



Workshop Proceedings

Science and Art for Epidemiologist to influence Policy makers

by

ASEAN+3 FETN and ASEAN Plus FETN Foundation

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PREFACE

ASEAN Plus Field Epidemiology Training Network Foundation (ASEAN+ FETN Foundation) is a non-profit foundation established, with endorsement from the 10th ASEAN Experts Group on Communicable Disease (AEGCD) and the 10th Senior Official Meeting on Health Development (SOMHD), in 2015 to mobilize resources for sustainable development of epidemiological capacity in ASEAN and countries with collaboration agreement.

The Foundation has been working closely with ASEAN Plus Field Epidemiology Training Network (ASEAN+3 FETN, the network of FETP programs in ASEAN countries and China, Japan and Republic of Korea under the umbrella of ASEAN+3 Cooperation Frame) to address the mutually interested issues on the grounds of training and epidemiology, and share the experience gained from the field.

One of the frequent mentioned issue is the bridging scientific findings to policy making. During field investigations of the public health events, the field epidemiologists are often expected to produce technical results and report to high levels. However, given the limited time and human resource, high demand of immediate information feed from higher authorities and media, the communication is often challenging.

Unfortunately the training of communication with policy makers are not in the current curriculum of most of the FETP programs in our region. On the other hand, the previous investigation experience sharing of the network indicated that there are existing expertise in our region. Thus, the ASEAN PLUS Foundation proposed this training concept to the FETP network in ASEAN (i.e. ASEAN+3 FETN), and together we design this workshop, namely “Science and art for epidemiologists to influence policy makers”.

We are grateful that the 9th TEPHINET Global Conference organizer, the Royal Thai Government represented by Ministry of Public Health Thailand, and the TEPHINET Secretariat, provided us the opportunity to implement our workshop as one of the pre-conference workshop. And we are happy to share this product with other colleagues in the world, and hope this important training could be adopted and promoted in more applied epidemiology training programs.

Dr. Supamit Chunsuttiwat

Chairman

ASEAN Plus FETN Foundation

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INTRODUCTION

FETN

The Association of Southeast Asian Nations, or ASEAN, was established in 1967 to accelerate the economic growth, social progress and cultural development, promote regional peace and stability. Up-to-date there are 10 member countries including Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Singapore, Thailand, The Philippines and Vietnam. ASEAN Plus Three Cooperation framework was adopted by ASEAN and China, Japan, Republic of Korea in 2007, to accelerate and deepen the regional cooperation.

In January 2011, Program Directors and the Authorities of field epidemiology training programs in ASEAN Member States and Plus Three Countries established the ASEAN Plus Three Field Epidemiology Training Network (ASEAN+3 FETN) which was endorsed by ASEAN+3 Senior Officials Meeting on Health Development under health elements of ASEAN Socio-Cultural Community (ASCC) Blueprint. ASEAN +3 FETN aims to advocate and support the development and enhancement of national capacity in field epidemiology training, and to promote and facilitate collaboration and cooperation for the advancement of the epidemiology training capacity in the region.

The network is governed by a Steering Committee with a rotating Chairmanship (2011- 2012 by Thailand, 2013 by Myanmar, 2014 by Philippines, 2015 by Vietnam, 2016 by Indonesia, 2017 by Singapore, and 2018 will be led by Cambodia and Japan). A Coordinating Office is located in Bangkok Thailand to support Steering Committee.

FETN Foundation

ASEAN Plus Field Epidemiology Training Network Foundation (ASEAN+ FETN Foundation) is a non-profit foundation established in 2015 to mobilize resources for sustainable development of epidemiological capacity in ASEAN and countries with collaboration agreement.

It was proposed by ASEAN+3 FETN Steering Committee Meeting in Vitenam 2015, and then approved by the 10th ASEAN Experts Group on Communicable Disease (AEGCD) in Brunei, 2015 and the 10th Senior Official Meeting on Health Development (SOMHD) in Vietnam, 2015.

Being designated as a Lead Country for capacity building , Thailand MoPH provided supports for legal registration of the foundation under Thai laws. However, the foundation works in accordance with ASEAN structure, and its activities target at all member states of ASEAN Plus Three cooperation.

Pre-workshop in The 9th Global TEPHINET

The Training Program in Epidemiology and Public Health Interventions Network (TEPHINET) is a network of 69 field epidemiology training programs in more than 100 countries around the world. TEPHINET aims to strengthen international public health capacity by training field epidemiologists through an applied apprenticeship program.

TEPHINET has co-sponsored a global conference every two years in various countries, including Canada, Brazil, Spain, China, Malaysia, South Africa, Jordan and Mexico.

