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Since 2016 the FETP was launched, Cote d'Ivoire has now three FETP tiers in which 12 FETP Advanced, 29 Intermediate and 481 FETP Frontline have been trained. Many abstracts have been submitted to national and international conferences. We noted a turn over in all tiers 5/12 (42%) FETP-A, 4/29 (14%) FETP-I, 89/411 (22%) FETP-F that completed were no longer at the post.

Background

The Field Epidemiology Training (FETP) began in West Africa in 2010 with rapid training on Ebola preparedness and surveillance (STEP). In Côte d'Ivoire (CIV), it began with sending four students to the Advanced FETP program in Burkina Faso (FETP-A) in 2015, Frontline training (FETP-F) began in 2016 and intermediate (FETP-I) in 2021. International Health Regulations (IHR) recommends having one epidemiologist per 200,000 inhabitants.

This work aimed to present results, effect and sustainability of the program.

Methods

The FETP approach involves theoretical courses (20-25%), fieldwork (75-80%), classroom exercises, homework, supervision, ZOOM calls, personal monitoring, feedback from mentors, and coordination. Classes are held in-person and online. We counted, divided and compared (CDC).

Results

From 2015 to date, 12 FETP-A agents have been trained and 4 are on training. For FETP-I, 29 completed in 2 cohorts and for FETP-F, 481 completed in 14 cohorts. Field works are: Data analysis, surveillance system and investigation. We submitted 68 abstracts and 56 were accepted into 9 international conferences and one national conference. In-out analysis showed that, five who completed the FETP-A training are no longer in the system 5/12 (42%).

Table 1: FETP Frontline graduate fieldwork (2016-2023)

Field work for Frontline	Results
Weekly surveillance reports	481/481 (100%)
Data quality control	481/481 (100%) 1443 health facilities visited
Problem analysis with fishborn method	481/481 (100%)
Out break or cases investigation	481/481 (100%)
Total graduates	481/492 (98%)

For the FETP-I, four moved 4/29 (14%) and for the FETP-F, 89/411 (22%) were no longer at the post. Four steering committee meetings were held (100%) and two (100%) international FETP days celebrated in 2022 and 2023. The program received 2 second best oral and poster presentation awards at the 8th AFENET conference in Mombasa Kenya, November 2023

Results continued

IHR ratio is currently at 41/142 (29%). For the effect on the system, the quality of data, investigations have improved and epidemiological bulletins produced. Sustainability is underway with the transfer of skills to the national team that joined FETP coordination in January 2022.

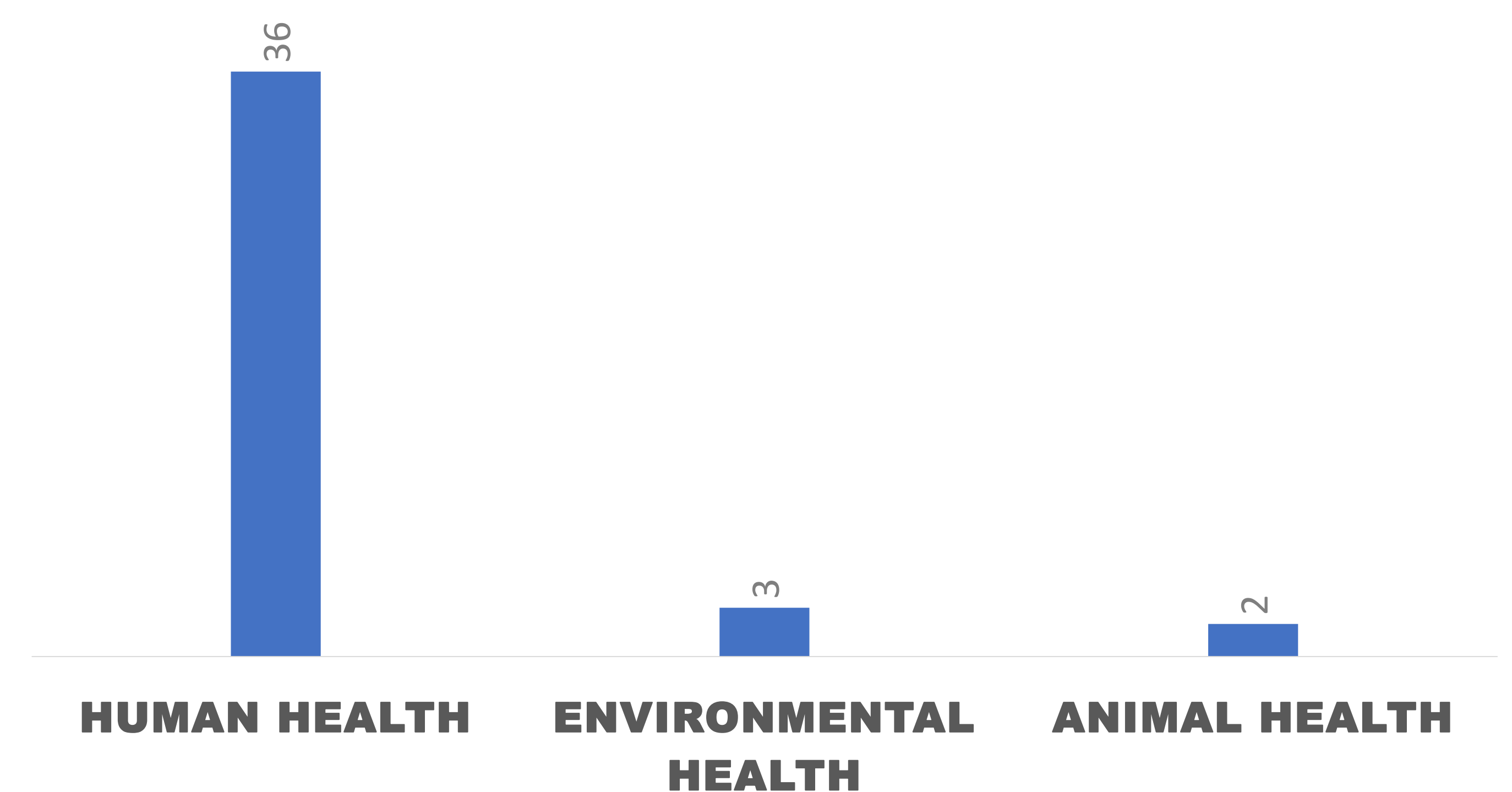


Figure 1 : Profile of graduates FETP Intermediate and Advanced, CIV, 2021-2023 (n=41)

Conclusion

The CIV FETP has had enormous success in terms of training results. However, certain challenges have been met: failure to take private structures into account, few laboratories trained, low IHR ratio and lack of monitoring post-training. It would be ideal to have an assessment of the impact on the epidemiological surveillance system. We recommend continuing this training using the “one health” approach

ADDITIONAL KEY INFORMATION

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