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Compendium On India Epidemic Intelligence Service (EIS) Programme



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Executive Summary

The India Epidemic Intelligence Service (EIS) model was approved at the second meeting of the MOHFW-GDD Steering Committee on 18 July, 2011. The India EIS training programme is a 2-year programme in applied epidemiology, in which trainee officers develop their skills while working within Indian public health agencies / programmes. On 2-3 September 2011, NCDC convened a stakeholder meeting to review the existing proposal and make recommendations. Stakeholders were extremely supportive of the creation of an India EIS programme and were very engaged in discussions around details of the programme. The stakeholders discussed and developed recommendations for intake, qualifications, types of placements and mentors, core competencies that will be attained by the trainee officers, certification, and potential career path. This document contains the operational guidelines for the India EIS Programme that incorporates the recommendations from the Stakeholders Meeting.

The program trains medical doctors in applied epidemiology. State and Central public health agencies (or equivalent local autonomous bodies) forward the application of their employees interested in this Programme who, if selected into the training programme, are released from their duties for the duration of the 2 years. Individual candidates can also apply as self-sponsored candidates. Selection is through a highly competitive process by a committee of experts. EIS officers, as the selected applicants are referred to for the duration of their training, are assigned to a single placement for the two years under the technical supervision of a mentor. EIS officers complete a prescribed set of public health activities – the Core Activities of Learning (CALs) – to acquire the needed skills of a practicing field epidemiologist. The CALs include a field investigation, analysis and evaluation of surveillance data, epidemiologic data analysis, both oral and written scientific communication, and service to the organization where the officer is placed. While the officers spend most of their time working at their placements, short courses, seminars, and an annual conference to enhance learning are conducted at NCDC. Completion of all of the CALs is required for successful completion of the programme. Officers are obligated to work in public health for a prescribed period of time after completion of the two-year programme.

All Stakeholder Meeting participants agreed that the India EIS Training Programme must be of the highest quality, producing epidemiologists who can address the pressing public health needs of the nation. The quality of the programme requires recruitment of the best candidates, assigned to the best placements, guided by the best mentors and placement supervisors.

Background

The Government of India is committed to improving the health of its people. In support of this commitment, the Government established development of public health capacity as a priority. After an outbreak of plague in 1994, the Government constituted a technical committee to suggest measures to prevent recurrence of such outbreaks. The Central Council of Health and Family Welfare (CCHFW) is the apex political and policy formulating body comprised of the Union Minister of Health and Family Welfare (as chairperson) and health ministers from all the States / Union Territories of the country as members. In 1995, the council recommended the establishment of state and district level epidemiological units and revitalization of procedures of identification and reporting of outbreaks through the primary health care system.

In 1995, an expert committee on revamping the Public Health System affirmed the need to strengthen the public health system to effectively implement and evaluate national health programmes and to prevent outbreaks that can have national and international consequences. In 1996, the National Apical Advisory Committee for National Disease Surveillance and Response System (NAAC) was created.

These initiatives and policy level decisions led to the establishment of the National Surveillance Programme on Communicable Diseases (NSPCD) in 1997. In 1999, the Government of India constituted a technical advisory group on diseases of international public health importance. Following a detailed appraisal of the NSPCD, the Integrated Disease Surveillance Project (IDSP) was established in 2004 and is being implemented in the Country.

A detailed review of IDSP was done by a team of CDC experts following an invitation from the Government of India in 2007. The review pointed out that the project had been able to demonstrate success in terms of detection and reporting of outbreaks, but the quality of detection and response needed improvement. One identified constraint was inadequate human capacity in States and the Centre. During the last 4 years, the outbreak detection capability of IDSP has improved considerably. 553 outbreaks of epidemic prone diseases were reported and responded through IDSP in 2008, 799 outbreaks in 2009, 990 outbreaks in 2010 and 1675 outbreaks in 2011 & 1550 in 2012 (up to 16th December 2012).

To create and enhance epidemiology capacity in the country, the key public health agency has undergone several transformations over time. The Central Malaria Bureau was established at the Central Research Institute (CRI) Kasauli (Himachal Pradesh) in 1909. Subsequently, it was expanded and renamed as the Malaria Survey of India in 1927. In 1938 it was shifted to Delhi and renamed as the Malaria Institute of India (MII).

