



Impact Review

Field Epidemiology in Action (FEiA)

September 2022

Our story.

Purpose. Story. Impact.

ImpactInstitute is an independent impact advisory firm offering purpose-driven advisory, storytelling and events services.

We're a **Certified B Corp.** and member of the world's largest network of independently owned PR and Communications agencies, PROI Worldwide.

Our impact advisory team brings deep sector experience and proven research methodologies to client engagements.

A full suite of integrated brand storytelling services include brand strategy, marketing, content, PR, social, design (video, podcasts, graphic design), events, research and digital amplification.

Team members have worked internationally in cross-cultural contexts and across multiple sectors including large-scale projects in the UAE.

Creds.



Purpose-driven

B Corp.

We meet the highest standards of social and environmental impact.

Trusted experience

Global clients

730+ clients and event exhibitors across Asia-Pacific, Europe, Middle East and North America.

Leading approach

Proven IP

- Beliefonomics™ brand storytelling framework
- *The Impact Way*, an impact measurement & reporting framework
- Advisors with deep sector experience.

Global insights

Professional memberships

- **PROI Worldwide**
The world's leading independent agencies
- **SIMNA**
Social Impact Measurement Network Aust.
- **Social Value International**

Sector expertise

Multi-disciplinary team

Deep sector expertise in education, finance, government, healthcare, technology, membership, not-for-profit, charities, and social benefit organisations.

Our challenge.



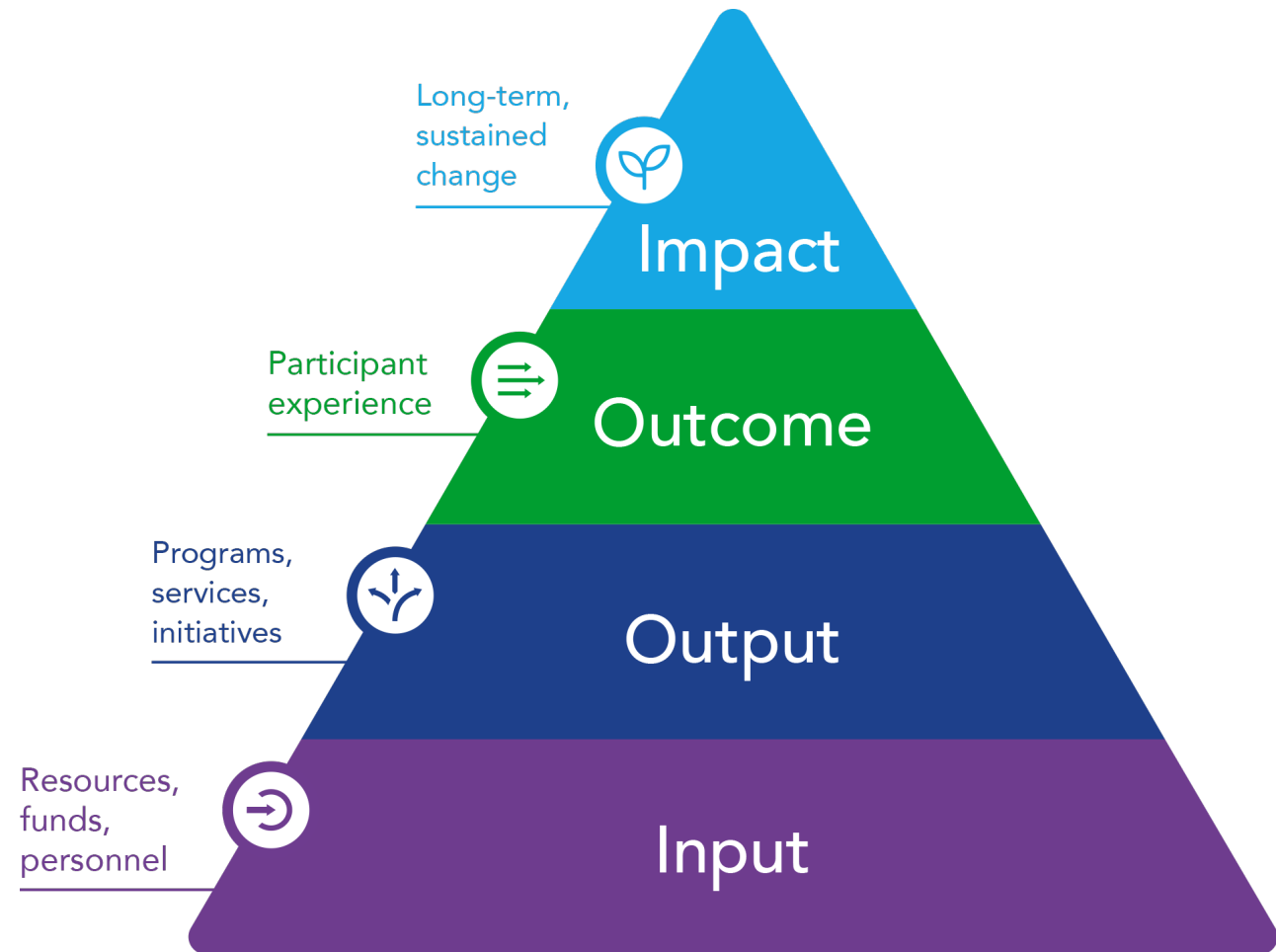
How is your **purpose experienced** by those you are here to serve?

