

Consultants' Report

Field Assessment of the FETP

and

FETP Revitalization Project Planning Workshop

Republic of Indonesia

4-14 November 2007

Leslee Roberts, BMed, M App Epid, PhD

Douglas N. Klaucke, MD, MPH

Contents

Executive Summary

Recommendations and Issues

Consultant Information

Annexes

- 1. Field Assessment Report**
- 2. Field Assessment Slide Presentation**
- 3. Draft FETP Revitalization Project Description**
- 4. Draft Work Plan**

Executive Summary

From 4-11 November a field assessment of masters degree level field epidemiology training and interests was carried out, and on 11-13 November there was a workshop to review the findings of the field assessment and edit the Field Epidemiology Training Program Revitalization Plan for Indonesia. An impressive amount of work had been performed prior to the field assessments with a draft workplan already established.

The Indonesian Revitalisation Project assessment teams conducted interviews with officials in central government, provinces, districts, universities and with current students and graduates. Standardised questionnaires were used for interviews with directors, staff and graduates at each site. The sites visited were;

Central government: General Directorate for Disease Control and Environmental Health (CDC&EH); Directorate for Epidemiology, Immunization and Matra Health; Central Bureau of Planning; MOH Centre for Education and Training (PPSDM); and National Centre for Biomedical Research, NIHRD.

Universities: Universities of Indonesia (Jakarta), Gadjah Mada (Yogyakarta), Sriwijaya (Palembang), and Hasanudin (Makassar).

Provinces and Districts Bali DINAS Kesehatan, Yogyakarta District health Office, Yogyakarta Provincial Health Office, South Sumatra Provincial Health Office , South Sumatra District Health Office The South Sulawesi Moras district

The team members included Dr Hari Santoso , Dr Hudoyo Hupudio, Dr Gemala R. Hatta, Dr Haripurnomo Kushadiwijaya, Dr Miko, Dr Ratna Djuwita Hatma, Mr Sudung Nainggloan, Dr Citra, Dr Bambang, Dr Budi Hidayat, A/Prof Bob Bernstein, Dr Eko Priyono, Dr Doug Klaucke and Dr Leslee Roberts.

Major Findings

There is strong potential for revitalisation of the FETP in Indonesia and a recognition of the both the universities and the Ministry of Health to have a strengthened program that produces field epidemiologists who that will be able to meet the country's need for highly competent epidemiologists, and be sustainable as well. The program still needs to be embedded in universities, but with better coordination and oversight from the MOH. Strategically used, the proposed donor funding would ensure a rapid revitalisation along with a sustained system to enhance Indonesia's capacity in epidemiology and disease control and assist Indonesia meet the core capacity requirements of the International Health Regulations (2005).

Graduates of the previous and current FETP programs in Indonesia are valued and often engaged in senior positions. The number of FETP graduates needed for Indonesia is approximately 900, the aim being to place graduates in districts, provinces, central programs and hospitals. To reach such a goal the FETP training must increase the number of graduates from current universities (UI and UGM) and expand the number of institutions conducting training. It is important for Indonesia to continue to have the FETP be a post-graduate program leading to a masters degree, such as a Master of Field Epidemiology, because of the need for professional staff to have recognised academic qualifications for employment and career advancement.

Both the University of Indonesia (UI) and University Gadjah Mada (UGM) are very well equipped to support Master of Field Epidemiology studies. Other Universities visited by the team (Sriwijaya and Hasanudin University) have staff who are enthusiastic and have substantial potential to introduce the degree program.

Ensuring the Master of Field Epidemiology is established and supported by the Indonesian government and is independent of full donor sponsorship is vital. The previous experience with funding from Asia Development Bank and the drop in students at Universities of Indonesia and Airlangga following withdrawal of this funding highlights the pitfalls of dependence on external donor funding alone. Importantly, the ability of districts to support the training has been proven through sponsorship of students at University of Gadjah Mada. This support and commitment must not be undermined.

Masters of Field Epidemiology graduates will benefit from the opportunity to integrate with a range of levels of training in epidemiology already provided across the country. However, the functional career path for a professional epidemiologist has not been fully implemented which leaves the risk that capable epidemiologists will be drawn into dedicated managerial roles.

Laboratory support for field investigations will be an important component of the future program. FETP graduates need a better understanding of laboratory field methods and bio-safety. NIHRD has received some funding from CDC&EH in past to provide laboratory participation in and support for outbreak response, and this collaboration needs to be strengthened.

Recommendations and Issues

Work plan recommendations;

1. Split the draft document titled “Draft Work plan 2008-2013” into 2 parts: an overall Project Description and separate detailed Work Plan.
2. First externally sponsored students should start at UGM and UI in August 2008. The original timeline for enrolment in March 2008 was over ambitious.

Recommendations to develop sustainability;

3. Develop advocacy documents and a website that highlight the service role of the Secretariat and the FETP students’ field projects and activities.
4. Implement cost-sharing right from the beginning. Each district, province, hospital, or functional program that has one of their staff persons in the program should contribute part of that student’s costs. Therefore, we support Option 4 in Table 3 in the Project Description. Sustainability of the program will depend heavily on the principle of cost sharing the revitalization and an exit strategy for donor funding. Different models of sharing costs may be appropriate and districts with less wealth may need additional support. It will be important to ‘reward’ districts who have fully supported students training in the past and the future.
5. Prepare a ‘roadshow’ to promote the program to other provinces and districts.
6. Seek additional funding sources such as other bi-laterals and the private sector.