Thailand MOPH hosted the 9th TEPHINET Global Scientific Conference during 7-11 August 2017 at the Empress Chiang Mai Hotel, Chiang Mai province, Thailand. More than 650 epidemiologists and other professionals from 80 countries participated in this conference, and 370 oral / poster presentations were presented, and 8 plenary talks were held.

Typically, 10-15 workshops precede TEPHINET global scientific conference each time. FETN foundation was invited to host a workshop named “Science and art for epidemiologists to influence policy makers”.

CONCEPT PAPER

SCIENCE AND ART FOR EPIDEMIOLOGISTS TO INFLUENCE POLICY MAKERS

Background

Scientific findings from the field make an impact only if they are used to drive public health actions. And field epidemiologists often find themselves under pressure of convincing policy makers to take immediate move in response to the publicly concerned events. Thus, communicating with decision-makers to promote rapid and appropriate use of evidence based recommendations is important for field epidemiologists.

Learning objective

This workshop is designed to help field epidemiologists to understand typical policymakers' information needs, and get familiar with essential messages and channels for communicating with policymakers.

Potential audiences

- Trainees of Field Epidemiology Training Programs
- Field Epidemiologists and national response team
- Public health officers, veterinarians

Workshop design

The main structure of the workshop are:

1. Lectures:
 - a. the importance of epidemiologist to influence policy makers
 - b. Lecture: key information needed for policy makers/try to think in the shoes of policy makers
 - c. Lecture: communication skills (written and verbal)
2. Panel Talk/ case study:
 - a. 2-3 case studies will be presented by key investigators, these case studies should
 - i. From 2-3 ASEAN+3 FETN member countries
 - ii. Be investigations/studies of communicable and non-communicable diseases that had impact on national policies
 - iii. Or/and efforts to influence the po
 - b. One facilitator will oversee the presentations and invite discussants to give opinions
 - c. Two to 3 commentators will be invited to give comments
 - i. They should be composed of a (ex) policy maker, a senior field epidemiologist, a senior researcher
 - ii. They are expected to analyse the investigation by
 - Success vs failure
 - Science (principles written in text books or training materials) vs Art (empirical personal judgements)
 - Recommendations for improvement
 - d. Audiences will be invited to join the discussion at the end of each study

- e. Rapporteurs will note the discussions
- f. Materials will be documented for further developments of the workshop

Workshop length:

This workshop will be 3 hours long 9:00am to 12:00pm.

