionals' competencies in field epidemiology. The MoH has developed a vocational training program for probationary public health inspectors. This is a supervised, six-month, on-the-job training program. In addition, the Department of Health Services regularly conducts lectures on epidemiology and biostatistics to healthcare professionals.

Significant Achievements

A Hand, Foot, and Mouth Disease (HFMD) surveillance system was established in 1997 to prevent and control HFMD outbreaks. Under the Infectious Diseases Act (Cap 204), HFMD case notification is mandatory. In 2006, Brunei experienced its first major HFMD outbreak and Enterovirus 71 (predominantly subgroup B5) was isolated. There were more than 200 hospital admissions and 4 fatal

cases associated with HFMD. Since then, smaller HFMD outbreaks have occurred and been controlled. HFMD surveillance is continuously improved, including routine, sentinel and events-based surveillance. The MoH works closely with other agencies on active case findings in schools, kindergartens, childcare centers, and ensures satisfactory environmental sanitation and hygiene standards. To control the spread of HFMD, school closings are enforced and medical leave is granted to clinically-manifested HFMD patients and close contacts.

¹ Enterovirus 71 Outbreak, Brunei. Sazaly A et al No 1 Jan 2009 Emerg Infect Dis. 2009 January; 15(1): 79–82.



Applied Epidemiology Training

In 2011, the Communicable Disease Control Department, in collaboration with the WHO, began a six-month Applied Epidemiology Training (AET) Course for Rapid Response Teams (RRT). The course focuses on competencies required for effective surveillance, outbreak investigation and response.

During the six months, AET Officers attend didactic courses in Phnom Penh and are assigned to work on surveillance activities and outbreak investigations with the guidance of their respective field supervisors. Five provincial staff completed the training in 2011. As of June 2012, a second cohort is currently being trained. The AET aims to develop a national network of field epidemiologists who can detect and respond to disease outbreaks in a timely manner, thereby minimizing the ill effects on the population.

Significant Achievements

While the young AET program continues to grow, the epidemiological work of its fellows demonstrates the necessity of the program. Since establishment in 2011, the program has conducted outbreak investigations for avian influenza A (H5N1), dengue fever and mumps, to name a few. In 2012, Cambodia experienced an outbreak of Chikungunya virus and the AET team, along with the Pasteur Institute, was among the group to conduct an outbreak investigation. The team confirmed Chikungunya virus infection, ensured clinical management and provided guidance on treatment. On 8 June 2012, AET fellow Dr. Som Vandy shared the outbreak situation during the regional ASEAN+3 FETN video conference, for which participants from Cambodia, China, Indonesia, Myanmar, Philippines, Singapore, Thailand and Vietnam were in attendance.



Cambodia AET fellow records information from a child with dengue fever



AET fellow takes samples from suspected Chikungunya patients in Kampong Speu Province, Cambodia, 2012

CHINA



A group photo from the 6th Annual CFETP Conference held in Beijing, 2011



China FETP advisor & ASEAN+3 FETN Focal Point Dr. Zeng Guang (right) is informed on the local epidemic prevention efforts following the earthquake in Sichuan, 2008

China Field Epidemiology Training Program

In 2001, China Field Epidemiology Training Program (C-FETP) was established by the MoH. The two-year, full-time program requires 85% field work experience and the curriculum includes a focus on surveillance, research, and risk communication. For admittance into the program, trainees must have a medical background and at least a Bachelors Degree. A policy to employ C-FETP trainees in the MoH has ensured that each 111 CFETP alumni have continued to work for the MoH. C-FETP holds its annual C-FETP conference in Beijing, where FETP trainees worldwide share and exchange their experience in emergency response, field investigations, surveillance on infectious diseases and non communicable diseases.

Significant Achievements

Since inception, C-FETP efforts have made an impact nationally and across borders. Following the 2008 earthquake in Sichuan, C-FETP fellows promptly identified local epidemic prevention efforts and conducted a

field survey among medical volunteers. C-FETP activities vary from conducting national investigations on viral encephalitis to the provision of program guidance to the recently developed Mongolia FETP. C-FETP also shared its situation, surveillance and control methods for Hand, Foot, and Mouth Disease (HFMD) during the 1st ASEAN+3 FETN video conference, for which colleagues from Cambodia, Indonesia, Japan, Malaysia, Myanmar, Singapore, Thailand, and Vietnam were in attendance. Enterovirus 71, particularly subgenotype C4, has been predominant since 1988. Severe HFMD interventions included training of doctors and the education of parents to promote awareness of severe cases, which involve neurological, pulmonary and cardiac symptoms. Meeting participants received further guidance through the results from C-FETP's recently published studies that suggest certain drugs, Glucocorticoid and Pyrazolone, used to treat severe HFMD lead to more fatal outcomes.



