

The Mediterranean Programme for Intervention Epidemiology Training MediPIET

**“Best Practices in implementing the
International Health Regulations” Athens
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MediPIET

2014-18: Phase 2- Implementation

- **Funding: European Commission- Devco**
- **Project Coordination Committee: DG Devco, DG Sante, ECDC, member countries' representatives**
- **Scientific Advisory Board: DG Sante, JRC, EU countries, member countries' representatives**
- **Scientific leadership: ECDC**
- **Implementer: Spanish consortium- FIIAPP & Inst CarlosIII**

2012-14: Phase 1- Needs assessment, Establishment & Design

Funding: European Commission- Devco

Steering Committee:

Implementer: ECDC

MediPIET

partner countries

Partner countries EU countries Observer countries



MediPIET 2013-18- background

- Increasing risks of Regional health threats
- Mediterranean and Black Sea Region share common PH challenges
- Need for standardized procedures against public health threats
- IHR, HSA, EU Decision on Cross border risks, Instrument contributing to Peace & Stability IcPS, Enlargement, Neighbourhood Policies, CBRN CoE initiative.

MediPIET 2013-18- background

- **Integrated approach, within the IHR core capacities development and the GHS agenda**
- **Countries' needs: Field/ Intervention Epidemiology competencies capacity – DETECT- RESPOND - PREVENT**
- **International/ Regional context**
- **Field Epidemiology Training Programs- Applied Intervention Epidemiology: CDC, EPIET, Canada, UK, Egypt, Jordan, Morocco, Emphnet , Indian Ocean, Caribbean...**

MediPIET – General objective

within the EU CBRN Centres of Excellence (CoE) initiative in order to

- To enhance health security in the Mediterranean and Black Sea region by supporting capacity building for prevention and control of communicable diseases.
- Any origin: natural, accidental, manmade, CBRN
- PREVENT – DETECT – RESPOND-
COMMUNICATE- HUMAN RESOURCES

MediPIET- Strategic lines

Building on existing capacities and resources

National / Supranational

- **Learning approach**

- “learning by doing”
- “on-job training”
- in-country “cascade training” to strengthen national capacities
- Capacity building at the Institute/country level

- **Networking & Collaborative initiatives**

- Between fellows, trainers, supervisors, training centres...
- Existing initiatives in the region: CBRN CoE, TEPHINET, WHO, Emphnet etc.

Specific objectives

- **Train national trainers and supervisors**
- **Train regional cadre of field epidemiologists**
- **Transfer and disseminate experience, knowledge and skills on methodologies**
- **To boost a process of sharing practices and experiences at Mediterranean & Black Sea Regional levels**
- **Basis of a long-term and sustainable regional training programme**

Project Organisation

- **WPI Overall Coordination Project, Governance & Partnership**
- **WP II Organisation of Courses & Modules**
- **WP III Scientific Coordination**
- **WP IV Training Infrastructure**
- **WP V Network building**
- **WP VI Evaluation & Quality Assurance**
- **WP VII Black Sea Countries inclusion**

MediPIET 2014-2018

Prevent- Detect - Respond

Regional FETP

- **Fellows- 2 years' "learning by doing"- in service training in their home institute+ 9 modules**
- **Modification of the working environment configuration.**
- **External participants to modules: Initiation to working methodology/ Knowledge and skills**
- **Senior professionals: "Train the trainers"- ToTs- Supervisors**
- **Annual Scientific Conference – Scientific communication, Network**

MediPIET 2014-2018

Fellowship

Detect:

- Alert systems
- Epidemic Intelligence- Event based surveillance
- Data analysis- Thresholds
- CBRN threats
- Risk assessment
- Surveillance systems/ New/ Evaluation

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Fellowship

Respond:

- **Outbreak investigation**
- **Analytical epidemiology**
- **CBRN threats**
- **Humanitarian emergencies**
- **Preparedness**
- **SOPs**
- **Emergency Operations Centers**
- **Risk communication**

MediPIET 2014-2018

Fellowship

Prevent

- **Outbreak Investigations**
- **Research protocols**
- **Analytical epi methodology**
- **CBRN threats**
- **Risk communication**
- **Surveillance systems- Evaluation of control measures**

MediPIET 2014-2018

Fellowship

Communicate

Risk communication

- Modules- ToTs- curriculum
- Every day practice

Scientific communication

- Annual Scientific conference
- Peer reviewed literature

MediPIET 2014-2018

Fellowship

Capacity building

- Fellows, external participants, supervisors, facilitators, PH institutes
- On job training, Modules & ToTs
- Countries needs & priorities
- Health and PH sector- very often medical background
- PH sector for efficient inter sectoral collaboration and interoperability

MediPIET 2014-18- Results 1

- **22 graduated fellows in 8 PH institutions**
- **24 supervisors trained**
- **12 appraised and functioning Training Sites**
- **18 modules and 12 ToTs conducted**
- **New training modules developed: CBRN threats, vector-, food- and water-borne diseases and zoonosis**
- **Training materials developed for all modules and ToTs, available online**

MediplET 2014-18- results 2

- 16 existing surveillance systems evaluated
- 11 new ones implemented
- Influenza, SARI, WNV, vaccine preventable diseases, hepatitis B...
- 28 outbreak investigations conducted
- Food & Waterborne diseases, TB, Tularemia, Pertussis, measles, ...
- 29 epidemiological studies
- Hep B, C, HIV, influenza, zoonosis, KAP on surveillance systems, Refugee health...
- 44 international assignments- 19 in EU institutions
- New methodologies and working modalities starting to be integrated in participating institutions

MediPIET – results 3

- **Professionals trained: 334**
- **Training seats offered & occupied: 810 - fellows and external participants**
- **Facilitators' seats:280**
- **Facilitators from member countries: 147**
- **MediPIET training material used in 16/18 countries.**
- **Cascade training - national level: 9 countries , subnational:7**
- **Three Annual Scientific Conferences, 275 scientific communications**

MediPIET results 4

- **Network of professionals and community of practice established**
- **Interface -Links and partnerships: PH institutions in EU & MediPIET countries**
- **Collaborations:**
ECDC, EPIET/EUPHEM,CBRN CoE, Medilab secure, UK FETP, WHO, Goarn, Emphnet, MSF..

MediPIET beyond 2018-1

- **Instability – Geopolitical context**
- **Refugee crisis**
- **IHR core capacities /&Health Security agenda**
- **Emerging – re emerging threats/CBRN**
- **Developing capacity for the “standard”**
→ **serious , rare & emerging, cross border**
- **Countries’ needs still present-**
- **National training capacity in field epidemiology**
- **PH reorganization and reforms**

MediPIET beyond 2018-2

- **Legacy as a starting point for further development & increase impact**
- **Interface between EU and non EU countries**
- **National FETP/Regional FETP :confirmed as complementary roles- most efficient tools for capacity building**
- **Building partnerships is one of the formal recommendations within GHSA**
- **Other supranational FETP examples : EPIET, Caribbean, Africa CDC**

MediPIET beyond 2018-3

- **Countries determined to go on**
- **Concept note on 10 years' Regional FETP**
- **Major support by CBRN CoE initiative**
- **under discussion in the EC- DG Near.**
- **Meanwhile,**
- **2 years' extension decided**

MediPIET beyond 2018-Extension

➤ **Axis 1-Regional FETP-**

12 TS+ Modules & ToTs

➤ **Axis 2- Working with the countries**

Workforce development strategies, cascade training, PH and CBRN collaboration ..

➤ **Axis 3- Strategical planning of collaborations**

developing synergies - synergistic use of available resources between projects

Thank you for your attention!

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