How has your **purpose impacted** their lives?

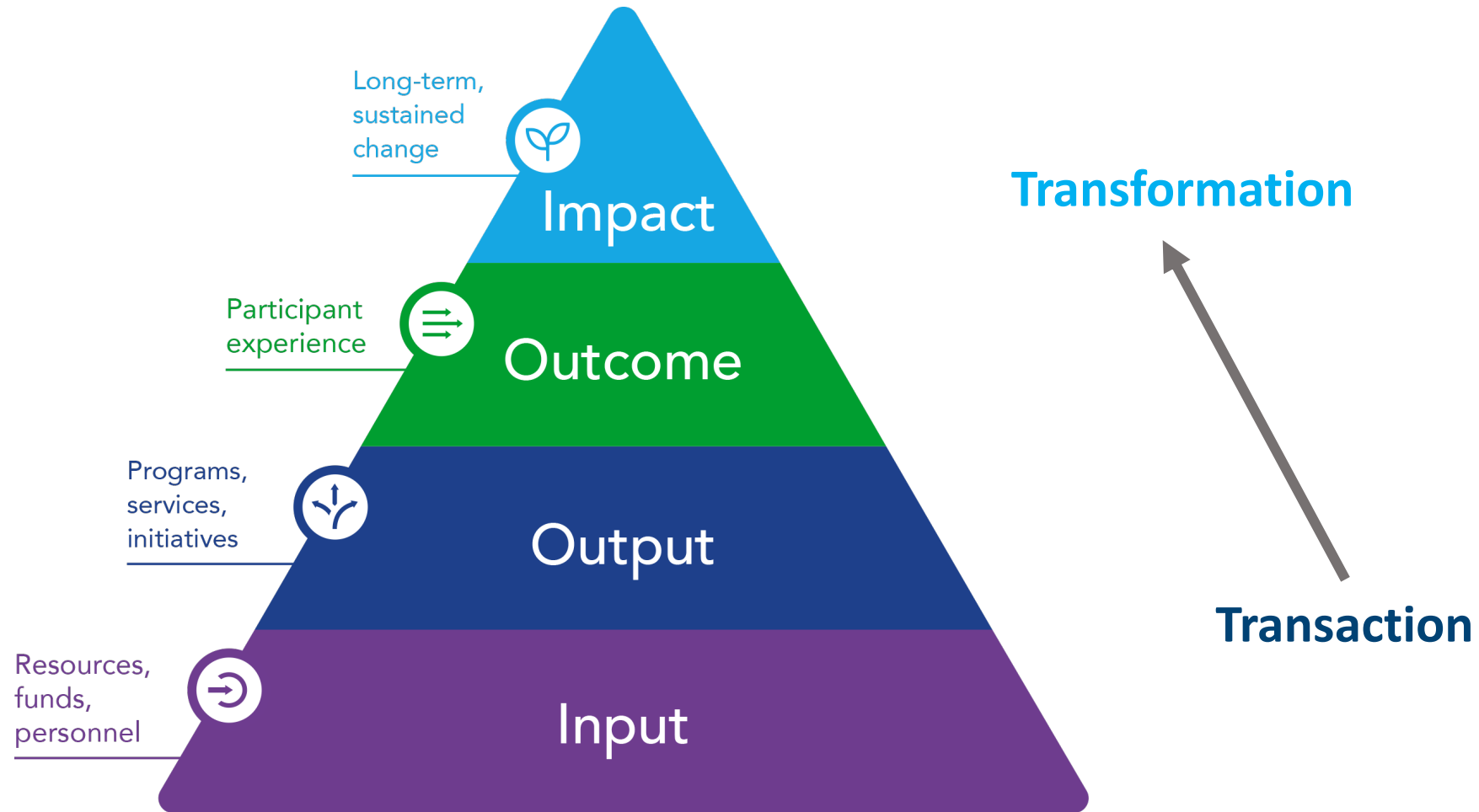
Impact project brief

Review and refine the FETP impact framework and advise on impact measurement approaches and tools to better understand the **value** and **impact** of the FETP and aFETP programs.