7. Fully implement the functional career path for graduates.
8. Engage the Indonesia Epidemiology Network (JEN) of institutions and Indonesian Epidemiology Association (PAEI) for individuals.

Recommendations for initiating governance

9. The Advisory Committee should be established and meet in early 2008, and should include staff from DC&EH, PPSDM, University Gadjah Mada (UGM) and University of Indonesia (UI), Laboratories, WHO, a field supervisor and person from another FETP program (eg Thailand). The terms of reference for this committee are outlined in the project description Appendix 3.
10. Organizational and financial permanency for the Secretariat is critical to long-term sustainability of the FETP, and should be addressed by the advisory committee in its first meeting
11. In time the advisory committee will need to plan a process for adding of new universities to the Indonesian FETP.
12. Set up the Secretariat as soon as possible
13. The following 5 staff positions should be considered, at a minimum, for the Secretariat.
 - a. Director
 - b. Administrative Officer
 - c. Field Coordinator/Training Officer
 - d. Writer/Editor
 - e. Administrative Assistant
14. It may be appropriate for one of the members of the Secretariat to be a person on detail from PPSDM to help forge the link with that Bureau right from the beginning.

Recommendations for the Secretariat's early work-plan

15. Advertise the 2008 program widely, seek applications and screen applications prior to sending for University testing.
16. Work with the MOH and the Advisory Committee to prioritize the positions where FETP graduates are needed, and to develop recruitment strategies and selection criteria to best meet the needs.
17. Create an alumni list with documentation of current positions of FETP graduates.
18. Develop the website and newsletter.
19. Arrange workshops to
 - a) engage central government departments
 - b) engage field placement sites (provinces districts and others)
20. Strengthen Field Supervision in collaboration with Universities
 - a. Provide and orientation/training session for field supervisors.
 - b. Each student should have a Letters of Field Assignment that clearly state responsibilities of Field Supervisor, the University, and the student.
 - c. Mentor training for new graduates of the FETP
21. Conduct monitoring including the following activities:
 - a. Periodic reports from universities
 - b. Periodic reports from students
 - c. Secretariat and external review of student project reports
 - d. Cross participation of universities and the Secretariat on thesis defense panels
 - e. External review of project notebook
 - f. External review of classroom curriculum and materials

- g. External review of field placements
 - h. Numbers: applications, admissions, graduated (time to completion), post-grad work placements
22. Work with the CDC&EH, the Centre for Biomedical Research, NIHRD, and the Advisory Committee to strengthen collaboration between field epidemiology and laboratory sciences. For example, the director of CBR indicated that FETP students might be able to do projects in CBR, and staff of CBR could help with teaching the fundamentals of bio-safety and handling specimens in the field.
 23. Work with the universities to determine what joint training activities, where students from all the universities are brought together for a short course, are needed and appropriate to complement the university-based courses. These supplemental courses would be an opportunity for sharing experiences across universities and geographic areas, and for team building. However, their timing and content should be carefully considered.

We recommend that Universities

24. Strengthen programs in UGM and UI, an increase in enrolments will require more academic staff.
25. Arrange for students to have their own computers and their own Internet access while at field sites. Computers should not be fully funded by the project, but the purchase of laptop computers by the students could be partially subsidized by the program.
26. The curricula and assessment at the two Universities are similar. However they need alignment of the curricula, in particular the field components, with the competencies delineated in the Project Description.
27. Broaden assessment. Determine a method to ensure field competencies have been met from field components. Assessment of students to ensure they have met the competencies required of a field epidemiologist is critical for an FETP spread across different universities. Both of the current universities assess students on their field work and a major piece of work, a thesis of a public health issue. An overview of the field work is required to ensure all competencies are met. Having these field work projects bound into their own volume would be beneficial to allow the overview assessment and would be a useful reference to store on the FETP website and at the secretariat office. It may be worth considering that these field projects are written in the format of a scientific manuscript and that the abstract of each is translated into English.
28. Consider adding the following courses to the curriculum: leadership & management, bio-safety, laboratory field methods, epidemiology in disaster situations, epidemiology of communicable and non-communicable diseases of importance to Indonesia and SE Asia. This could be done by the universities and/or through special educational activities organized by the Secretariat.
29. New universities should not be brought on until 2009 at the earliest.
30. TEPHINET Continuous Quality I should be performed in 2011, following the graduation of the first class

Also, there are some important issues that need rapid decisions to allow the program to develop. These include;

1. Where will the Secretariat be located?
2. What will be the involvement of PPSDM in the Secretariat and in the management of the FETP during, and after, the 3-year project period?
3. There are differences in tuition costs between the universities and how much will the project contribute. For example, will the project pay a flat rate to each university, or will the amount vary?
4. If the organizational unit (e.g., DHO, PHO, Functional Unit, or Hospital) is going to contribute to expenses of a student coming from that unit, how will the amount of the contribution be determined?
5. How will it be decided which university a student will attend? Will he/she apply to a university of his/her choosing, or will he/she be limited to certain universities that may be located nearest to the student's home?
6. What are the tax obligations on students? One student, who was being sponsored by a District, reported that he had to pay a 15% tax on the funds he had received for his education.

Consultant Information

Leslee Roberts B Med, M App Epid, PhD

Medical Epidemiologist
13 Collingridge St
Weston ACT 2611 Australia
Tel +61 409 320 962
Email: Leslee.Roberts@health.gov.au

Douglas N. Klaucke, MD, MPH

Medical Epidemiologist
337 Talala Ridge
Brasstown, NC 28902 USA
Tel: 1.828.389.2595
Email: klaucked@gmail.com