

Fhatuwani Gavhi¹. Hetani Mdose². Lazarus Kuonza². Richard Gelting¹.

1. US Centers for Disease Control and Prevention, Division of Global Health Protection, Pretoria, South Africa, 2. South Africa Field Epidemiology Training Programme, National Institute for Communicable Diseases, Johannesburg, South Africa

US Centers for Disease Control and Prevention (US CDC) funding and technical support to the South Africa Field Epidemiology Training Programme (SAFETP) has been critical in expanding epidemiologic capacity and strengthening pandemic preparedness and response on a regional scale. Demonstrating the value of local public health programming is stimulating local funding to enhance sustainability.

BACKGROUND

- The South Africa Field Epidemiology Training Programme (SAFETP) launched in 2007
- The COVID-19 pandemic demonstrated a need for more epidemiologists at the local level
- US CDC technical and funding support facilitated SAFETP expansion, including the launch of Intermediate FETP in 2021

METHODS

- We describe key successes of SAFETP, and sustainability gains facilitated by US CDC support

RESULTS

Table 1. SAFETP tiers and number of graduates, 2007-2024

Tier	Launch Year	Number of graduates	Number of participants in training
Advanced	2007	130	20
Intermediate	2021	39	13
Frontline	2016	341	16

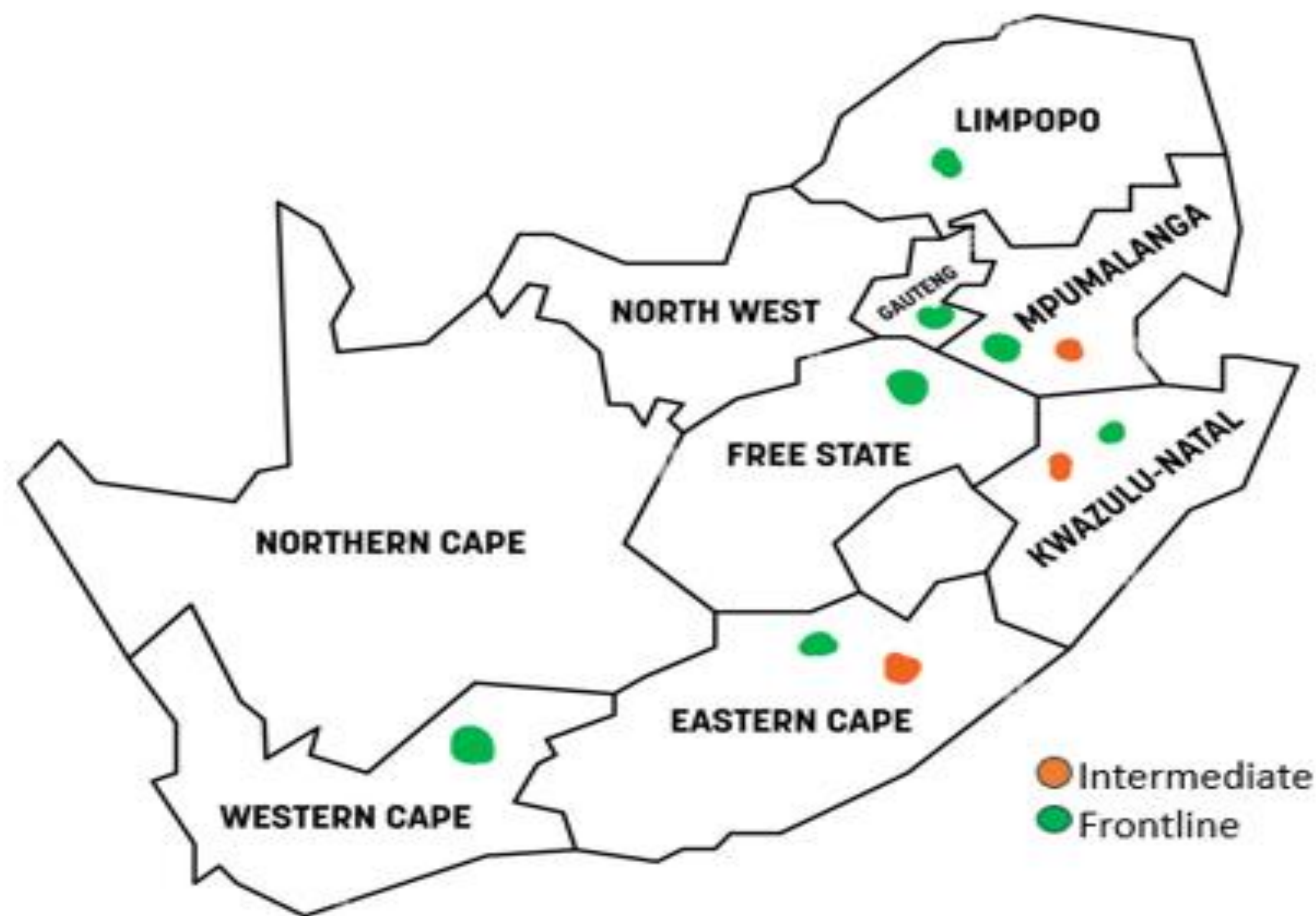
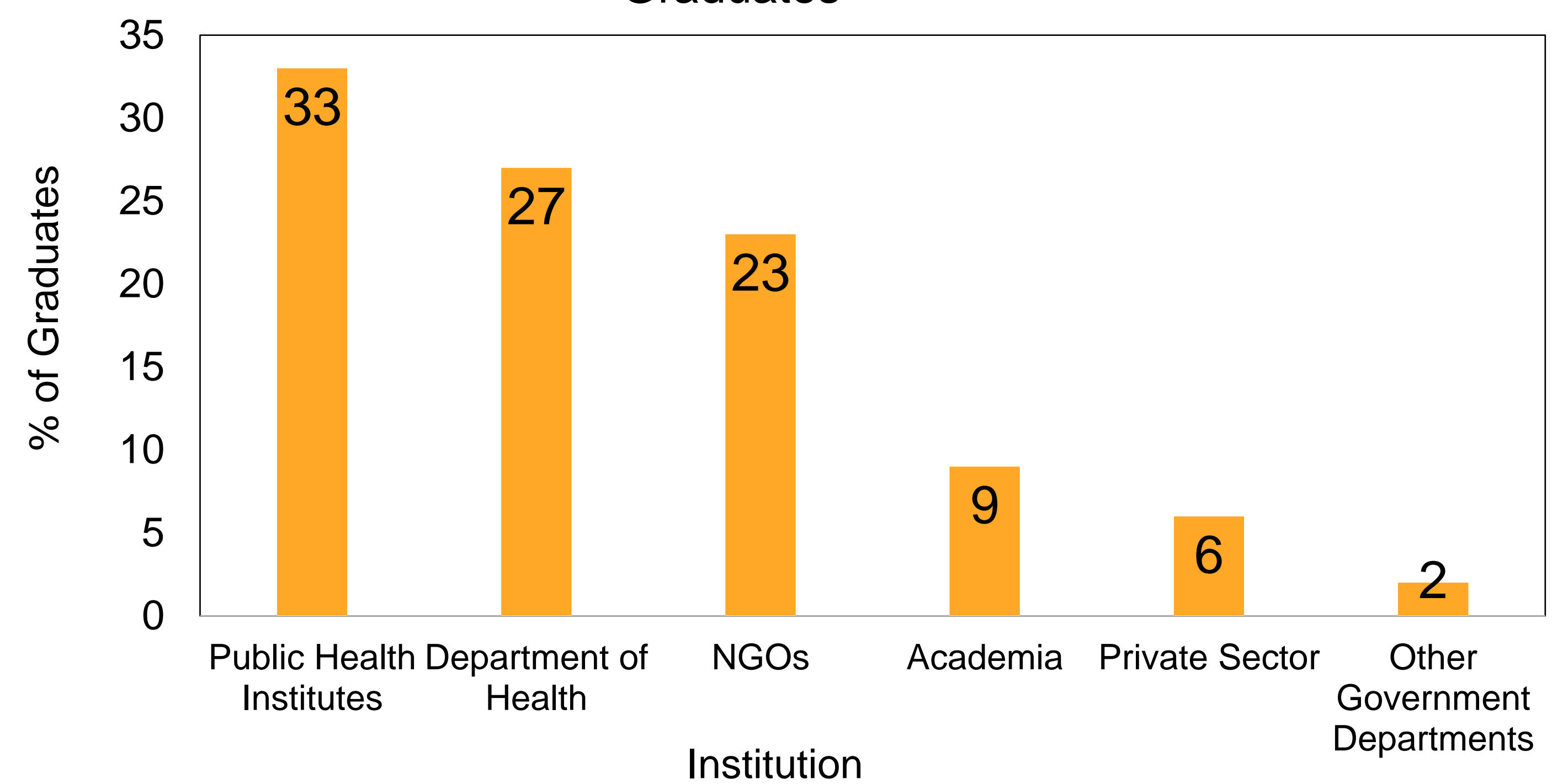