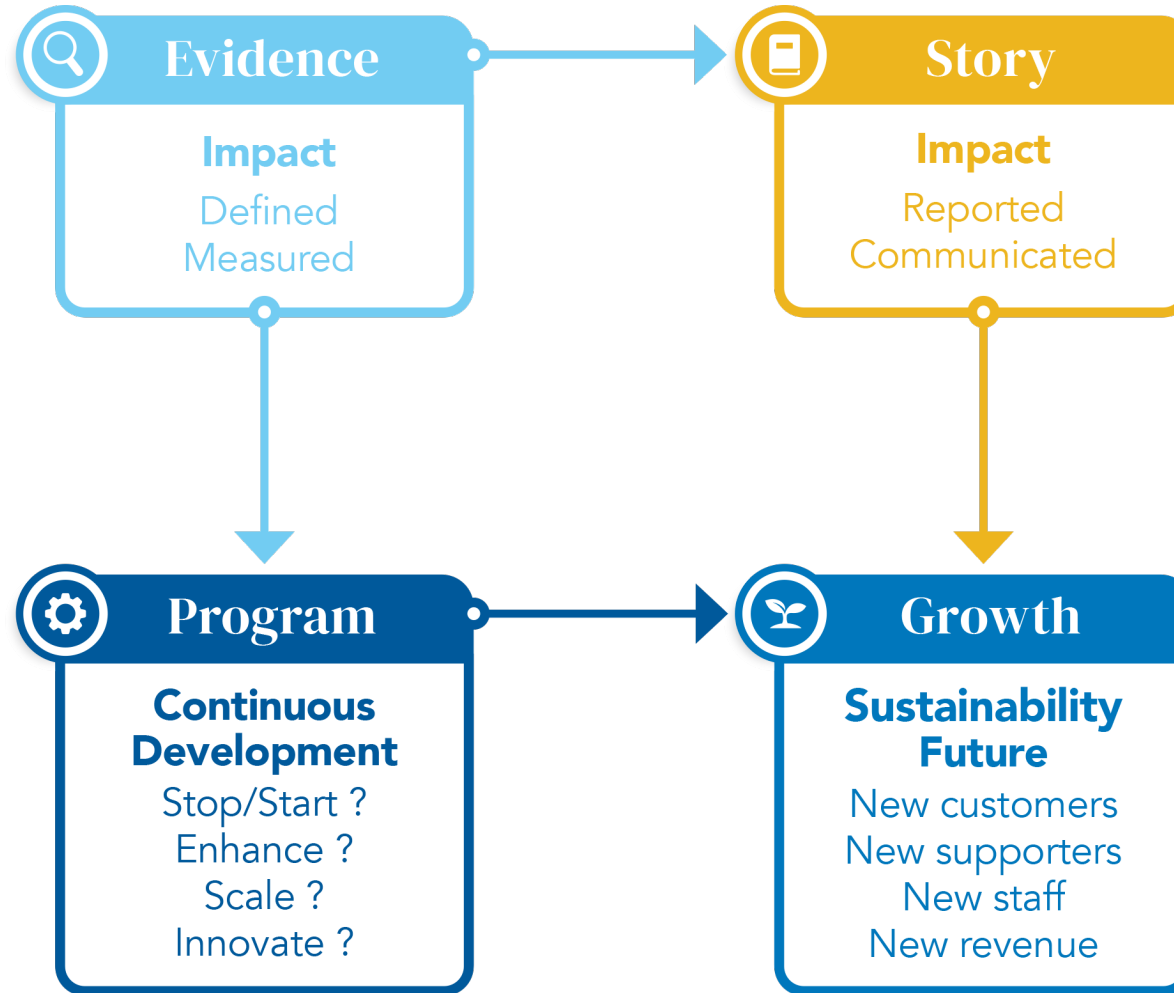
Enable the collection of **evidence** that will **inform program development, reporting and storytelling** to key stakeholders.



Transformation journey



How impact drives *growth*.



Family Friendly Workplaces.

Partnering with UNICEF and Parents at Work to forge new workplace standards.

A global campaign for change




In July 2019, UNICEF launched new evidence and recommendations to advance family-friendly workplaces. This is now an imperative as governments, businesses and communities respond to the impact of COVID-19 on work and family life.

[READ MORE](#)



Family friendly impact.

Our evidence-based impact framework revealed the pathway from employer to healthy families.