Indonesia Field Epidemiology Training Program

The Indonesian Field Epidemiology Training Program (FETP) is a two-year, full-time graduate training program in applied epidemiology. Graduates from the program receive a Masters degree in either Public Health or Epidemiology, depending on the two universities granting the degree. In 1982, the non-degree program was conducted by the Directorate General of Disease Control and Environmental Health (DG DC & EH) of the MoH and assisted by consultant tutors from the US CDC. In 1990, the program was initially coordinated by a Secretariat at the DG DC & MoH along with universities. When WHO funding was terminated in 1992, the Secretariat at DG DC & EH was disbanded. FETP at both universities continued and the MoH slowly lost oversight over the program. In 2007, the MoH sought to renew oversight and has since held responsibility for ensuring the sustainability of FETP to contribute to the Indonesian public health workforce.

Significant Achievements

The FETP revitalization completed in 2008 marks one of Indonesia FETP's greatest achievements. The curriculum and program review led to the revision of the program structure. Field-based epidemiologic work increased to 75% and the remainder of the program was conducted in the classroom. In addition, FETP field supervisors were successfully recruited and an FETP Secretariat was established. Since 2008, the program has successfully conducted training to four batches of FETP students in two universities, with 106 students enrolled and 46 alumni. FETP students are actively involved in nationwide outbreak investigations, for

diseases that include rabies, leptospirosis, hepatitis A, diarrhea, diphtheria, dengue hemorrhagic fever, Chikungunya, anthrax, and paralysis. Indonesia FETP also successfully organized the 2011 6th TEPHINET Biregional Scientific Conference in Bali, for which nearly 700 participants from 33 countries were in attendance, 383 abstracts submitted and 26 Indonesian FETP students were selected for oral presentation.

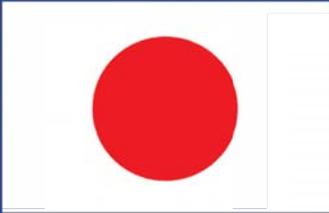


FETP fellow conducts an outbreak investigation of rabies



The late HE Minister of Health Republic of Indonesia opened the 6th TEPHINET Biregional Conference in Bali, November 2011

JAPAN



A meeting is held among local Department of Health officers and FETP-J trainees during a field mission for pandemic influenza in 2009



An FETP-J trainee conducts an outbreak investigation of mushroom-associated encephalopathy in 2004

Field Epidemiology Training Program - Japan

The Field Epidemiology Training Program - Japan (FETP-J) was established in 1999 to build a core group of field epidemiologists who can work on infectious disease emergencies, as the infectious disease control law took into force. FETP-J receives 5 trainees a year on average and has produced 50 competent graduates as of April 2012. In addition to outbreak response, surveillance data analysis and system review, and epidemiological research as core program activities, FETP-J has participated in international activities including outbreak investigations, a surveillance review mission in Mongolia, and surveillance and outbreak intelligence in close collaboration with the WHO and the Japan International Cooperation Agency.

Significant Achievements

FETP-J conducted field missions to investigate outbreaks of emerging diseases and diseases with unknown etiology. In 2004, an outbreak investigation of fatal encephalopathy predominantly affecting persons with renal failure identified the well-known edible mushroom *Pleurocybella porrigens* (also known as Angel's Wings) as the origin of the outbreak, which led to the release of a national alert.

In 2009, several field teams were deployed to conduct outbreak investigations for the first cluster of pandemic (H1N1) influenza cases in different places. Results revealed the clinical and epidemiological profile of cases as well as the effectiveness of large-scale school closures. Epidemiological analysis of cases with encephalopathy associated with pandemic (H1N1) influenza infection was presented at the 2010 TEPHINET Scientific Conference. FETP-J also conducted infectious disease risk assessments and an investigation of a norovirus infection outbreak in a large evacuation center housing survivors of the Great East Japan Earthquake in 2011.