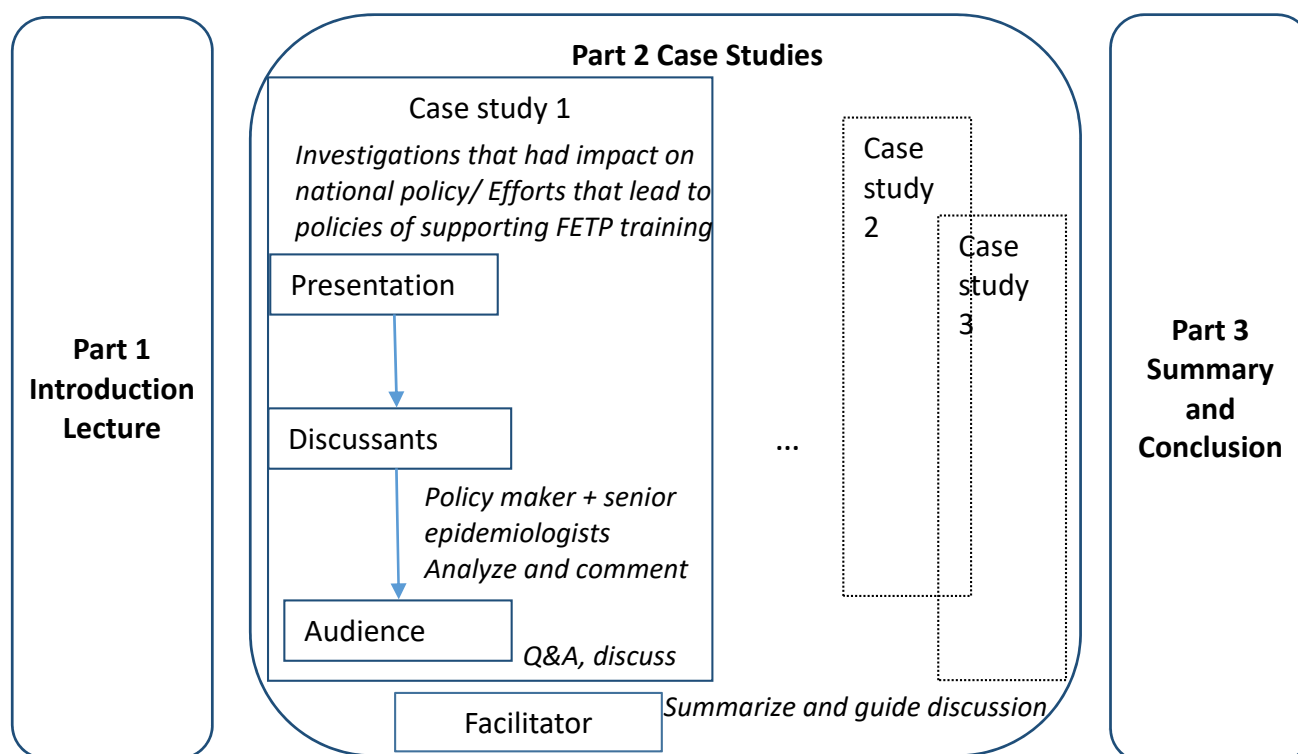


Fig1. Main contents of the workshop

Expected outcomes

By the end of the workshop, participants are expected to be able to

- Get familiar with principles and skills of effective communication with policy makers
- Get experience from member countries' presentation and discussion

WORKSHOP AGENDA

8:30 am Workshop starts

8:30 am – 09:30 am **Session 1: Introduction**

- Opening by facilitator
- Introduction of ASEAN Plus FETN
- Introduction of speakers and discussants
- Principles of communicating with policy makers (Dr. Wiwat Rojanapithayakorn)

09:30 am – 10:00 am **Session 2: Case studies and discussion**

- Pushing the boundaries of public health policy: the Singapore field epidemiology experience (Dr. Steven Ooi)

10:00 am – 10:30 am Tea break

10:30 am – 11:30 am **Session 3: Case studies and discussion (Con.)**

- Application of epidemiology to influence public policy: Thailand's experiences in the preparedness and response to emerging infectious diseases (Dr. Supamit Chunsuttiwat)
- Experience from Japan: fortune has only forelock (Dr. Tomoe Shimada)

11:30 am – 12:30 pm **Session 4: Syntheses of best practices and recommendations**

- Summary and recommendations

12:30 pm – 02:00 pm *Lunch break*

PRESENTATION AND CASE STUDIES

PRINCIPLES OF COMMUNICATING WITH POLICY MAKERS

Dr. Wiwat Rojanapithayakorn

Epidemiologists can develop health policies by becoming a policy maker, recommending proper policies through technical reports including publications in scientific journal, presenting the proposed policies in public health meetings and conferences, advocating through various forms of social media, taking part in appropriate methods of policy development (e.g. national health assembly), and communicating with policy makers.

Principles of communication with policy makers include understanding the rationale and the need for developing a specific policy, understanding the process and contents of policy development, making available the evidences on the policy issues to convince policy makers, seeking opportunity to communicate with policy makers, and being capable to prepare policy messages for policy makers.

Opportunities to communicate with policy makers vary from submitting technical documents to identifying the persons who can influence the policy makers.

Dr. Wiwat stated that epidemiologists should have faith in their capability of developing good health policies, and encouraged them to take opportunities to communicate with policy makers through various channels.

CASE STUDY 1:
PUSHING THE BOUNDARIES OF PUBLIC HEALTH POLICY:
THE SINGAPORE FIELD EPIDEMIOLOGY EXPERIENCE

Assoc Professor (Dr) Steven Ooi

Singapore, an international trade and travel destination with one of the highest population densities in the world, faces many potential microbial threats to public health. To better understand how epidemiologists can influence policy makers, we present a case study on leptospirosis in Singapore.

In late 2016, leptospirosis was made a notifiable disease under our Infectious Diseases Act. We observed within a few months from 2016-2017 that incidence was largely in 15-24 year olds with no recent travel history or other known environmental risks. This contrasted with past investigations as early as 2008 which had identified the typical cases as foreign workers aged 25-34 years with exposure to rats through improperly stored food in dormitories. The recent cases coincided with media reports of increased rat sightings in the community and also an outbreak of canine leptospirosis.

The Singapore field epidemiology service employed its One-Health approach in animal and environmental surveillance. Surveys by the National Environment Agency confirmed leptospira in 41% of the local rat population, and proliferation of rat burrows in close proximity to human residence. It was soon realized that sustainable rodent control would have to be a community-wide effort to deny rats access to food wastes, and that responsibility for prevention and control cannot be borne by any single agency or stakeholder alone.

When pushing the boundaries of public health policy, the mission and pressure points of key stakeholders need to be understood. Three important lessons learnt from this experience are that: (1) epidemiologists should not infer beyond what scientific evidence supports; (2) stakeholder engagement and persuasion is more art than science; and (3) influencing policy makers requires credibility, mutual respect and patience.