	Output Programs, services, initiatives	Outcome Participant experience	Impact Long-term, sustained change
 Employer	Certified Family friendly <i>and/or</i> Building family friendly capability 1	Family Friendly policies produced, published, promoted to employees, practiced by employees and role modelled by leaders 2	Improved: Retention; talent attraction; diversity/inclusion; productivity; employee performance; innovation; alignment to ESG & SDGs 6 Reduced: Absenteeism; turnover; cost
 Employee	Family Friendly policies utilised by employees 3	Improved: Engagement; equity; advancement; work/life balance 4 Reduced: Work/family tension; turnover intention; intimate partner violence	Improved: Performance; progression; loyalty; physical/mental health; well-being; satisfaction (job/life) 5
 Employee family	Parent/carer more accessible/available 5	Improved: Home gender balance; quality family time; parental bonding; elder care; carer well-being 6 Reduced: Family conflict	Improved: Family cohesion/well-being; child development/health 7 Reduced: Chronic health issues in children; infant mortality rates

BRIDGING THE WORK AND FAMILY DIVIDE:

Understanding the benefits of
family friendly workplaces

The future
of work is
family friendly



A JOINT INITIATIVE OF

Outcomes.

The Family Friendly Workplaces impact framework underpins the UNICEF and Parents At Work initiative.

Our research was published in the whitepaper, *Bridging the Work and Family Divide: Understanding the benefits of family friendly workplaces* and launched to the public in June 2022 – to great acclaim by project sponsors and stakeholders.

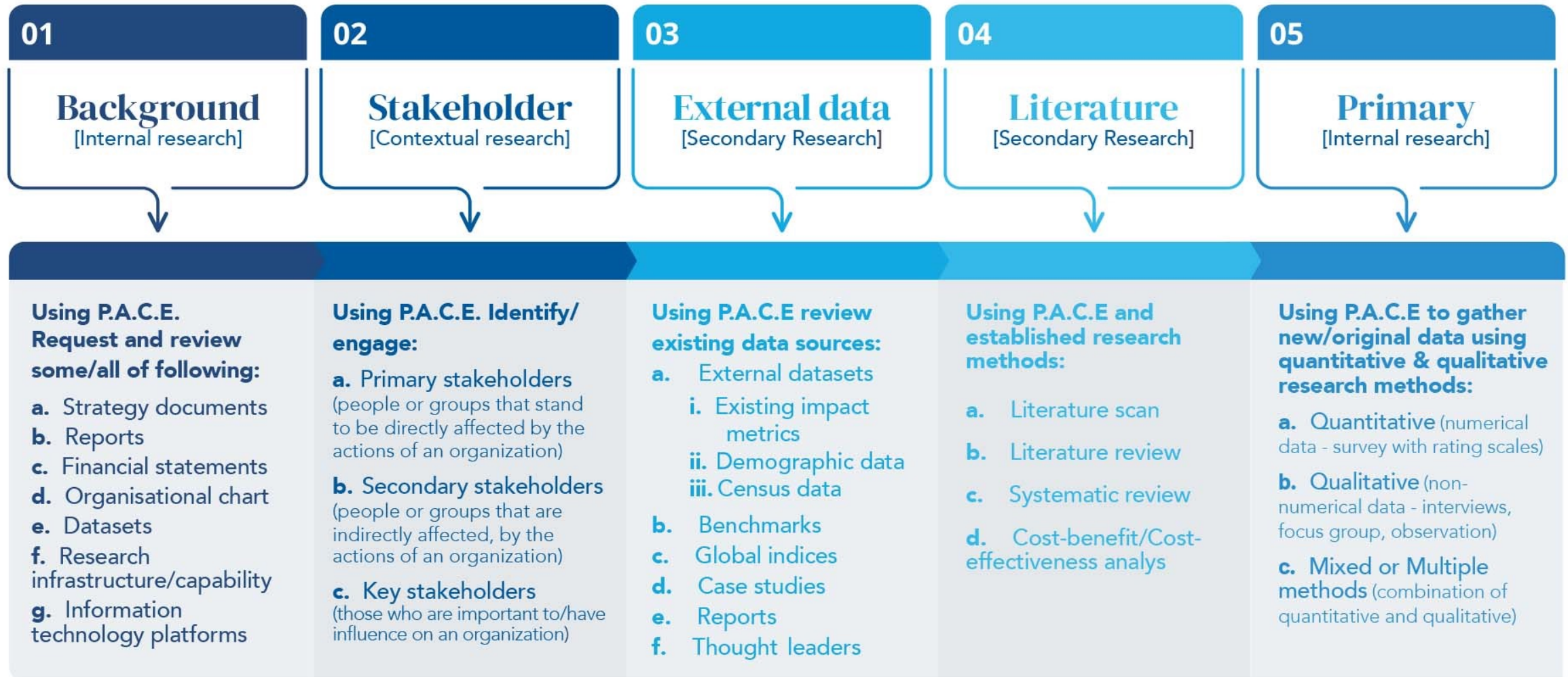
Today more than 70 organisations are certified Family Inclusive Workplaces and can measure progress against the framework.