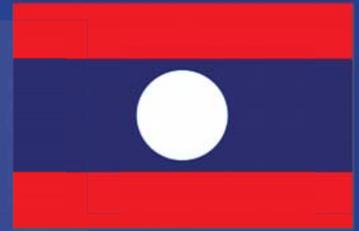
Lao PDR Field Epidemiology Training

The Lao MoH conducts an innovative one-year FET program tailored to the Lao context. Eight trainees from both the national and provincial level are selected annually from both human (6) and animal (2) health sectors, thereby facilitating the “one health” concept. Each of the three modules consists of a one-month practical classroom instruction and three months of applied/field epidemiologic experience. Each FET fellow is assigned an operational research project tailored to meet national public health needs. Applied activities are linked to supporting essential surveillance and response activities at the National Centre for Laboratory and Epidemiology (NCLE). The program was established by the Lao MoH (The National Emerging Infectious Disease Coordination Office and NCLE), with support from WHO and US CDC.

Significant Achievements

With critical human resource pressures and against the backdrop of pandemic influenza threats, Lao PDR recognized the need to strengthen and decentralize national epidemiological capabilities. FET has proved

to be a critical resource in the rapid identification and response to outbreaks and in providing accurate and timely surveillance data. The impact of trainees’ field work findings and recommendations has translated into MoH policy for the control of communicable diseases. These include, for example, the start of new vaccine initiatives for rubella and Japanese Encephalitis. The established and adapted FET Program now boasts 23 alumni who have returned to their workplace, located in 16 of 17 provinces, ready to employ their newly gained knowledge. Furthermore, these alumni now comprise the core human resources for undertaking training taken to the local level. The FET Evaluation Mission held in May 2011 led to four action plans, including FET course management, strategic planning for long-term sustainability, strengthening surveillance system, and graduate utilization and recognition. As of June 2012, advisory committees are developing a Terms of Reference to implement the said action plans



Group photo of the first cohort of Lao FET



Lao FET trainees conduct a Pertussis (Whooping Cough) outbreak investigation in the field



MALAYSIA



EIP Malaysia trainees join the GOARN (Global Outbreak & Response Network) workshop organized by WHO



EIP Malaysia and FETP Thailand conducting a Tuberculosis Surveillance system evaluation on border sites

Epidemic Intelligence Program Malaysia

Since inception in 2002, Epidemic Intelligence Program (EIP) Malaysia has progressed from an in-service training program into an integrated FET program for public health physicians. The program has produced forty alumni, many of whom have been promoted to high-ranking positions within the MoH Malaysia. Currently, the 6th cohort includes 13 public health physicians that will graduate in June 2013. To enrich the program and provide an international flavor, EIP Malaysia has invited international experts as trainers into the program.

EIP Malaysia has accomplished many important milestones, one of which is the formation of the 'EIP Gives Back Program', a program conducted by alumni to district health officers and state epidemiologists. This short course-training program includes outbreak management, surveillance and scientific report writing and is well received by the participants.

Significant Achievements

In 2010, EIP Malaysia joined forces with FETP Thailand to conduct a 'Case study development' workshop, where case studies for a cholera outbreak and Nipah encephalitis outbreak were developed using local scenarios. These case studies were eventually used during the 6th cohort's EIP Introductory Course. Due to the success of this venture, WHO WPRO sponsored an EIP Malaysia-FETP Singapore joint workshop to develop three case studies in 2011 (i.e. Dengue, Salmonella Enteritidis and Adenovirus Outbreaks).

Ten years after EIP establishment, the Deputy Director General of Health (Public Health), also the Chairman of the Advisory Committee of EIP Malaysia, has directed EIP Malaysia management to review the program, particularly the curriculum and selection of candidates, to meet the country's current needs. Inclusion of veterinarians into the program has been considered and joint projects on zoonotic diseases are underway.