CASE STUDY 2:
APPLICATION OF EPIDEMIOLOGY TO INFLUENCE PUBLIC POLICY:
THAILAND'S EXPERIENCES IN THE PREPAREDNESS AND RESPONSE TO
EMERGING INFECTIOUS DISEASES.

Dr. Supamit Chunsuttiwat

In the past decade Thailand, like other countries, has been struggling to get well-prepared for emerging infectious diseases as well as other public health emergencies. In such efforts, the concerned authorities, especially those at national level, have to take special care of policy development and advocacy, in parallel with attention on other essential tasks. Clear policy directions are critical for mobilizing and coordinating multi-sectoral efforts toward the common goals, and strong policy support is crucial for the availability and sufficiency of essential resources. Essentially, epidemiologic concepts and methodology are applied in policy development and decision, while strategic communication helps secure policy maker attention and facilitate their decision making. The application of epidemiology and communication strategy in public health policy development and decision on the preparedness and response to EIDs is highlighted in several respects of previous public health policy development.

The first example is the effort made around 2005 to acquire government's policy decision on pandemic influenza vaccine capacity development. The rationale for this endeavor was based on the consideration that in the face of influenza pandemic, vaccination was considered the most effective preventive strategy; and to ensure national security during pandemics, access to a pandemic vaccine for the people at large must be secured. Therefore, a government's policy to establish national capacities on influenza vaccine and vaccination was desirable. The MOPH tried to obtain the expected policy support by proposing a package of influenza vaccine capacity development for cabinet approval. This package contained projects on influenza vaccine manufacture and influenza vaccination. The justification of these projects was supported by hordes of crucial epidemiologic evidence that included estimates of health and socioeconomic burdens of influenza in seasonal and pandemic situations, as well as the estimates on cost-effectiveness of investments on influenza vaccine and immunization. Eventually, the government granted approval for these projects that are now under MOPH implementation.

In relation to this example, policies and strategic frameworks on influenza vaccination were developed that provide guidance for identification of target population, selection of vaccine strains, and timing of annual vaccination campaign. The guidance was built on public health consideration with the support of strong epidemiologic evidence.

Soon after the acquisition of policy on pandemic influenza preparedness, MOPH moved on to extend the scope of national preparedness from avian and pandemic influenza to address emerging infectious diseases on a broader scale. This extension essentially required well-

informed policy decision of the government, and such information was based significantly upon epidemiologic evidence. Eventually, the new revisions of the National Strategic Plan have their scope of work extended to cover emerging infections in general, including antimicrobial resistance and bioterrorism.

Based on these experiences, a key success factor was the effective communication strategy. It is essential to ensure that all key policy makers and stakeholders, who were involved in policy process, are well aware and well informed of essential data and information. Simultaneously, public awareness of risks and the need for risk reduction must be enhanced. In this regard, cooperation of the media is crucial. In addition, different backgrounds and agendas of the policy makers must be heeded, and appropriate communication strategies is required to ensure the desired outcome.

CASE STUDY 3:**EXPERIENCE FROM JAPAN: FORTUNE HAS ONLY FORELOCK****Dr. Tomoe Shimada**

During 1999-2007, the measles surveillance collected aggregated data from sentinel sites of pediatric and adult medical care facilities. And in 2006 the two-dose measles vaccine was implemented. In the same year, the data from serologic surveillance of vaccine preventable disease had revealed low immunity in teenagers and young adults despite routine Measles vaccine since 1978. However there was no major policy change resulted from this warning sign presented by epidemiologist. In 2007 the large measles outbreak occurred, and epidemiologists collected, analyzed on measles situation and kept trying to convince policy makers. Social pressure from both outside and inside Japan finally moved policy makers. National Measles Elimination Plan was issued to address the supplementary immunization to cover birth cohort of low measles immunity, and case-based measles surveillance to promote rapid confirmation and control. These policies helped Japan to achieve Measles Elimination in 2016, and FETP continued its efforts in responding to imported Measles.

Dr. Tomoe Shimada stated that concrete scientific evidence does not always convince policy makers. However proper time shall come. Field epidemiologists need to be prepared to “seize the fortune by the forelock.”

KEY MESSAGES

Epidemiology has been defined as the study of disease distribution (time, place and person), host, agent and environment, and its underlying factors. In the processes of health policy development, resource has always been a major concern to address various health needs in developing countries. To make evidence-based decision, Policy makers will need support from epidemiologists to define the needs, prioritize the allocation of limited resources to deal with public health problems.