The framework continues to underpin discussions between the project team and executive leaders such as CEOs and Human Resource Directors. It is used to unify disparate policies and practices and forge a clear pathway to impact.

Impact Review

Research | Findings | Impact frameworks

RESEARCH PROCESS



Background Research

AIM:

To review documents provided by the FEiA team to:

- Understand the purpose, strategy and program outputs/activities
- Identify key audiences - staff/volunteers/fellows and other stakeholders
- Understand how the program is currently measuring/evaluating success
- Understand how the program is currently perceived by their key stakeholders
- Identify enablers/barriers
- To organise the materials the client provides in a manner that is conducive to delivering a successful project
- To provide reference material for other steps of the impact project
- To start to build the impact framework, particularly inputs, outputs, enablers etc.

Background Research

- Reviewed and summarised 33 documents and/or websites
- Extracted information relevant to the Impact Framework – input/output/outcome/impact and enablers, barriers, external influences
- Reviewed and summarised the FETP and aFETP programs
 - Description
 - Stats/Numbers per year
 - Service Model
 - Stakeholders

Secondary Research

Literature review on the impact of field epi programs conducted by James Flint
(<https://www.fieldepiinaction.com/>)

To review additional secondary research sources to find data relevant to:

1. Potential learnings from impact evaluations in related health professional training programs outside Field Epidemiology
2. Identify content experts in related fields to consult for advice on indicators and measurement approaches
3. Assess whether there are global indicators that might be worth aligning impact indicators with, WHO, SDGs IRIS+

Secondary Research

To review secondary research sources to find data relevant to:

1. Identified several case studies of impact evaluations in related health professional training programs outside Field Epidemiology, including in resource-limited settings. Large number of scholarly articles and entire journals dedicated to health professional education and training but few quality studies of longer-term outcomes/impact.
2. Identified potential content experts in related fields to consult for advice on indicators and measurement approaches
3. Identified SDG, WHO & IRIS+ indicators that align with FETP goals and activities

Table 1: Global Indicators

SDG	SDG Indicator	IRIS Theme/Category	IRIS indicator (Excel spreadsheet for details)
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases	10 -Health <ul style="list-style-type: none"> Healthcare worker training Health Education 	PI533 Disease/Condition Addressed PI3902 Health Intervention Completion Rate PI1017 Healthcare facilities PI5060 Patients completing treatment PI6845 Patients screened PI3863 Quality assurance mechanisms O17914, PD5752, PD6384, PD2541, Stakeholders OI4718 Business innovation PI9435, OI5049, PI9327, PI945, PI6266 etc Client characteristics. OD6247 Social Impact Objectives (health subcat)
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate	As for 3.3	As for 3.3
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income	'Health' and 'Financial Services' and Impact Theme 'Access to Quality Health Care' and 'Financial Inclusion'	As for 3.3
3c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1 Health worker density and distribution	As for 3.3	Many same as 3.3. Extras: OI7877 Employee training hours OI4229 Employees trained PI2998 Individuals trained total
3d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms.	None	None

Findings

Other health professional training programs


- Agree that Kirkpatrick's is most commonly used framework
- Brief literature scan for SR/MA with similar search terms to secondary search

Global standards & Indicators

- Consulted FEiA team re relevance of SDG goals and IRIS+ indicators
- WHO indicators relevant to Field Epi incorporated into draft framework
- Reviewed the following:
 - WHO The Global Health Observatory Indicators (<https://www.who.int/data/gho>)
 - IHR Core Capacity Monitoring Framework 2018 (<https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.51/en/>)
 - Voluntary Joint External Evaluation (JEE p65-67)
 - IHR State Party Self-Assessment Annual Report 2021 (SPAR p11,24,40)
 - The WHO benchmarks for IHR capacities (p71,75,77 & 86)