The institute became the National Institute of Communicable Diseases (NICD) in 1963 with the mandate to function as a national centre of excellence for infectious disease control. In 1997 it became the implementer for NSPCD and in 2005 became the implementing agency for IDSP. In 2009, it was renamed the National Centre for Disease Control (NCDC). An ambitious programme to upgrade NCDC to a National Center for Excellence was approved by the Planning Commission of

India in 2010. NCDC has been given the mandate of developing and providing epidemiology expertise to the country and has been designated as the focal point for implementing International Health Regulations (IHRs) in the country.

Existing Short-Course Epidemiology Programmes

NCDC has been conducting professional training courses in Field Epidemiology as continuing education for public health managers in India. A 9 month Field Epidemiology Programme was conducted during 1992-93 in collaboration with USAID. Since 1996, the Institute has been a WHO Collaborating Centre for Epidemiology and Training for the countries in the South East Asia region, with the objective to strengthen the epidemiological support services. The Centre conducts a 3 month course in field epidemiology training for medical/health officers and one month course for paramedical personnel. A number of training activities for the medical and paramedical personnel in need-based areas of health programmes and laboratory services are carried out by the NCDC every year.

Epidemiology is covered as a part of various other programmes such as MD (PSM), Diploma in Public Health (DPH), etc. in different medical colleges, but there was no exclusive university post-graduate programme for Epidemiology. The National Institute of Epidemiology (NIE), an ICMR Institute in Chennai, conducts a 2-year Master's programme in Applied Epidemiology (FETP) with a limited number of seats.

NCDC developed and expanded a 2-year Field Epidemiology Training Programme for Integrated Disease Surveillance Programme (IDSP) Epidemiologists and Surveillance Officers and partnered with premiere health institutions of the country to enhance epidemiologic capacity for outbreak detection and response. Also during the last decade, various other initiatives have been undertaken by NCDC, States, non-government organization, and the public-private partnership sector, but none of these efforts have solved the need for quality epidemiological capacity like what is available in the U.S. or Europe.

Most of the epidemiology training available in the country is modeled on classroom teaching. Some training is rather academic in nature like the various public health degrees awarded by different Medical Universities across the country, including the Doctor of Medicine (MD) in Preventive and Social Medicine, Social and Preventive Medicine, Community Medicine, Community Health Administration. These generally have similar course content and a style of imparting education with three-year degree programmes that qualify for Medical Council of India Degree. Some universities offer a compressed two-year programme that leads to a Diploma in Public Health (DPH). This DPH was originally designed to cater to the needs of practicing public health physicians without a Post Graduate Degree in Public Health working in different sectors to orient them in public health concepts and practices.

Some universities started Master of Public Health programmes to attract entrants without a medical bachelor's degree to be associated with the health sector. Two such programmes, the Master of Applied Epidemiology run by National Institute of Epidemiology at Chennai and the

Master of Public Health (Field Epidemiology) run by the National Institute of Communicable Disease (now the National Centre for Disease Control), came to be recognized as 2-year full-time Field Epidemiology Training Programmes by the TEPHINET (Training Programmes in Epidemiology and Public Health Interventions Training Network).

The MPH (FE) programme was improved to cater to the needs of public health training in India and the time allotted for field assignments was increased. It became a very good training for public health professionals and gave participants a good overview and skill set for the practice of public health. Still, the need for a mentor-based training where participants learned and practiced the basic competencies of public health under mentorship of a trained public health practitioner was never fulfilled.

Over the past few years, the country has established a fully functional integrated disease surveillance programme and outbreak investigation database for the country. It has fine tuned with other similar ongoing surveillance system for Malaria by the National Vector Borne Diseases; HIV sentinel surveillance database of the National AIDS Control Organization; Health Management Information System of Revised National Tuberculosis Control Programme; and Surveillance Management System of National Polio Surveillance Programme. Though not dedicated to disease surveillance per se, the Health Management Information System of the National Rural Health Mission documents trends of major diseases and health events in the country. This consolidation of capacity provides an opportunity to establish a high quality mentor-based India EIS programme that is very different from the classroom teaching models. This programme will provide not only epidemiologic services during the training, but will also build the nation's capacity and produce future leaders in the field of Epidemiology and Public Health Practice.

HOW CAN A STATE BENEFIT FROM PARTICIPATING IN THE INDIA EIS PROGRAMME?