Field Epidemiology Training Program Myanmar

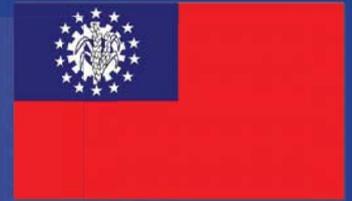
In 2008, the FETP in Myanmar was initiated to build technical field epidemiology capacity of health staff working in communicable disease surveillance and response. The FETP short course involves applied epidemiology training utilizing Myanmar's experience and lessons learnt. The FETP training centre is located at the centre of the Sinywar Gyi village and attached to the Rural Health Centre. There, the FETP trainees learn real community health management through the needs of local villagers. The program is run by the Central Epidemiology Unit of Disease Control Division, Department of Health, MoH and in cooperation with WHO and other FETP centers. Facilitators from the MoH, Livestock Breeding and Veterinary Department, WHO and retired senior epidemiologists contribute their expertise.

Significant Achievements

Trained doctors and basic health staff have utilized their acquired field epidemiology knowledge and skills to ensure surveillance and control of communicable diseases. Six FETP courses have been accomplished and scaled up capacity to 203 trainees.

Outstanding trainees have been and continue to be selected to join the regional FETPs based in India and Thailand. A total of 40 doctors and 26 health assistants were trained from these regional FETPs in a 2-year and 3-month course, respectively.

In response to large scale disasters Cyclone Nargis (2008) and Cyclone Giri (2010) as well as pandemic (H1N1) influenza 2009, HPAI outbreaks and other epidemics (e.g. cholera, meningitis, leptospirosis and vaccine preventable diseases), trainees from various levels were mobilized to participate in Rapid Response Teams (RRTs) of the State, Regional, District and Township Health Departments. Upon improving epidemiologic capacity of the RRTs at each level, the workload of the Central Rapid Response Teams has been reduced. The consequences of each public health event were alleviated and documented success stories have received recognition. Myanmar's MoH commits to expand in-country FETP and has plans to expand its training centre to be an international FETP training centre.



The Field Epidemiology Training Centre located in Sinywar Gyi Village, Myanmar



Myanmar FETP trainees conduct a rapid convenient assessment field survey on routine immunization coverage among women and children

PHILIPPINES



Field Epidemiology Training Program Philippines

In 1987, FETP Philippines started as a USAID project and was led by full-time consultants from the US CDC. Ten years later, the program became institutionalized in the MoH's Department of Health. The program's goal is to improve the practice of epidemiology in the governmental public health sector. Its vision is to have a culture of evidence-based decision-making in public health at all levels. The mission is to continuously produce competent field epidemiologists for the Philippines public health service. Five to seven government health workers, mostly physicians, with at least two years work experience are recruited each year to undergo the two-year training program.

Significant Achievements

Since conception, FETP Philippines has made significant achievements to public health nationally, which has received attention and recognition from reputable scientific organizations. During the 2011 TEPHINET Biregional Scientific Conference in Bali, fellows Dr. Jobin Maestro won first place for best poster presentation of "The First Documented Community-Acquired Methicillin-Resistant Staphylococcus Aureus Outbreak in Lasam Cagayan Philippines, 2010" and Dr. Norvie Jalani won third place for best presentation for the study "Suspect Anthrax Outbreak after exposure to Carabao Meat." During the 2012 EIS International Night Photo Contest, fellows Rowena Capistrano and Ma. Elaine Joy C. Villareal won second and third place for illustrating an FETP outbreak investigation and response to cholera-affected areas and an entomologic survey during a Chikungunya virus fever outbreak, respectively. Recently completed field work in 2012 includes Dr. Rolando V. Cruz "Risk Factors of Ebola Reston Virus Infection among Abattoir Workers."



FETP investigator with local health workers providing jerry cans and oral rehydration solutions in cholera-affected villages in Bataraza, Palawan, Philippines, April 2012. This photo was submitted by Rowena Capistrano and won 2nd place in the 2012 EIS Conference Photo Contest.



During a Chikungunya virus fever outbreak, An FETP fellow conducts an entomologic survey and examines whether an adult mosquito was caught amidst the sea of clothes in Davao City, Philippines, October 2011. This photo was submitted by Ma. Elaine Joy C. Villareal and won 3rd place in the 2012 EIS Conference Photo Contest.



