Thematic Areas for Re-accreditation with Merit

This Reaccreditation option provides an opportunity to recognize FETPs that are supporting/strengthening the country's public health system by contributing key public health services. This table has been elaborated from the Essential Public Health Services as defined by the Public Health National Center for Innovation. First released in 1994, the Essential Public Health Services are a well-recognized framework for carrying out the mission of public health. Updated in 2020, the revised version is intended to bring the framework in line with current and future public health practice. More information can be found here: https://phnci.org/uploads/resource-files/EPHS-English.pdf

If programs have applied to be reaccredited with merit, they must meet all of the relevant standards at the distinction level (third column below), according to the descriptions in the Reaccreditation Standards document, and support their application with the required documents.

Thematic Area	Essential Public Health Service	Standards that must be met with Distinction	Sample of Documents Required to Support Reaccreditation with Merit
Ongoing – Continuous Contribution to Country's Public Health Improvement (1)	Assess and monitor population health status, factors that influence health, and community needs and assets. (#1) ● Maintaining an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations; ● Using data and information to determine the root causes of health disparities and inequities;	1e.1; 2b.1; 3a.3; 4b.1; 4c.1; 4c.2	FETP residents' portfolio: - FETP residents' projects oriented to assess and monitor population's health status; - FETP residents' project protocols going through an ethical committee review for approval; - Inclusion of additional modules into the basic (four pillars) curriculum, e.g., mapping, GIS, leadership & management, artificial intelligence, modelling of infectious diseases, etc.) - Regular bulletins (or media communication) on population's health;

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	• Working with the community to understand health status, needs, assets, key influences, and narrative. **Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it (#3)** • Employing the principles of risk communication, health literacy, and health education to inform the public, when appropriate; • Using appropriate communications channels (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations; • Communicating with accuracy and necessary speed; • Developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners.		– Policy briefs addressing root causes of health disparities and inequities. - Formal/informal communications for the general public - Risk communication products/activities (public service announcements, call centers – emergency number, social media, etc.) - Risk mitigation products/activities (e.g., guidance on mask, non-pharmaceutical mitigation measures) - Regular bulletins (or media communication) specifically on health promotion and education to the general public
Providing Evidence for Decision Making (2)	**Improve and innovate public health functions through ongoing evaluation, research and continuous quality improvement. (#9)** • Using research, evidence, practice-based insights, and other forms of information to inform decision-making;	1e.1; 1a.2; 2b.1; 2c1; 3a.3; 4b.1; 4c.1; 4c.2	– Field projects using analytical epidemiology or biostatistics, or public health program evaluations providing epidemiological evidence to address country public health priorities (e.g., vaccination programs, surveillance systems), shown in binder of residents' work.

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	● Valuing and using qualitative, quantitative, and lived experience as data and information to inform decision-making. ● Linking public health research with public health practice.		- Evidence that the recommendations from FETP residents' projects become actions (briefs, reports, or minutes of public health authorities, meetings, etc.) - Evidence that the results from FETP residents' projects are shared or discussed with the public health authorities to inform the timely decision-making process (e.g., meetings minutes, policy brief, field investigation report with follow-up action plan, etc.). - Evidence that the FETP residents' project findings are published either traditionally (e.g., peer-reviewed manuscript), or informally (e.g., bulletins, booklets, gray literature in institutional or non-indexed journals, etc.) - Program is recognized by public health departments as a stakeholder in knowledge transfer in field epi.
Emergency Response (3)	Investigate, diagnose, and address health problems and hazards affecting the population (#2). ● Anticipating, preventing, and mitigating emerging health threats through epidemiologic identification; ● Using real-time data to identify and respond to acute outbreaks, emergencies, and other health hazards	1a.2; 2b.1; 1b.3; 2c.1; 4c.2	Description of the FETP integration into the MoH Public Health Emergency Operation Centre (PHEOC) - FETP residents' portfolio; - For the two FETP cohorts, a table showing ~~the~~ at least ten outbreak investigations or public health emergency responses, national or international, including title, name of the FETP resident(s) involved, lab confirmation (if applicable).

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			- For the outbreak investigation, the table should show the "Outbreak Timeliness Metrics" (according to https://endingpandemics.org/wp-content/uploads/2016/10/14-TimeToDetect-OnePager-042816.pdf)

Competent Workforce (4)	Build and support a diverse and skilled public health workforce (#8)
	● Providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills;
	● Ensuring that the public health workforce is the appropriate size to meet the public's needs;
	● Promoting a culture of lifelong learning in public health;
	● Building a pipeline of future public health practitioners;
	● Fostering leadership skills at all levels;
	● Building a culturally competent public health workforce and leadership that reflects the community and practices cultural humility.
		3a.3; 3a.4; 4c.2; 4c.3	Document(s) showing:
			1. FETP residents are included in the organogram of the field sites;
			2. Alumni/graduates:
			   a. Career paths for FETP residents after graduation
			   b. FETP graduates are absorbed by MoH after graduation into public health services
			   c. FETP alumni network that is working (e.g. minutes of the last meeting/assembly of alumni network; website.)
			3. Programmatic:
			   a. Strategic plan (indicating the number of professionals to be trained in a certain period of time to accomplish the 1/200 000 goal) or other local objectives.
			   b. FETP strengthens professionals already working in the public health departments. FETP modules are available to external participants, belonging to either MoH or other ministries/agencies/institutions involved in public health in the country