- The India EIS programme is an example of Centre-State partnership
- States benefit by the world-class training programme that equips their candidates with much needed epidemiological skills and capacity
- EIS officers will return to their states, after two years, as a highly skilled epidemiologists who can contribute to public health action
- An investment for the future with the potential of yielding rich dividends in terms of improving the state's public health system

The India Epidemic Intelligence Service (EIS) Programme

In India, there is a dedicated cadre of Public Health professionals in some states, but the majority of states lack applied epidemiological capacity pointing to the need for an Epidemic Intelligence Service (EIS) Programme.

To address this need, the National Centre for Disease Control launched the India EIS Programme on October 4, 2012. The India EIS is a 2 year programme in *applied epidemiology*, in which the trainee officers develop skills working within Indian public health agencies / programmes.

It is imperative the India EIS Programme be of the highest quality, producing epidemiology who can address the pressing public health needs of the nation. Therefore, the programme trains only extremely keen, enthusiastic medical doctors with an aptitude for public health and with at least two years of public health experience. Selection is through a highly competitive process by a committee of experts. The selected EIS officers are assigned to a single placement for the two years under the technical supervision of an experienced mentor.

The officers who complete the programme benefit in terms of career opportunities and playing a leadership role in public health operations in the country.

Global Disease Detection India Centre is committed to facilitating epidemiologic capacity development in India and strengthening practical & applied epidemiology training. A key component of this is creation of the India EIS Programme which is modeled on the EIS Programme in the United States.

The Epidemic Intelligence Service (EIS), based at the U.S. Centers for Disease Control and Prevention (CDC), is a 2-year programme. This programme focuses on hands-on training in epidemiologic service for public health professionals. Trainees, called EIS Officers, engage in outbreak investigation, designing and analyzing epidemiological studies, analysis and evaluation of surveillance data, scientific communication, and other activities in preparation for careers as field epidemiologists.

Although there is a dedicated cadre of public health professionals in the Central Health Service (CHS) and in some states, most of the States lack applied epidemiological capacity and hence the need for such training programme.

The India EIS Programme is modeled after the U.S. EIS Programme, and has been adapted for India as follows.

Selection of Officers

Extremely keen, enthusiastic candidates with an aptitude for Public Health are selected. To select candidates, a letter along with a brochure outlining the objectives of India EIS Programme is provided to the State Health Ministries, and relevant governmental institutions with potential candidates. Meetings and briefings with State Health Administrators are held to encourage participation in the programme. Suitable advocacy brochures have been prepared for these meetings. Websites of the MOHFW and NCDC provide background on the programme, details of the application process along with timelines for selection process. Additionally, media advertisements and announcements at national public health meetings may be placed to encourage applications.

Solicitation of candidates

1. A letter along with a brochure outlining the objectives of the India EIS Programme is distributed to all state health ministries, and relevant governmental institutions that sponsor potential candidates.
2. Meetings and briefings with state health administrators are held to encourage participation in the programme. Suitable advocacy brochures are available for these meetings.
3. Details of the programme, the application process and timelines for the selection process are mentioned on the websites of the MOHFW and NCDC.
4. Regular media advertisements and announcements are made at national public health meetings and through other means, including publications, and advertisements in medical and public health journals.

Eligibility Criteria

Regular employees of Central / State Health Service or equivalent (local autonomous bodies) as well as self sponsored candidates. The minimum essential qualifications for selection are:

1. MBBS Degree and MD (Public Health / Preventive and Social Medicine / Community Medicine)
OR
MD degree (Clinical or Para-Clinical) with 2 years' experience (service)
OR
MBBS degree with Postgraduate Diploma in Clinical, Para-clinical, or Public Health field and 3 years of public health experience from any recognized institution
OR
MBBS degree from any recognized institution with five years' minimum work experience in Public Health
2. Age: Not exceeding 45 years as of the last date of application
3. Government sponsored candidates should be presently working in the Central/ State Government/ PSUs like ESI, railways, etc./ State/Municipal Corporations/Local Bodies/etc. and defence, para-military forces, PSUs and autonomous bodies.

WHY SHOULD I APPLY FOR THE INDIA EIS PROGRAMME?