Field Epidemiology Training Program Korea

Since 2000, Republic of Korea has run FETP with 'Public Health Doctors' who replace their mandatory military services by conducting the roles of Epidemic Intelligence Service (EIS) Officers. The EIS officers are appointed and expected to complete a three-week basic course in epidemiology and on-the-job training twice a year. Each year, a conference is held for the EIS officers to share their field experiences. Currently, about 30 EIS officers are allocated to the Korea Centers for Disease Control and Prevention (KCDC) and the provincial governments conducting epidemiological investigation on infectious diseases. Each year, 10 to 15 EIS officers are newly appointed and expected to serve for two to three years.

Significant Achievements

April 25th, 2011, a university hospital in Seoul reported to the KCDC that a cluster of fatal lung disease had been identified. The Central EIS Team of the KCDC was dispatched to the hospital. Through investigating clinical and epidemiological characteristics, the pathogenesis of the disease was suspected to be inhalation of toxic chemicals. After conducting a case-control study and an animal inhalation study, the EIS team concluded that the cause of this outbreak was inhalation of humidifier disinfectants containing biocide, which induces fibrotic change in lungs. The Korean government immediately withdrew the humidifier disinfectants from the market. The KCDC is currently trying to identify additional patients.



A Korea FETP fellow identifies fibrotic change in lung parenchyma of rats through inhalation of a humidifier disinfectants containing biocide



The Korea FETP advisory committee confirmed the relationship between the inhalation of humidifier disinfectants and an outbreak of fatal lung disease through a diverse epidemiologic investigation



SINGAPORE

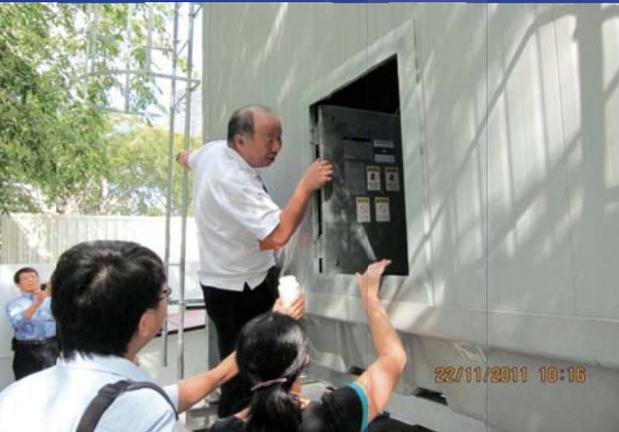
Singapore Field Epidemiology Training Program

The Singapore Field Epidemiology Training Program (S-FETP) is administered by the Communicable Diseases Division of the MoH. This program aims to build a cadre of field specialists who can support the public health mission in Singapore. It is run every two years and the first run was launched in July 2010. Developed as a process of discovery through the adventures of a fictitious superhero, EPiMAN, the learning environment is intended to be fun and exciting with plenty of field work and hands-on opportunities in public health practice.

Besides field epidemiology service, trainees pick up on subjects such as global health security, built environment and ecology, lifestyle and outbreak epidemiology, and public health leadership. At the invitation of Thailand, S-FETP is a founding member of the regional ASEAN+3 FETN.

Significant Achievements

S-FETP is pioneering epidemiological training for non-medical graduates to overcome the shortage of medical manpower, and effectively builds them up to equivalent standards. In 2011, S-FETP conducted a Joint Workshop on development of case studies on infectious disease outbreaks with WHO and regional counterparts such as the Malaysian Epidemic Intelligence Program. In addition, trainees were provided opportunities to present their FETP projects at a number of regional and international scientific conferences. The first batch of officers will graduate in June 2012. One officer has already been invited to pursue a two-month attachment with WHO in Manila upon completion of S-FETP.

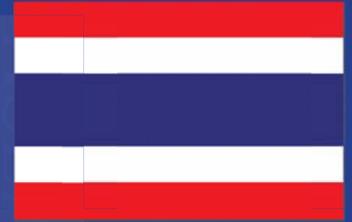


Trainees learning practical skills from a senior field officer sampling water tanks for Legionella bacteria



Trainee with senior field officer searching for Microsporidia during an outbreak of keratoconjunctivitis among rugby players in 2012

THAILAND



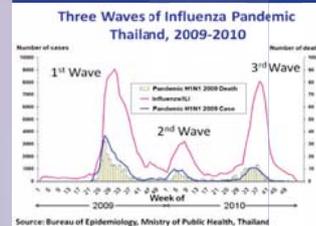
Field Epidemiology Training Program-Thailand

In 1980, FETP-Thailand was established in a collaborative effort of Thai MoPH, the WHO and the US CDC. The program's alumni include 206 epidemiologists (170 Thais and 36 internationals) that serve in various public health sectors, mainly in the MoPH/MoH in graduates' home country. As front liners in the field, the trainees and graduates serve as a taskforce of MoPH to fight EIDs and other health threats.