Impact Framework

Summary | Detailed | Questions

Audience	Outputs Programs, services, initiatives	Outcomes Participant experience	Impact Long-term, sustained change
Fellows	<p>Participate in, complete & graduate from a high-quality competency-based Field Epi training.</p> <p>1</p>	<p>Trained, contributing Field Epi fellows</p> <p>2</p>	
Graduates	<p>Graduate</p> <p>Present work at meetings/conferences</p> <p>Participate in Field Epi Alumni network</p> <p>3</p>	<p>Skilled Field Epi workforce</p> <p>Contributing Field Epi graduates</p> <p>Networked Field Epi graduates</p> <p>4</p>	
Public Health System	<p>Graduates deployed, developing, mentoring, promoted, contributing eg research, publications, policy</p> <p>Systematic, operational research conducted, reported, presented</p> <p>Surveillance & outbreak response evaluated, strengthened</p> <p>Sustainable national field epi training program recognized, funded</p> <p>5</p>	<p>Experienced Field Epi workforce</p> <p>Field Epi contributing to operational research & health system strengthening</p> <p>Field Epi graduates contributing to surveillance & outbreak response</p> <p>Field Epi contributing to workforce development</p> <p>FETP program run annually, delivered by graduates, networked regionally, TEPHINET accredited</p> <p>6</p> 	<p>Evidence based decision making</p> <p>Strengthened public health programming</p> <p>Strengthened surveillance & outbreak response systems</p> <p>7</p>
Community	<p>Capable, resourced public health system delivering IMPACT</p> <p>Community based public health outreach, engagement & awareness programs conducted</p> <p>7</p>	<p>Community engagement in community level public health decision making</p> <p>Improved resident access to better quality public health services including early detection/prevention programs</p> <p>8</p>	<p>Improved public health</p> <ul style="list-style-type: none"> • Reduction in mortality/morbidity rate • Reduced prevalence of AIDS, TB, malaria & neglected tropical diseases & combat hepatitis, waterborne diseases & other communicable diseases • Reduced premature mortality from non-communicable diseases <p>9</p>

Audience	Activities	Enablers/Barriers	Outputs	Outcomes	IMPACT
Fellows	FETP TRAINING Deliver competency-based training and opportunities to apply learnings <i>[See Strategies in aFETP Theory of Change]</i>	Enablers <ul style="list-style-type: none"> • Competency based training¹ • Fellows knowledge & skills at entry to program² • Recruiting ‘ideal’ candidates - learner characteristics² e.g. personal motivation of Fellow ^{2,3} • Key stakeholders support & fund program • Co-designed curriculum^{1,4} • Program and curriculum design based on needs assessment and aligned to local priorities^{1,2} • Local ownership & local leadership of the program^{1,5} • Cultural and contextual adaptation of training materials⁵ • Supportive fellows network • Local faculty available, skilled and motivated to identify, train and mentor fellows • International experts available to train and support local faculty as needed • Skilled trainers • Funding source – internal/external/sustainable⁶ [C3]* Barriers <ul style="list-style-type: none"> • Poor training facilities or training conditions • Competing work priorities and demands limiting availability of fellows and faculty • Diversion of faculty and fellows due to outbreak or emergency response, e.g. Covid⁷ 	Training participation <ul style="list-style-type: none"> • Gender breakdown of fellows ⁶[C1.2 p13] • # fellows enrolled in training by role, position and workplace location • # fellows who drop out of training • # fellows linked with public health mentors⁸ • # classroom hours⁹ • # months length of field assignment⁹ • % of health workers trained [p71]¹⁰ Training quality <ul style="list-style-type: none"> • # fellows reporting enjoyable learning experience [UON]** • # fellows reporting training relevance to current role [UON] • Improved field epi competencies (skills and knowledge) • Accredited training program • # of levels of training ie frontline, intermediate and/or advanced⁹ 	Trained Field Epi workforce <ul style="list-style-type: none"> • Key Field Epi competencies achieved • Fellows demonstrate the application of field epi competencies throughout the training Contributing Field Epi workforce <ul style="list-style-type: none"> • Fellows implement and evaluate an evidence-based intervention • Fellows improve a surveillance system or component of a surveillance system 	