- It is an on-the-job competency-based training programme designed to provide scientific guidance through individual mentoring
- The officers obtain hands-on experience related to outbreak investigations, designing/analyzing epidemiological studies, evaluating surveillance data, and developing scientific communications
- Many of the graduates of the US-EIS, on which the India EIS Programme is modelled, have become public health leaders at CDC, WHO, schools of public health, and other reputed agencies and institutions

Forwarding of Application

Subsequent to the announcement of the course by NCDC, candidates will prepare and submit their application in prescribed format (application form) available on NCDC website. Those working for state or central agencies will furnish a No Objection Certificate (NOC) from their employer. Failure to include the NOC will prevent consideration for the India EIS Programme.

State and Central government agencies will recommend and forward the application of employee with the agreement to release the employee to NCDC for the duration of the 2-year programme in case of his/ her selection to the training course. The nominating agencies are requested to nominate only those candidates who are enthusiastic and can be released for the period of training. The candidates will be attached with NCDC for the two year training period. Salary during the training period will be borne by the sponsoring authority. Self-sponsored candidates, on selection, will be paid a stipend by NCDC. The forwarding agency/ institute must also guarantee placement of the trainee after completion of the programme into a position suitable for someone who has acquired competencies in applied epidemiology.

Sponsoring / nomination does not automatically guarantee selection for the programme — the decision to select candidates will rest with NCDC through a highly competitive process (detailed in Selection Process).

Applicants must apply on their own initiative. At the time of application, the applicant needs to submit the information on the prescribed application form, submit their curriculum vitae, the NOC, a brief essay describing their interest in or reason for applying to the India EIS Programme and copies of their previous academic transcripts.

Applications will be screened to ensure they meet the eligibility criteria. Those who meet the eligibility criteria will be invited for interviews by the selection committee of the India EIS Programme. Applicants invited for interviews will be required to provide letters of

recommendation, and other documents as prescribed by the India EIS Programme. The letter of recommendation from their employer shall specify that if they are admitted they will be relieved for the 2-year period of training during which they will continue to remain their employees, and will serve with the Government/ sponsoring organization for at-least 5 years after the completion of the training in an appropriate position. Lack of provision of this letter will prohibit interviews from taking place.

Selection Process

An independent selection committee (comprising of NCDC reviewers, external reviewers and U.S. Centers for Disease Control and Prevention-Global Disease Detection India Centre (CDC-GGDIC) reviewers) oversees the selection process.

All applicants, both state-sponsored and self-sponsored, shall undergo a stringent competitive process for the selection. The candidates will attend an Epidemiology Workshop and will be interviewed by two separate panels. Sponsorship / nomination do not automatically guarantee selection. The nominating agencies will recommend and forward the application of employee with the agreement to release the employee to NCDC for the two-year duration of the programme, in case of his/ her selection to the course. The decision of the selection committee will be subject to final approval by the Director NCDC.

Desirable qualifications can include but are not limited to:

- Strong commitment to a career in public health / epidemiology in India
- Applicable public health experiences
- Prior publications of scientific work in reputed journals / interest in scientific writing and publication
- Research/ project experience in public health field
- Flexibility, willingness to work in various programmes, in various places, under various conditions; suitability to work in austere field conditions
- Comfortable using a computer and modern techniques of information and communications technology
- Professional maturity, capacity to learn and work independently, and respond to supervision

The selection process will be based on merit. Reasonable efforts will be made to have equitable selection with representation of candidates from Empowered Action Group (EAG) states.

Intake

It is planned that out of 25 seats, 20 seats will be government-sponsored candidates and 5 will be self-sponsored candidates. In case self-sponsored candidates are not available, the seats will be filled up from amongst the government-sponsored candidates. Government-sponsored candidates shall be paid full salary and other admissible allowances for the two year training period by their sponsoring authority.

The programme will be scaled up as the number of assignments with trained and qualified mentors grows. Additional scale up options will be considered in future.

2-Year Programme Schedule

The India EIS Programme through field experience includes:

1. Field assignment epidemiologic services provided under supervision.
2. Classroom instruction through periodic short didactic sessions is included to prepare the officers for their field duties. The sessions included exercises and case studies.
3. Tuesday seminars for presentations (by the officers themselves or invited lectures on epidemiologic or other public health topics, and/or a journal club) and to provide a forum for additional instructions, practice presentations, and team building.

