Data for Decision Making (DDM) training — a Pacific model of FETP commences

Without doubt, Pacific Island countries and territories (PICTs) need more epidemiologists or health workers with skills in epidemiology. The nature of the public health problems and issues confronting PICTs make an epidemiologically skilled public health workforce highly desirable. Adequate surveillance, investigations of outbreaks, and research on health issues are a fervent wish for many Pacific health care systems. The scarcity of epidemiological skill in the region was recognised in the establishment of the Pacific Public Health Surveillance Network (PPHSN) in 1996 and was manifest in the goals of the network. Epidemiology training (especially field epidemiology) is one of the goals of PPHSN to improve surveillance and response capacity for priority diseases in a sustainable way.

A number of other regional efforts have been initiated to address the gap in epidemiology skill. These include direct and indirect efforts by PPHSN partner institutions and others: National Centre for Epidemiology and Population Health (NCEPH) through the Australian National University, other Australasian universities public health (especially MPH) programmes, the Fiji School of Medicine Master of Applied Epidemiology and Master of Public Health programmes and a number of short course training by the SPC Public Health Programme. Despite these contributions the scarcity in epidemiology skill has remained or worsened by migration of health professionals from the region. It is therefore imperative that alternative, more intense strategies and ideas are put into play to meet this recognised need, hence the development of the DDM (Data for Decision Making) programme. The DDM programme requires rapid development of epidemiology skills by practical methods of utilising existing surveillance and other data sets, leading to informed decision making and public health action.

A collaborative teaching and supervision programme between regional partners of PPHSN —in particular, the Pacific Island Health Officers Association (PIHOA), Centres for Disease Control and Prevention (CDC), the Secretariat of the Pacific Community (SPC), World Health Organization (WHO) and Fiji School of Medicine (FSMed) and agencies was thrashed out and brought to the discussion table in September 2004, in Majuro, Marshall Islands. Prior to this meeting, the PIHOA/CDC epidemiologist, Dr Michael O'Leary, developed a discussion paper on the subject following a request by the PIHOA Directors of Health. This paper became the basis for pooling funding by jurisdictions, using the 2003–2004 CDC bioterrorism (BT) funds, which would be used by the PIHOA to coordinate and support the training. There were two other issues that were captured in the training philosophy. One was that the training should be highly practical field-type experiential learning unlike most public health programmes, the reason being that many Masters of Public Health (MPH) graduates trained in developed countries failed to deliver or were reluctant to play this role in PICTs. The second was that the training should, if possible, be accredited so that it would add to some recognised qualifications, unlike generations of regional training workshops that have never enabled participants to attain qualifications, or enhance the possibility of rewards and/or satisfactory career progression in PICTs. In incorporating these ideas, an Epidemic Intelligence Service (EIS) or Field Epidemiology Training Programme (FETP) type programme was suggested. The possibility of gaining academic credit via the Fiji School of Medicine was also proposed.

A specific proposal for centralised training with home country projects and field work was put forward and supported by PIHOA directors and PPHSN partners initially. Unfortunately, the BT funds became available in September 2003 but only a handful of jurisdictions had forwarded their dues to the PIHOA between February and November 2004. As this training was planned on a budget that included contributions from all the jurisdictions, there were obvious difficulties in proceeding with the existing format. In the interim, two in-country training sessions, in Guam (October 2003) and Majuro (September 2004), were delivered

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using funds left over from 2002 and external contributions from SPC and WHO. These two courses attracted around 60 participants from the six jurisdictions, including all the states of Micronesia.

At the meeting in September 2004 in Majuro, the partner agencies discussed the DDM training. Issues relating to collaboration were also discussed and accreditation was agreed upon. More importantly in view of providing training options to a larger pool of people in-country and due to the unfortunate funding shortfall, alternative plans had to be considered. In light of this, a redesigned DDM was presented at the September 2004 PIHOA meeting in Yap and endorsed by the directors. The most significant change was that courses were to be conducted in-country rather than the earlier centralised training, thus benefiting a larger pool of health professionals in each country

A menu of courses was more or less agreed upon by the regional partners (see box) and announcements were circulated to countries. From the PPHSN Coordinating Body's point of view, the North Pacific was considered first because of the availability of funds, albeit small, and support from regional agency training funds. The development and delivery of courses was considered as a collaborative activity among agencies, pooling different sets of experiences and skills and providing participants with a rich flavour of academic teaching and field experience.

Redesign of the "Data for Decision Making" curriculum for the USAPI October 2004 (Mike O'Leary)
Existing FSMed courses plus others:

- *Introduction to applied epidemiology*
- *Public health surveillance*
- *Computer applications and data management, analysis & presentation*
- *Health statistics and biostatistics*
- *Field epidemiology and outbreak investigation*
- *Surveillance or Field project - "Special Topics"*
- *Epidemic preparedness planning*
- *Information system development*
- *Public health management*

However, in December 2004, the School of Public Health and Primary Care (SPHPC), Fiji School of Medicine, expressed concerns regarding the newly proposed curriculum and the proposed sharing of course planning and teaching among partners. SPHPC saw this as primarily if not entirely their responsibility, perhaps due to the requirements of the academic board regarding accreditation. This implied that SPHPC staff would do all or nearly all of the teaching, and the partners could be involved later at the request of SPHPC for supervision of projects. As the PPHSN partners would be little involved in this approach, this effectively opened up options for jurisdictions to hold discussions directly with SPHPC in order to get training and accreditation and/or to choose training via PPHSN, perhaps without accreditation.

After brief discussions among other PPHSN partners it was clear that the situation needed to be relayed to the PIHOA directors at their March 2005 meeting. From this meeting, a consensus emerged that the training should go ahead based on a country-by-country decision to proceed with or without academic credit.

Since then, the training has progressed with three courses delivered in CNMI in June, July and August. In addition, two courses were delivered in Guam in July 2005. The training is proving to be a valuable experience for the participants. Altogether there are 17 trainees in CNMI and 23 in Guam. Two more courses are planned to be delivered in CNMI in October 2005, which will enable the completion of a Certificate Programme for DDM.

One of the reasons the training was accelerated was that the PIHOA funding was due to finish on 31 August 2005, so things had to move fast. The ongoing training will have to be supported by local funds from CNMI and also by regional agencies such as SPC. To date, three courses (Introduction to Applied Epidemiology, Computer Applications and Data

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Analysis and Presentation, and Outbreak Investigations) have been completed in CNMI, while in Guam only the first two have been completed. All the courses were delivered and assessed in the manner stipulated in the examination regulations of the Fiji School of Medicine postgraduate programmes.

There is no doubt that this training needs to be supported by donors and funding agencies if the wishes of PICTs to have reasonable epidemiological skills or even well-trained epidemiologists locally are to be realised.

The author is very grateful for the excellent cooperation received from regional partners and other faculty and resources persons. Also, the tireless efforts of Dr Michael O'Leary, CDC/PIHOA epidemiologist, in spearheading this training with great determination and for documenting the details are acknowledged. His inspiration has been a tremendous support in the successful delivery of the training. PPHSN also deserves to be commended for initiating and moving ahead with this training. The health leaders of the mentioned countries are also congratulated for taking the lead and being innovative in meeting the epidemiological skill needs.

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