Significant Achievements

FETP Thailand has made major achievements, include the establishment of new, effective surveillance systems (e.g. sentinel influenza and influenza-like illness) in response to pandemic influenza (H1N1) 2009. During Thailand's 2011 severe flood disaster,

the FETP established the events-based surveillance system and syndromic surveillance system in shelters. Unintentional electrocution was identified as the emerging threat to those residing in urban areas. When a significant increase in electrocution-related fatalities was detected, new prevention measures were promptly developed and implemented in the flood affected areas. The interventions resulted in the decline in fatalities. The FETP team also worked closely with provincial authorities to prevent disease outbreaks (e.g., cholera, food poisoning and Leptospirosis) in flooded areas that were previously prone to epidemics. Under the incident command system, alumni and trainees played a vital role in providing up-to-date information to ensure appropriate response to the evolving disaster.



FETP Thailand's investigation and control of pandemic (H1N1) influenza outbreak in a prison, 2009



FETP Thailand trainees conduct an outbreak investigation of diarrheal disease during the 2011 flood crisis



Vietnam Field Epidemiology Training Program

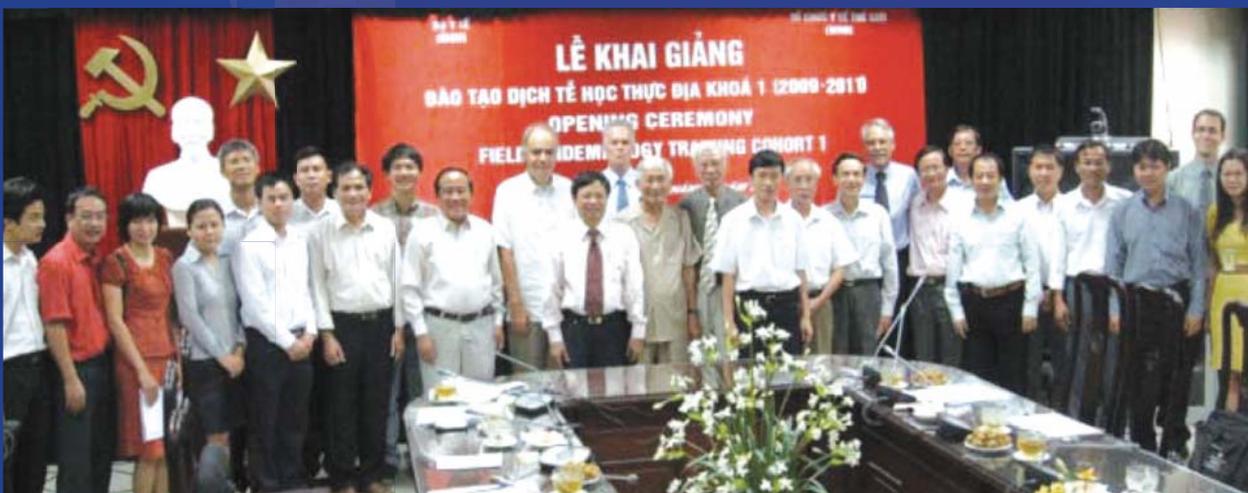
In 2007, the Vietnamese Health Ministry, with the support of WHO, UNDP, FAO, and UNICEF, deployed operations for the FETP. The goal is to increase the power of preventive medicine through epidemiology training focused on surveillance, prompt response, timely handling, rapid disease control and identifying the source of outbreaks or public health events of national concern. FETP ultimately contributes to improving people's health. The variety of completed field surveys and implemented projects from students during FET provide epidemiologic evidence for the decision-making process, high-quality recommendations and information that help build public health policies and guidelines into practice. Vietnam FETP is a member of TEPHINET, SAFETYNET and ASEAN+3 FETN.