Epidemiological studies are often the triggers to start the policy development. It is important for all epidemiologists and public health personnel, no matter how senior or junior in career, to be aware of their potential to make a big difference by influencing policy at an appropriate level in one way or another. Epidemiologists, through proper utilization and implementation of field epidemiology, should ensure the legitimacy of the study, and the credibility of the results. And it is critical that epidemiologists should only infer from what scientific evidence supports.

However, concrete scientific evidence does not always turn into good policies. Policy makers won't take action unless they are convinced the message from the study is salient (the policy will help the public). The art of communicating policy message comes in with the timing of persuading the policy makers and engaging stakeholders. It takes credibility, mutual respect, patience and good timing to achieve the maximum impact.

To FETP programs, as the main agencies producing field epidemiologists, the training on translating field study data into policies is of great value. Field epidemiologists need to be prepared to "seize the fortune by the forelock" when the proper time for epidemiologist to influence policies comes.

ASEAN+3 FETN and all public health personnel shall continue working together on "Saving Millions through Public Health, One Life at a Time."

SUGGESTIONS FROM PARTICIPANTS

- Adding Line of communication and line of order for risk Communication
- Including this workshop into curriculum of Training for Trainers
- Adding policy related content into FETP training component
- Including case studies non-communicable diseases
- Including more studies of one Health approach with evidences
- Adding more epidemiological approach involving communities
- Modify this workshop and target policy makers as audiences
- Further development of the workshop with support from international partners such as US.CDC
- Conduct supplementary activities such as side meeting/workshop in the regional meetings and trainings
- Developing proceedings of this workshop

WORKSHOP SUMMARY

The Science and Art for Epidemiologists to Influence Policy Makers Workshop was jointly conducted by The ASEAN Plus FETN Foundation together with the ASEAN Plus Three FETN as a Pre-conference Workshop of the 9th Global TEPHINET Scientific Conference on 6 August 2017 in Chaingmai Thailand.

This workshop aimed to help field epidemiologists to understand typical policymakers' information needs, and get familiar with essential messages and channels for communicating with policymakers.

Thirty three participants from 11 countries joined this half-day workshop. Principles of communication with policy maker was introduced, and 3 case studies based on real experiences from Japan, Singapore and Thailand were shared. Key messages were summarized after discussion among experts and participants.

The workshop concluded that epidemiologists could facilitate evidence-based policy making. The process should be initiated with legitimate study and credible results, and followed by smooth communication with right focus and good timing. These steps require skills and experience which could, and should, be trained in FETP programs.

Workshop participants also suggested further actions regarding bridging technical finding and policy making, including further develop this workshop with international development partners, repeat this workshop to cover wider ranges of audience, adding related contents into curriculum of FETP training especially Training of Trainers, etc.



**Draft Report of TEPHINET Pre Conference Workshop
Science and Art for Epidemiologists to Influence Policy Makers**

**5 August 2017
Empress Hotel, Chiang Mai, Thailand**



Background

Scientific findings from the field make an impact only if they are used to drive public health actions. And field epidemiologists often find themselves under pressure of convincing policy makers to take immediate move in response to the publicly concerned events. Thus, communicating with decision-makers to promote rapid and appropriate use of evidence based recommendations is important for field epidemiologists.

The Training Program in Epidemiology and Public Health Interventions Network (TEPHINET) is a network of 65 field epidemiology training programs in 90 countries around the world. And a global scientific conference is organized every two years by TEPHINET and a host member country. The 9th Global TEPHINET Global Scientific Conference was held during 7-11 August 2017 in Chiang Mai, Thailand. Over 650 epidemiologists and other professionals from 80 countries joined this conference. And 13 pre-conference workshops were conducted by various organizations.

The ASEAN Plus FETN Foundation together with the ASEAN Plus Three FETN organized the “Science and Art for Epidemiologists to Influence Policy Makers Workshop” on 6 August 2017. And the United States Centers for Disease Control and Prevention (US.CDC) provided technical support. Speakers from 4 member countries (Indonesia, Japan, Singapore, Thailand) and US.CDC shared their experiences, and 33 participants from 11 countries joined the workshop.

Objectives

This workshop is designed to help field epidemiologists to understand typical policymakers’ information needs, and get familiar with essential messages and channels for communicating with policymakers.

Workshop design

This workshop was composed of a short lecture, case studies from 3 Asia countries (Japan, Singapore, and Thailand) based on real experiences of success and missteps. And 2 discussants (Dr. I Nyoman Kandun from Indonesia and Dr. Alden Henderson US.CDC) were invited to give comments on the case studies, participants were also encouraged to join the discussion and share their real experience and challenges. List of speakers and agenda appear as Annex 1 and 2.