Fig.1 Intermediate and Frontline FETP coverage in South Africa, 2016 – 2024

KEY SUCCESSES

- Core costs of SAFETP have been locally funded by the South African Government since 2016
- SAFETP offers all three tiers of training since 2021
- Provinces are co-funding Intermediate and Frontline FETP, building sustainability into the program
- SAFETP is strengthening regional epidemiology capacity
 - Residents from Burkina Faso, Eswatini, Lesotho, Liberia, Malawi, and Togo have been trained in the Advanced tier
 - Frontline training has been conducted in Lesotho and Eswatini
 - SAFETP assisted Lesotho to establish its Frontline and is currently supporting Eswatini to do the same
- All three tiers have expanded due to US CDC funding and technical support
- Ministry of Health has begun allowing study leave for employees to participate in the Advanced tier
- The number of SAFETP program staff has expanded from six to ten to support all three tiers
- SAFETP graduates constitute 51% of the total number of epidemiologists needed to achieve the IHR goal of one epidemiologist per 200,000 population in South Africa

Fig. 2 Employment institutions of SAFETP Advanced Graduates



CONCLUSIONS

- SAFETP is institutionalized and funded partially with local resources
- Challenges
 - Lack of career path for epidemiologists in the Department of Health
 - Maintaining expanded staffing
 - Sustaining the program’s expansion
 - Advanced: link to larger public health programs and institutions
 - Maintain provincial support for Intermediate and Frontline FETP

ADDITIONAL KEY INFORMATION

- Since Intermediate and Frontline are in-service training, graduates are working within the provincial, district, and facility levels
- SAFETP trainees and graduates play a vital role in responding to public health emergencies in South Africa (e.g., the COVID-19 pandemic, Mpox, Cholera, and measles outbreaks)

Authors contact: Fhatuwani Gavhi: tcy0@cdc.gov & Richard Gelting: rug7@cdc.gov



USCDC, SAFETP, National, and KwaZulu-Natal Departments of Health representatives and trainees during the launch of 3rd Intermediate FETP cohort, KwaZulu-Natal Province, August 2023