FETP Vietnam conducts survey to assess potential risk factors of IPPH syndrome among minor ethnic households in Ba Dien commune, Ba To district, Quang Ngai, Vietnam

Significant Achievements

The principle of Vietnam FETP is based on “training through practicing.” The first batch of Vietnam FETP started in 2009 and five fellows graduated in 2011. These fellows were involved in effective response to public health problems in Vietnam, particularly during investigations for emerging diseases such as influenza (e.g. H5N1, pandemic (H1N1) influenza 2009), cholera, HIV/AIDS, plague, and dengue fever as well as food safety investigations. In February 2012, Vietnam FETP's third batch was initiated. This batch of fellows were involved in the investigation for what started out as a mysterious unknown disease that emerged from the central Quang Ngai province, and has since been confirmed as inflammatory palmoplantar hyperkeratosis (IPPH) syndrome.



Graduation ceremony for the first batch of Vietnam FETP in 2011

ASEAN+3 FETN

ASEAN Plus Three Field Epidemiology Training Network

ABBREVIATIONS & ACRONYMS

AEGDC:	ASEAN+3 Expert Group on Communicable Diseases
AET:	Applied Epidemiology Training
ASCC:	ASEAN Socio-Cultural Community
ASEAN:	Association of Southeast Asian Nations
ASEC:	ASEAN Secretariat
CDC:	Centers for Disease Control and Prevention
C-FETP:	China Field Epidemiology Training Program
DG DC & EH:	Directorate General of Disease Control and Environmental Health
EID:	Emerging Infectious Disease
EIP:	Epidemic Intelligence Program
EIS:	Epidemic Intelligence Service
FAO:	Food and Agriculture Organization
FET:	Field Epidemiology Training
FETN:	Field Epidemiology Training Network
FETP:	Field Epidemiology Training Program
FETP-J:	The Field Epidemiology Training Program - Japan
HFMD:	Hand, Foot, and Mouth Disease
IFETP:	International FETP
IPPH:	Inflammatory Palmoplantar Hyperkeratosis
KCDC:	Korea Centers for Disease Control and Prevention
MBDS:	Mekong Basin Disease Surveillance
MoH:	Ministry of Health
MoPH:	Ministry of Public Health
MTP:	Medium Term Plan
NCLE:	National Centre for Laboratory and Epidemiology
RRT:	Rapid Response Teams
SARS:	Severe Acute Respiratory Syndrome
S-FETP:	Singapore Field Epidemiology Training Program
SOMHD:	Senior Officials Meeting on Health Development
TEPHINET:	Training Programs in Epidemiology and Public Health Interventions Network
ToR:	Terms of Reference
UNDP:	United Nation Development Program
UNICEF:	United Nations International Children's Emergency Fund
USAID:	United States Agency for International Development
WHO:	World Health Organization
WHO SEARO:	World Health Organization Southeast Asia Regional Office
WHO WPRO:	World Health Organization Western Pacific Regional Office

APPENDIX A: ASEAN+3 FETN TERMS OF REFERENCE

I. PREAMBLE

1. In reference to the Joint Statement of the 4th ASEAN Plus Three Health Ministers Meeting on 23rd July 2010 in Singapore, the Health Ministers of ASEAN Plus Three countries have agreed upon the common aim of improving the health situation in the region; and have supported the development of networking among Field Epidemiology Training Programs in ASEAN Member States and Plus Three Countries.
2. In the 5th ASEAN Expert Group on Communicable Diseases (AEGCD) Meeting in Kuala Lumpur, Malaysia held on 29-30 November 2010, Thailand presented the concept paper of “ASEAN Plus Three Field Epidemiology Training Network.” The Meeting endorsed this initiative and agreed to incorporate it as one of the components under the “Medium Term Plan on Emerging Infectious Diseases (2011-2015)” as detailed in the “ASEAN Strategic Framework on Health Development (2010-2015)” endorsed by the 10th ASEAN Health Ministers Meeting (AHMM) on 22nd July 2010 in Singapore.
3. As tasked by the 5th AEGCD as a lead country to formulate this network, the Thailand Ministry of Public Health called for a one-and-a-half-day (1 ½ day) meeting among all program managers and authorities from ten (10) ASEAN Member States with China, South Korea and Japan. The meeting was held in Bangkok on 24-25 January 2011 with the objective to develop the Terms of Reference (TOR) for the ASEAN Plus Three Field Epidemiology Training Network which will be abbreviated as “ASEAN+3 FETN”.
4. The members of the ASEAN+3 FETN are composed of ASEAN Member States and the ‘Plus Three Countries’. These are Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People’s Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, the Socialist Republic of Viet Nam, the People’s Republic of China, Japan, and Republic of Korea.
5. The members of FETN have agreed on the references detailed sections II to VI. This TOR will include guiding principles, objectives, main activities, governing structure, resource mobilization and funding.