All officers will be given a monthly allowance of Rs. 20000 for housing + Rs. 2000 for internet usage+ Rs. 5000 per month for local travel. The officers will also be given an allowance up to Rs 20,000 per officer per year for procuring text books, scientific journals and course materials. Laptops with internet connectivity are provided. Besides other allowances and support provided to all officers, the self-sponsored officers are in addition entitled for an allowance which is currently Rs 45,000 per month.

During the 2-year training, officers will be placed in field assignments suitable to fulfill prescribed core activities of learning (CALs). This will be under the supervision of the officer's identified mentor and periodic contact courses in NCDC:

- Introductory course in month 1
- 1-week workshop in month 4 for surveillance presentations and scientific writing, an annual conference for oral and poster presentations;
- 1- week leadership workshop in month 13-15
- 1-week workshop on an advanced topic in month 15

Each 2nd-year officer will be encouraged to submit an abstract to an international conference such as the U.S. EIS Conference, TEPHINET Conference, or other appropriate conferences. Officers whose abstracts are accepted for presentation will be supported to attend that conference. In addition, the India EIS Programme will support all 2nd year EIS officers to attend the U.S. Centers for Disease Control and Prevention EIS Conference in Atlanta, GA, USA, and possibly work with a specific CDC programme related directly to their ongoing assignment.

A summary of the 2-year calendar is as follows:

Month 1: Introductory Course (4 weeks) — orientation to the programme, basic epidemiology, basic biostatistics, basic computer skills, discussion of surveillance project. Instruction will focus on practical skills rather than theory, and instructional methods will include lectures, exercises, case studies, and other hands-on methods.

Months 2–24: Field placement

Month 4: 1-week workshop for surveillance presentations and scientific writing

Month 7: A workshop on scientific writing

Month 13: 1 week leadership workshop

Month 15: 1-week course / workshop on a topic as needed

Month 15: Annual India EIS Conference (each EIS officer attends twice)

Month 13-23: International conference, if abstract accepted

Month 13-23: CDC Atlanta EIS Conference, if abstract accepted

Month 24: Graduation ceremony

Months 6, 12, 18, 24: 6-month evaluation

Core Activities of Learning(CALs)

The CALs provide opportunities for the officers to develop proficiency in important epidemiologic competencies. The required set of skills includes the following:

1. Conduct or participate in a field investigation of a potentially serious public health problem that requires a timely response.
2. Design, conduct, and interpret an epidemiological analysis.
3. Analyze data from and evaluate a public health surveillance system.
4. Give a public health talk on the Officer's original work or in their field of study to an audience outside his/her normal place of work of about an audience of 30 members for a period of at least 20 minutes which includes answering questions from the audience.
5. Give a 5-15 minute oral presentation to a scientific audience.
6. Create a visual/graphic aid to illustrate scientific findings.
7. Write and submit, as first author, a scientific manuscript for a peer-reviewed journal that is cleared for publication by NCDC
8. Write and submit, as the primary author an abstract, a concise public health update communicating timely information.

9. Write and submit, as first author an abstract
10. Communicate complex scientific concepts to a lay audience including interactions with members of the media and develop media brief etc.
11. Provide service to the agency and/or the field of public health. This should not take more than 5% of the time of the Officer, effectively utilizing the Officer's service in times of emergency, training, disaster, outbreak or major public health event, rather than routine activities of the institutions which are part of normal portfolio of another person.

In addition to these CALs, the officer is expected to:

- Demonstrate proficiency in using computer applications commonly used by epidemiologists such as use of internet, databases like Microsoft Access and special Epi software systems.
- Be conversant with the role of the laboratory in epidemiology, including knowledge and skills for collection, transport, storage of clinical specimens, interpretation of lab reports, and use of laboratory information.
- Be able to identify a public health emergency of international concern and adhere to the requirements of the International Health Regulations (IHR).

Criteria for successful completion of these CALs will be developed by the EIS Advisor and the India EIS Programme staff. Successful completion will be judged by the Mentor/Placement Supervisor, EIS Advisors and Director NCDC.

Potential Assignments / Placements

Each officer will be placed in a public health programme or central project for their entire 2-years in the India EIS Programme. The officer will work closely with his/her mentor and placement supervisor to develop work and scientific plans, complete the CALs, and accomplish the objectives of the programme. Assignments can be in Central or State health programmes/projects. While the officer is placed in the assignment, he/she will remain affiliated with NCDC.