Audience	Activities	Enablers/Barriers	Outputs	Outcomes	IMPACT
Graduates	<p>PLACEMENT</p> <p>Placement of graduate field epis across tiered health system</p>	<p>Enablers</p> <ul style="list-style-type: none"> • Sustained mentorship and supervision¹ • Strong networks^{11,12} • Supportive workplace [UON] • Motivated graduate [UON] • Delineated role of field epidemiologist in health system <p>Barriers</p> <ul style="list-style-type: none"> • Fellows' line managers do not understand/appreciate the role of a field epi [UON] 	<p>Graduates</p> <ul style="list-style-type: none"> • # graduates completing training by by role, position and workplace location⁹ • Gender breakdown of graduates • % of districts / provinces with graduates • % graduates retained within public service • % graduates receiving a promotion <p>Alumni network</p> <ul style="list-style-type: none"> • Formalised, active network of Field Epi Alumni– graduates, mentors, fellows¹⁰ [p86],¹ Error! Bookmark not defined., Error! Bookmark not defined. • # of graduates presenting work at national, regional, international meetings/conferences¹², [UON] • # of graduates who are members of national, regional, international working groups on public health priority areas [UON] • # graduates completing higher level training / professional development¹² Error! Bookmark not defined., [UON] 	<p>Skilled Field Epi workforce</p> <ul style="list-style-type: none"> • Graduates are confident in their skills^{8,11,13} • Graduates using evidence- based decision making^{5,8,11-13} SDG3.c –development, training and retention of the health workforce in developing countries, IRIS+theme10] • Graduates employed in positions where field epi knowledge/skills required • Graduates provided opportunity to apply skills/knowledge in workplace • Graduates confident in applying skills and knowledge in workplace <p>Contributing Field Epi graduates</p> <ul style="list-style-type: none"> • Graduates are introducing innovations ^{11,12} • Graduates are visible/ influential^{5,8,11,14} • Graduate activities (research, reports, presentation etc) are considered by decision makers to inform the development and implementation of a policy, program or project that inform/influence decisions and the environment in which decisions are made¹⁵ • Graduates demonstrate transfer of knowledge and skills to others [UON] • Graduates are promoted to senior decision-making roles in applied public health [UON] • Graduates demonstrate transfer of knowledge & skills to others [UON] • Active alumni network across all levels of government provides ongoing peer-peer support^{8,10} [p86]^{4,11,13} 	

Audience	Activities	Enablers/Barriers	Outputs	Outcomes	IMPACT
<p>Public Health System</p>	<p>DEPLOYMENT & DEVELOPMENT of graduates</p> <p>Application of field epidemiology skills to strengthen health systems and respond to public health threats</p>	<p>Enablers</p> <ul style="list-style-type: none"> • Support from alumni network/fellow health care workers³ [#1 enabler response] • Sustained mentorship and supervision¹ • Support from managers & other government stakeholders³ • Adequate infrastructure, resources and supplies to deliver public health programs^{1,5} • Graduates are in decision-making roles [UON] <p>Barriers</p> <ul style="list-style-type: none"> • Lack of or weak public health systems [UON] • Lack of leadership in public health [UON] • Complicated processes that restrict public health action [UON] 	<p>Field Epi health workforce</p> <ul style="list-style-type: none"> • Career trajectory of graduates^{11,16} [D1] • # of Graduates placed across different tiers of health system • # faculty (including trainers and mentors) who are FETP graduates^{4,8,14} <p>Operational research and health systems strengthening</p> <ul style="list-style-type: none"> • Scientific rigor statistical skills, reports, surveillance system, research etc¹¹ • Systematic analysis of surveillance data^{4,10} [p75] data analysis standards, guidelines, training, tools, teams, continuous quality improvement of data quality • # of research studies/Field Investigation completed⁴ • # of epidemiological reports/Policy briefs written⁴ • # of scientific presentations and publications¹² • # of operational research projects conducted • # of evidence-based interventions implemented • # program recommendations made and implemented¹⁰ • # policies updated or developed • # and type of workplaces processes / procedures improved 	<p>Experienced Field Epi workforce</p> <ul style="list-style-type: none"> • Established career pathway for graduates • Long-lasting partnerships and communities of practice¹ • Stronger teams¹² • Graduates in leadership roles in public health service across all tiers of government^{4,8,14} • Skills are maintained and continually applied⁵ • Key disease control and surveillance positions at all tiers of government are occupied by FETP graduates • Decision makers confident in and engaged with graduates and the services they provide^{8,11} • Decision makers utilize the evidence generated by graduates to improve public health programming • Graduates are public health influencers in their workplace and the communities they serve <p>Field Epi graduates contributing to operational research and health system strengthening</p> <ul style="list-style-type: none"> • Graduates routinely conduct operational research to understand and address key public health challenges • Graduates routinely design and implement interventions to address key public health challenges • Graduates actively work on strengthening health systems [UON] • Graduates effectively engage with communities when planning and delivering public health programs • Decision makers engage with recommendations made by graduates • Graduates make contributions to health evidence • Evidence based decision making informing guidelines, policy & programmatic activities [UON/SPAR] • Graduates design and implement public health interventions to improve public health program delivery 	<p>Evidence based decision making</p> <ul style="list-style-type: none"> • Evidence based decision making driving public health system^{8,11,17} • Implementation of research findings and evidence-based approaches into routine practice¹⁵ • Health systems and programs strengthened based on evidence generated by graduates <p>Strengthened public health programming</p> <ul style="list-style-type: none"> • Health system responds to public health needs resulting in improvements to key performance indicators [PNG 11],⁸ • Public health programming integrated across tiers of health system [PNG 11],⁸ • Health programs strengthened at facility level • Strong public health leadership at all tiers of health system [UON] • Health programs are systematically conducted with community understanding, support and cooperation