Workshop contents and outputs

1. Opening

The facilitator Dr. Kamnuan Ungchusak opened the workshop and Dr. Chen Lei gave the brief introduction of ASEAN Plus FETN Foundation and ASEAN+3 FETN network. Dr. Chen Lei’s presentation appears as Annex 3.

2. Lecture: Communication with Policy Makers

Dr. Wiwat Rojanapithayakorn gave the short lecture on Communication with Policy Makers, Principles of Communication with policy makers. He emphasized the importance of

understanding the rationale and the need, understanding the process and contents of policy development, and making available the evidences, seeking opportunity to communicate with policy makers, then finally preparing policy messages. Dr. Wiwat Rojanapithayakorn's presentation appears as Annex 4

3. Case studies

a. **Pushing the boundaries of public health policy: the Singapore field epidemiology experience:**

Prof Steven Ooi from Singapore FETP presented their experience in influencing public health policy based on limited evidence of changing local epidemiology of leptospirosis as a rodent-borne disease. In employing the One-Health approach and community involvement to control the reservoir population, Prof highlighted that influencing policy requires credibility, mutual respect and patience. Prof. Steven Ooi's presentation appears as Annex 5

b. **Thailand's experiences in the preparedness and response to emerging infectious diseases**

Dr. Supamit Chunsuttiwat from Thailand MoPH shared the story of driving national policy on influenza vaccine capacity, framing policy for influenza vaccination, and then extending the success to shaping national strategy on EID. Dr. Supamit encouraged the epidemiologists to contribute to health policy development through employing art of communicating policy message and the science of producing good evidence. Dr. Supamit Chunsuttiwat's presentation appears as Annex 6

c. **Experience from Japan: Fortune has only forelock**

Dr. Tomoe Shimada from Japan FETP presented the experience of Japan in Measles control. As early as 2006, the surveillance data had revealed low immunity in teenagers and young adults despite routine Measles vaccine since 1978. However the policy makers were not convinced by these data. In 2007 the large measles outbreak occurred, and the epidemiologist investigated and controlled the outbreak, furthermore, facilitated the adoption of new policies such as supplementary immunization to cover birth cohort of low measles immunity. And Case-based measles surveillance to promote rapid confirmation and control. These policies helped Japan to achieve Measles Elimination in 2016, and FETP continued its efforts in responding to imported Measles. Dr. Tomoe Shimada's presentation appears as Annex 7

Dr. I Nyoman Kandun commented on the case studies and stated that in the decision making processes, epidemiology is an art and science on how to define public health needs, and try to meet the needs with limited resources in our real life. Epidemiologist is the person to give evidence to policy makers to prioritize the allocation of limited resources. The evidences talk best when the epidemiologists could massage the data until it sings the type of song the decision makers like most.

Dr. Alden Henderson also emphasized that all epidemiologists need to be aware that their studies can contribute to creating policy. Studies are the trigger to start the policy process. The art comes in with the timing of the process as well as the connections to the policy makers and stakeholders. We need to train our epidemiologists to help policy makers take action on

our studies. This starts with the art of persuasion and epidemiologists needs to cover three parts: first, the legitimacy of the study, then the credibility of the results, and the saliency of the recommendation/proposed policy to the public. Communicating with policy makers, epidemiologists must quickly get to the point by first present WHAT you find out - the conclusions - and then WHY - the information to support the findings. You will not need to spend much information on the methods – the HOW – the methods - because policy makers trust that you know how.

Participants also joined the discussion and shared their experience.

4. Summary and suggestions

The rapporteur team (Dr. Yin Mye Aye and Dr. Chen Lei) presented the summary notes, and Dr. Kumnuan invited the floor to give suggestions for further development of the workshop. Participants suggested re-conducting similar workshop as a regional training or side-meeting of regional conferences; further develop this workshop based on experience from international development partners such as US.CDC; adding more elements from NCD epidemiology and one-health approach; consider adding related contents into curriculum of FETP training or/and Training of Trainers. Summary Notes and Suggestions presentation appears as Annex 8

SPEAKERS AND DISCUSSANTS

Workshop Facilitator

Dr. Kumnuan Ungchusak

Senior Advisor, Department of Disease Control, Ministry of Public Health, Thailand

Short Biography:

Dr. Kumnuan Ungchusak received his MD from Siriraj Medical School, Thailand, and got his Master of Public Health from Mahidol University. He also joined a two-year on the job training of the Field Epidemiology Training Program (FETP) under the Thai Ministry of Health in 1984. Since then he acted as field epidemiologist who supervises communicable diseases surveillance and outbreak investigation in the country. He served as the director of Thailand FETP and became the Director of Bureau of Epidemiology from 2001-2008 oversee the country surveillance and investigation network. He played role for the establishment of “SRRT” or Surveillance Rapid Response Team which is now on function in every district and province of Thailand. His works are related to Avian Influenza, Pandemic Influenza, and Public health emergency of international concern. He was the first chair of Asean+3 Field Epidemiology Training Network. He retired from Department of Disease Control in September 2015 but still serve as advisor. At present he is member of board of Thai Health Promotion Foundation oversee the control program of NCDs, Tobacco, Alcohol, Drug abuse and Traffic injuries.