EIS Advisors, along with mentors, will determine the training plan for the officer to complete the CALs within the assignment. The officer may be shifted after consultation with the mentor, to another assignment (Central/State) for a suitable period of time, in the event the primary assignment is unable to provide an opportunity to fulfill one or more CAL requirements.

Potential assignments for placement are identified before each cohort of officers is enrolled. Criteria for assignments include: (i) available resources for an officer to complete the CALs, (ii) access to surveillance and programme data, (iii) a mentor who has time and appropriate background and understands the goals of the India EIS Programme and the role of the officer, and (iv) an enabling environment with adequate administrative and other support for the officer.

Assignments will be selected by the EIS Advisors, in consultation with the NCDC Director or designated NCDC staff.

Placements include national health programmes such as the Integrated Disease Surveillance Programme (IDSP) and relevant divisions of NCDC, and the Revised National Tuberculosis Control Programme (RNTCP), the National AIDS Control Programme (NACP), the National Polio Surveillance Programme (NPSP), National Vector Borne Disease Control Programme (NVBDCP), National Programme for Prevention of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) of the Government of India, the Directorates, other international organizations including International Clinical Epidemiology Network (INCLIN), International Union Against Tuberculosis and Lung Diseases (IUATLD), and partner institutions like the WHO and UNICEF.

The officer will not be placed in the state or programme from which he or she originates (i.e. to one's institution of sponsorship). NCDC will make institutional arrangements with programmes/placements in order to provide officers with the opportunities to meet the requirements of this programme. The officer will have an opportunity to participate in all major activities at his/her placement site.

While an officer may be assigned to a programme at NCDC or another central agency, the officer will also spend time in states investigating outbreaks, reviewing surveillance data, or conducting other EIS activities.

Why mentorship?

The best way for officers to learn field epidemiologic skills is under the supervision of an experienced mentor while they conduct epidemiologic investigations and research in a public health setting. Each officer will have a mentor responsible for guiding him/her in completing CALs and a placement supervisor who is usually the chief of the programme/institute where the officer is placed. At times, the mentor and the placement supervisor will be the same person. EIS graduates will be used as much as possible in the role of mentor. Ideally, the mentor is a person with EIS or equivalent training (MD PSM or Community Medicine) and practicing field epidemiology. The background of the mentor will be a key consideration in selection of appropriate placements. Eventually, many mentors will be graduates of the India EIS Programme.

The role of mentors is critical for the training of the officers. Mentors facilitate provision of a favorable environment for the officer to fulfill prescribed CALs and keep track of their progress. The mentor is responsible for providing overall direction and guidance to the officer. The placement supervisor is expected to provide logistical requirements necessary for training as per the CALs. Mentors and placement supervisors may also utilize the officer's service in times of emergency, disaster, outbreak or major public health event. NCDC conducts mentorship development programmes for EIS mentors to update their education and skills in national/international

conferences/workshops. Efforts will also be made to provide “successful mentorship” certificates to the mentors.

Annual EIS Conference

The India EIS Training Programme will sponsor a conference or session at a conference each year. This conference provides a forum for officers to present their projects in standard scientific format, i.e., either posters or 10-minute oral presentations followed by questions and answers. This presentation satisfies one of the Core Activities of Learning. A side benefit of holding an EIS Conference is to showcase the achievements of the officers and the Training Programme to the broader public health community.

Attendance at the conference is required for all officers. Attendance by supervisors/mentors is strongly encouraged. Others to be invited include officials from sponsoring and participating programmes, state health departments, medical schools, and other governmental agencies; incoming officers; faculty and students from other FETP and MPH programmes; and others interested in field epidemiology.

Presentations at the conference will be primarily for the officers currently in the India EIS Programme. However, others, such as alumni of the India EIS Programme, participants in one of the India FETP-MPH programmes, and U.S. EIS officers who have conducted investigations in India or relevant to public health in India can submit abstracts. Selection of presentations will be based on selection of abstracts by a selection committee specific to the India EIS Programme.

Evaluation

Every 6 months, the mentor will conduct a formal evaluation with the officer of the India EIS Programme. This evaluation will be based on a written evaluation form (developed by the India EIS Programme) that will be filled up by the mentor and placement supervisor. The evaluation form will address the officer’s progress to date toward completion of the CALs, as well as the mentor’s and placement supervisor’s assessment of the officer’s command of epidemiologic skills, scientific and communication skills, and professionalism.