II. GUIDING PRINCIPLES:

6. The ASEAN +3 FETN shall embrace the following guiding principles;
 - a. Equal partnership especially in joint decision making;
 - b. Building the capacity and narrowing the gaps;
 - c. Enhancing trust and cooperation;
 - d. Harmonizing different FET programs in ASEAN+3; and,
 - e. Synergizing with global/regional organizations and its strategies, including International Health Regulation 2005 (IHR), Asia Pacific Strategies on Emerging Diseases (APSED), and ASEAN Strategic Framework on Health Development (2010-2015).

I. OBJECTIVES

7. The ASEAN+3 FETN is a field-based epidemiology training network, based on 'in-service' training concept. It has been realized that ASEAN Member States and Plus three countries are at different stages of developing and enhancing their capacity in Field Epidemiology Training (FET). The ASEAN+3 FETN shall therefore collectively work and encourage diversity to attain the common goal of building national and regional capacity on Field Epidemiology Training to achieve the vision of "Healthy People, Healthy Region".
8. The main objectives of the network are as follows:
 - a. To promote and facilitate collaboration and cooperation among members of ASEAN+3 FETN for the advancement of the training capacity in the region.
 - b. To advocate and support the development and enhancement of national capacity in field epidemiology training among ASEAN Member States and Plus Three Countries.

I. MAIN ACTIVITIES:

9. The priority activities of the ASEAN Plus Three FETN may include the following:
 - a. Provide a forum for sharing of training opportunities such as workshops, experiences, experts, trainers, training materials, good practices, resources in field epidemiology training.
 - b. Assist ASEAN Member States and Plus Three Countries in enhancing training capacity of FET in their own country; and
 - c. Promote and advocate an enabling environment for field epidemiology in the service of public health.

II. GOVERNING STRUCTURE

10. Each ASEAN Member States and Plus Three Countries will designate two relevant officers, one to be a country coordinator for this network and another one as an assistant coordinator or alternate.
11. The ASEAN+3 FETN shall be administered by the Steering Committee that consists of country coordinators from each of the ASEAN Member States and Plus Three Countries. The Steering Committee will select the chair and vice chair with a one-year term. For the purpose of continuity, the vice chair of the current year will be the chair of the following year. The chair and vice chair will be rotated among all ASEAN+3 FETN members based upon the readiness and the agreement of Steering Committee. The Steering Committee will commence its function immediately following the endorsement of this TOR. Steering Committee will formulate the 'Strategic Plan and Work Plan' as well as oversee the progress and achievements of ASEAN+3 FETN. Mechanism of work and other details will be later formulated by the Steering Committee.
12. During the one year term, daily activity and administration matters of ASEAN+3 FETN are coordinated and executed by the chair along with the support from the ASEAN Secretariat. The ASEAN Member States and Plus Three Countries holding the chairmanship of the ASEAN+3 FETN should provide additional secretariat function to support the chair during their term

13. In addition to the ASEAN Member States and Plus Three Countries, other interested relevant organizations and networks will be invited to join as dialogue partners.

VI. RESOURCES MOBILIZATION and FUNDING

14. The ASEAN Member States and Plus Three Countries agree to help mobilize and voluntarily share resources, including, but not limited contributions from potential development partners.

VII. OTHERS

15. This TOR can be periodically amended upon agreement of Steering Committee of ASEAN+3 FETN, reviewed by AEGCD and endorsed by



Establishing ASEAN+3 Field Epidemiology Training Network

ASEAN+3 FETTN

ASEAN Plus Three Field Epidemiology Training Network





ASEAN+3 FETN

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