Dr. Kumnuan Ungchusak serves as the Secretary-General in the ASEAN Plus FETN Foundation.



Workshop Speaker

Dr. Wiwat Rojanapithayakorn

Director, Center for Health Policy and Health Management, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Thailand

Presentation title: Principles of communicating with policy makers

Short Biography:

Dr. Wiwat Rojanapithayakorn is currently the Director of the Center for Health Policy and Management, Faculty of Medicine Ramathibodi Hospital, Mahidol University of Thailand. He is also the Executive Director of AUN-Health Promotion Network and the Director of Mahidol University Global Health Program. He used to work for the World Health Organization between 2002 – 2012 in the capacities of Medical Officer of WHO Mongolia (2002-2004), Senior Advisor and HIV/AIDS Team Leader of WHO China (2005-2008) and the Representative of the World Health Organization in Mongolia (2009-2012). Before joining WHO he was the Team Leader of UNAIDS Southeast Asia and Pacific Inter-Country Team based in Bangkok (for 2.5 years). He had worked in Ministry of Public Health of Thailand for 23 years in different capacities such as director of 2 community hospitals, the first director of national AIDS programme, the director of a regional office of communicable disease control, the first director of the national dengue control office, a chief medical officer and a senior



advisor in disease control. He has authored or co-authored more than 110 publications in English and Thai; and was editor or chief editor of 15 public health journals.

In 1989, Dr Wiwat created the 100% Condom Use Programme (CUP) which has been subsequently implemented throughout Thailand and replicated in many countries in Asia (Cambodia, Myanmar, China, Mongolia, Philippines, Viet Nam and Lea PDR). The approach has been widely recognized as an effective intervention for HIV/STI prevention. In 2010, he received Prince Mahidol Award in Public Health from his efforts in the development and scaling-up the 100% CUP which prevented millions of HIV infection in Thailand and some Asian countries. Other awards included (1) an honorary professor, Health Science University of Mongolia, (2) Chukiat Utakapan Award for contribution to the quality of life of individuals and society in Thailand, (3) best alumni graduate, Faculty of Public Health, Mahidol University, (4) best alumni graduate, Faculty of Medicine Ramathibodi Hospital, Mahidol University, (5) National Excellence Award in Preventive Medicine (Epidemiology), and (6) best alumni graduate, Faculty of Science, Mahidol University.

Dr. Wiwat Rojanapithayakorn serves as a committee member in the ASEAN Plus FETN Foundation.

Workshop Speaker

Assoc Professor (Dr) Steven Ooi

Deputy Director (Surveillance and Response), Communicable Diseases Division, Ministry of Health, Singapore

Presentation Title: Pushing the boundaries of public health policy: the Singapore field epidemiology experience

Short Biography:

A/Prof Steven Ooi is a medical epidemiologist with experience in public health practice and policy making at both the Ministry of Health and the Environment Ministry. He currently chairs the steering committee of the ASEAN+3 field epidemiology training network, and has been an international advisor to WHO on issues such as vegetation fire events and food-borne diseases surveillance. His interests include global health security, emerging diseases, and outbreak management.



Workshop Speaker**Dr. Supamit Chunsuttiwat**

Senior Advisor, Department of Disease Control, Ministry of Public Health, Thailand

Presentation Title: Experiences from Thailand: driving policy on EID preparedness and response

Short Biography:

Dr. Supamit Chunsuttiwat graduated from Faculty of Medicine, Ramathibodi Hospital, Mahidol University Thailand, and joined the Field Epidemiology Training Program (FETP) under the Thai Ministry of Health in 1982, and received Master's Degree in Public Health from Mahidol University Thailand in 1985. Since then, he has been working on policy and strategy development, the coordination of the Thai national immunization program and on control programs for several communicable diseases including dengue, diarrheal diseases, and zoonotic diseases and emerging infectious. He also served from 2003 until 2010 WHO's Strategic Advisory Group of Experts on Immunization. Dr. Chunsuttiwat retired from Department of Disease Control, Ministry of Public Health in September 2015 but still serves as an advisor. He is also the current Chairman of ASEAN Plus FETN Foundation.