Audience	Activities	Enablers/Barriers	Outputs	Outcomes	IMPACT
<p>Public Health System</p>			<p>Surveillance and outbreak response</p> <ul style="list-style-type: none"> • # surveillance key performance indicators improved (e.g report timeliness and completeness) • # of disease surveillance systems evaluated • # of disease surveillance systems strengthened • # of outbreaks detected from surveillance • # and type of outbreaks responded to <p>Sustainable national field epi training program</p> <ul style="list-style-type: none"> • Field epi recognized in national strategic health plan • # Program staff employed by FETP • % of FETP activities funded by national government • % faculty undertaking professional development to improve their training / mentoring 	<p>Field Epi graduates contributing to surveillance and outbreak response</p> <ul style="list-style-type: none"> • Graduates are driving innovation and service improvements¹¹ • Graduates actively participating in indicator-based and event-based surveillance • Surveillance system supported by graduates are efficient and functional^{8,12} • Improved data quality and timeliness leads to improved response to alerts¹² • Graduates lead outbreak response activities within their jurisdiction • Graduates support outbreak response activities outside their jurisdiction (eg deployed to another province etc) • Graduates lead or support multi-sectoral outbreak response (rapid response) teams ⁶[C6.1/6.2 p26-27] • Graduates effectively engage with communities when investigating outbreak⁶ [10.3 p40] <p>Field Epi's contributing to workforce development¹⁰[p77]¹⁸[UON]</p> <ul style="list-style-type: none"> • Graduates comprise core FETP faculty and deliver high quality training and mentoring • Graduates develop and deliver public health training activities to workplace colleagues and staff • FETP program run & delivered by country staff without the need for external support • Established pathway for FETP graduates to become faculty • FETP program runs a training cohort every year • FETP program has strong networks with other FETP's in region • FETP program receives TEPHINET accreditation • Faculty, graduates & fellows connected with national, regional international field epi networks • Faculty continue to seek out & engage in ongoing professional development 	<p>Strengthened surveillance and outbreak response systems</p> <ul style="list-style-type: none"> • Strong national disease surveillance systems consistently supports the early detection of outbreaks & response to public health alerts [UON],⁶ [C5 p24] • Response teams mobilise to investigate outbreaks in a timely manner, interrupting disease transmission • Outbreak response activities systematically conducted with community understanding, support and cooperation ⁶[C10.3 p40]

Audience	Activities	Enablers/Barriers	Outputs	Outcomes	IMPACT
Community	<p>CAPABLE, RESOURCED HEALTH SYSTEM</p> <p>Integrated health system. Responsive & effective health service.</p>	<p>Enablers</p> <ul style="list-style-type: none"> • Links between primary health services and community-based individuals and organizations • Resources available to permit community-based programming • Time spent investing in relationships, including providing data feedback <p>Barriers</p> <ul style="list-style-type: none"> • Limited access to remote communities • Poor or no connectivity with remote communities 	<ul style="list-style-type: none"> • # of community based public health outreach programs conducted • # community engagement activities • # community awareness activities 	<p>Community residents</p> <ul style="list-style-type: none"> • Community voice and choice in decision making process of community level public health measures⁶ [C10.3 p40] • Improved access to public health services • Improved quality of public health services • Residents are beneficiaries of early detection and prevention programs eg access to vaccines¹⁹ • Early detection & response to public health alerts in communities [UON] • Improved health literacy within community [UON] • Increased engagement in health service delivery [UON] 	<p>Improved public health^{5,10}</p> <ul style="list-style-type: none"> • Reduction in mortality and morbidity rates ^{10,19} [SDG 3.3.1-53.4s]. • Reduce prevalence of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases^{10,19} [SDG3.3 -3.3.1-3.3.5] • Reduce premature mortality from non-communicable diseases^{10,19} [SDG3.4]

* text in square brackets denotes section and/or page number in preceding document referenced eg ⁸[C3] denotes section C3 of document 8 in Endnote list below.

**UON=University of Newcastle FETP Team

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4. UoN. *Field Epidemiology Training PNG Conceptual Model – ('FETPNG-training-conceptual-model-03c.jpg')*: PNG2.
5. UoN. *Research Proposal - James Flint (PhD) 2 Nov 2020.pdf*: PNG12.
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19. United Nations. *Sustainable Development Goals*.

Questions

Ready to amplify your **impact**?

David Jack | david.jack@impactinstitute.com.au | +61 409 000 349

Michelle Jack | michelle.jack@impactinstitute.com.au | +61 498 064 514