Alongside, the officers will complete his/her own form that characterizes his/her satisfaction with the assignment, recommendations for improving the experience, and goals for the next 6 months.

The mentor, placement supervisor, and the officers will then review their evaluations in a face-to-face meeting. While the evaluation focuses on the previous 6 months, at the meeting the mentor, placement supervisor, and the officers should also discuss plans for the upcoming 6 months — specifically, how to make progress in completing the CALs and other planned activities.

All information regarding concurrent and 6 month evaluations will be passed onto the EIS Advisors in a written format. Terminal evaluation will be conducted under the aegis of the Advisors for India EIS Programme.

Certification

A certificate of completion will be awarded to the officers at the end of two years if they successfully complete all the Core Activities of Learning (CALs). Officers who have not completed their CALs will not receive a certificate of completion. The certificate for the India EIS Programme shall be jointly signed by NCDC, India and CDC, USA.

The certificate will be awarded at a ceremony at the end of the 2 years.

Career Path

Since officers need to continue to hone their newly acquired epidemiological skills, appropriate career opportunities should be provided, such as to serve as a mentor to future officers, and to play a leadership role in public health operations.

Sponsoring states or programmes will decide on the appropriate placement for the returning officer at the time the officer is selected, but flexibility is built into this process for the possibility of circumstances changing during the two years the officer is away. Once the officer completes his/her training, the officer is immediately placed in an appropriate position to utilize epidemiologic skills to the maximum and further him/her for a future public health lead role in the state/institution.

Recognition for DNB (Epidemiology)

The National Board of Examinations (NBE) has confirmed that the two year training period of officers of the India EIS Programme will count towards eligibility to Diplomate of National Board (DNB) in Field Epidemiology.

Steps for Registration with NBE and Training Completion Certification

1. **Registration-** After completion of EIS Programme, successful candidates have to get registered with National Board of Examinations (NBE) by filling up the Application form named **Registration for DNB- Field Epidemiology (FE) Programme** and forwarding the same through NCDC. After successfully submitting this application the candidates will receive a Registration Certificate from NBE.
 - a. EIS graduates with a MD Public Health/PSM/Community Medicine or MD Clinical/Paraclinical may appear for DNB final examination immediately after EIS training.
 - b. EIS graduates with MBBS and PG diploma in Clinical / Paraclinical/ Public Health field must complete a dissertation in order to appear for DNB final examination.
2. **Training Completion Certificate-** Registered candidates have to work in relevant Public Health activities/ Fields in their respective States/ Programme. After completion of Two years experience the candidates can apply for Training Completion Certificate (as per NBE format) with NCDC. Based on the evidence provided by the candidates in support of

minimum two years work in Public Health Field, NCDC will issue the Training Completion Certificate.

3. **NBE Eligibility Certificate-** After submission of Training Completion Certificate the NBE will issue final Eligibility Certificate to candidates for appearing in DNB- Field Epidemiology Final Examination.
4. Candidates to follow next steps as per the **Information Bulletin & Application Form for Diplomate of National Board, Final Examination – Broad Specialty** issued from time by National Board of Examinations (NBE).

EXPERTS SPEAK

"As EIS programme will help us produce high quality epidemiologists in the country. We should aim at having at least one EIS trained epidemiologist in each state in next 5 years and in each district in 10 years."

Shri B. P Sharma
Secretary Health
Ministry of Health & Family Welfare,
Government of India

"EIS is a landmark in the field of Public Health in India. There is a need to nurture this very carefully by pooling our resources from where ever these are available."

Dr. Jagdish Prasad
Director General of Health Services,
Government of India

"I am delighted to learn that the EIS programme is being launched in India. This, I am sure, will benefit the country immensely in responding to the public health challenges"

Dr Keiji Fukuda
Assistant Director General
WHO, Geneva

"The India EIS program will train India's next generation of epidemiologists and public health leaders to respond and prevent future health threats in India."

Dr. Thomas R Frieden
Director, CDC
Atlanta, USA

"I applaud NCDC's efforts to build strong, effective public health systems in the Nation and States through launching the India EIS. Based on the philosophy of "learning while doing" the prestigious India EIS will have a major impact on the health of India and the world. "

Dr Kayla Laserson
Director, GDD-IC