**Workshop Speaker****Dr. Tomoe Shimada**

Senior researcher, FETP coordinator
National Institute of Infectious Diseases, Japan

Presentation Title: Experience from Japan: Fortune has only forelock

Short Biography:

2008-Current: Infectious Disease Surveillance Centre/National Institute of Infectious Diseases

2013-2014: Seconded to WHO Western Pacific Regional Office

2014-: Japan FETP coordinator



Workshop Discussant

Dr. Alden Henderson

Regional Advisor for SEARO/WRPO FETPs

U.S. Centers for Diseases Control



Short Biography:

Dr. Henderson uses his academic training (PhD and MPH) and professional experience to train public health professionals to identify unusual occurrences of diseases and to identify the source and route of transmission of the disease so that actions can be taken to control spread of the disease. He joined the Hawaii State Department in 1985 and the Epidemic Intelligence Service at the Centers of Disease Control and Prevention in 1992. In these positions, he investigated outbreaks of toxic hepatitis in North Dakota, rift valley fever in Kenya, cholera in Vietnam, Avian influenza in Thailand and Ebola in Sierra Leone. He participated in responses to Hurricanes Andrew, Iniki, Mitch, Opal, and Katrina, the World Trade Center attack, the civil war in Brazzaville, and refugee crisis in Tanzania, Kenya, and Thailand. He dealt with arsenic poisoning in Bangladesh, polio eradication in Nigeria, mercury poisoning in Peru, deaths and illnesses due to an unknown illness in Vietnam, and deaths and injuries due to landmines in Afghanistan. From 2008 to 2012, the CDC posted Dr. Henderson in Thailand to train MoH staff in Southeast Asia on how to identify and control disease outbreaks and to help establish FETPs in Cambodia, Laos, Singapore, and Vietnam. He continues these efforts for Ministries of Health in South and East Asia countries from CDC headquarters in Atlanta.

Workshop Discussant

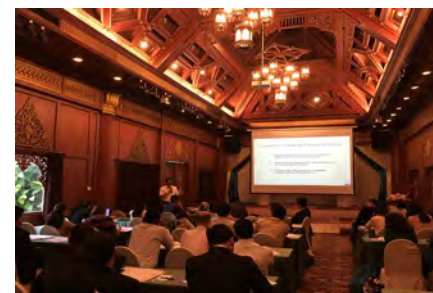
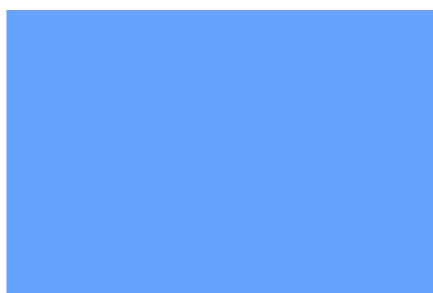
Dr. I Nyoman Kandun

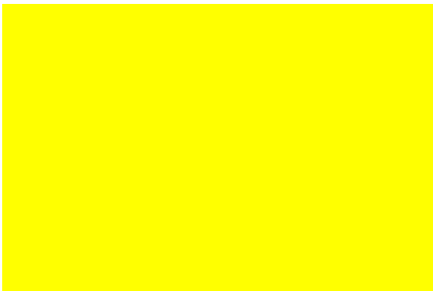
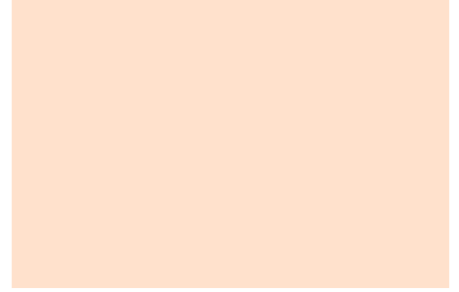
Director, Field Epidemiology Training Program, Indonesia



Short Biography:

Dr I Nyoman Kandun graduated from the School of Medicine, University of Gadjah Mada, Yogyakarta, Indonesia. He achieved his Master degree of public health from the Institute of Public Health, University of the Philippines System, Manila. He later graduated from Indonesia's Field Epidemiology Training Program (FETP). Dr Kandun has worked on a number of national and international public health programmes and activities during his 33 years' service as a civil servant, and retired from the Ministry of Health Indonesia in 2008 with his last position being Director General of Disease Control and Environmental Health. Since then Dr. Kandun has continued contributing in epidemiology capacity building by holding the duty as the Director of Indonesia FETP. Dr Kandun was also a member of WHO IHR Emergency Committee on Zika Virus in 2016, and he serves as the current Chair of WHO/SEARO Regional Program Review Group for Filariasis and Soil Transmitted Helminthiasis.







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