Government of Nepal

Ministry of Health and Population
National Health Training Center
Teku, Kathmandu

NATIONAL STRATEGIC ROADMAP ON

Field Epidemiology Training Programme

Strategic Roadmap

2025 **2030**

BUILDING A RESILIENT FIELD EPIDEMIOLOGY WORKFORCE TO PREVENT, DETECT AND RESPOND TO PUBLIC HEALTH THREATS

FRONTLINE · INTERMEDIATE · ADVANCED

SUPPORTED BY

World Health Organization & the Pandemic Fund

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Nepal

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The Pandemic Fund
FOR A RESILIENT WORLD

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Vote of Thanks

On behalf of the National Health Training Centre (NHTC), I would like to express my heartfelt gratitude to all the individuals and institutions whose dedication and collective effort helped to prepare and endorse the Field Epidemiology Training Programme (FETP) Strategic Roadmap Nepal (2025–2030).

First and foremost, I extend my sincere appreciation to the Ministry of Health and Population for its leadership, guidance, and endorsement of this important document. I would also like to pay special thanks to my predecessor, Yeshoda Aryal, former Director of NHTC, under whose leadership this roadmap was conceptualized, developed, and approved. Her vision and commitment to strengthening Nepal's field epidemiology workforce is commendable.

I am deeply thankful to government health authorities at federal, provincial and local level, academia and partners for their valuable contributions throughout the development process. My gratitude also goes to the members of the FETP Steering Committee and Technical Working Group, Core Writing Group and all those involved throughout the process.

I gratefully acknowledge the World Health Organization for its continued technical and financial support for development of this roadmap and academic institutions, and experts who generously shared their time, knowledge, and experience in shaping this roadmap.

Finally, I thank the dedicated staff of the National Health Training Centre for their tireless efforts in coordinating the development of this document. As the present Director of NHTC, I assure all stakeholders of our full commitment to translating this roadmap into action, in close coordination with all three tiers of government and our partners, towards building a resilient field epidemiology workforce for Nepal.

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Dr. Prakash Prasad Shah
Director

ENDORSEMENT

This document was developed from multiple consultations with the provincial and federal level stakeholders and was endorsed by the Ministry of Health and Population on **1st February 2026.**

EXECUTIVE SUMMARY

A tiered national pathway for field epidemiology

The Field Epidemiology Training Programme (FETP) Strategic Roadmap Nepal is a guiding document prepared to strengthen epidemiological capacity in response to increasing public health threats. Given Nepal's diverse topography, complex climatic conditions, socio-economic vulnerabilities, and frequent public health emergencies including natural disasters and disease outbreaks, there is a clear need for a structured and tiered FETP.

The roadmap outlines the development of a comprehensive three-tiered FETP structure—Frontline, Intermediate, and Advanced—to produce a skilled epidemiological workforce for the country. Currently, the Ministry of Health and Population (MoHP) runs a FETP Frontline course through the National Health Training Centre (NHTC), having produced more than 180 graduates by June 2025. This roadmap aims to develop Intermediate and Advanced-level training in the country. The roadmap focuses on the mobilization and deployment of FETP graduates, as well as the institutionalization and sustainability of FETP within the national health system. This roadmap is aligned with national and global frameworks, including the Public Health Service Act (PHSA) 2018, the International Health Regulations 2005, and the Regional Roadmap to Advance Field Epidemiology Capacities in the WHO South-East Asia Region (2025–2029).

This roadmap also emphasizes cross-sectoral collaboration under the One Health framework, engaging stakeholders across the human, animal, and environmental health sectors. Additionally, the roadmap highlights mentorship development, the formation of an alumni network, and continuous professional development.

The FETP Strategic Roadmap Nepal is a guiding document for the institutionalization of field epidemiology training and for strengthening Nepal's capacity to prevent, detect, and respond to public health threats. It aims to create a resilient health system supported by a competent epidemiological workforce, thereby contributing to national health security as well as regional and global public health goals.

THE ROADMAP IN NUMBERS

3

TRAINING TIERS — FRONTLINE, INTERMEDIATE, ADVANCED

180+

FRONTLINE GRADUATES PRODUCED BY JUNE 2025

864

GRADUATES TARGETED ACROSS ALL TIERS, 2026–2030

3

TIERS OF GOVERNMENT — FEDERAL, PROVINCIAL, LOCAL

ALIGNED WITH

- Public Health Service Act 2018
- International Health Regulations 2005
- WHO SEA Regional Roadmap 2025–2029
- One Health framework

THE ROADMAP AT A GLANCE

Strategic framework

VISION	People in Nepal are protected from all public health threats
MISSION	Robust surveillance and response through development and mobilization of field epidemiology workforce
GOAL	To build, sustain and institutionalize field epidemiology training program for prevention, detection, and response to public health threats across all tiers of government

Objectives, activities and targets

OBJECTIVE	ACTIVITIES
01 **TRAIN** To establish a structured and tiered training program that strengthens field epidemiological capacities at federal, provincial, and local levels	– Continuation of FETP Frontline – Initiation of Intermediate FETP – Establish FETP Advanced within the country – Development of mentors, trainers and facilitators
02 **MOBILIZE** To mobilize trained field epidemiology workforce for surveillance, preparedness, and response activities at federal, provincial, and local levels	– Develop database of FETP graduates – Incorporating FETP graduates into Rapid Response Teams – FETP graduates mobilization and deployment – Online reporting mechanism for outbreak investigations – Linking graduates to routine information and surveillance systems
03 **SUSTAIN** To institutionalize and sustain FETP at federal, provincial, and local levels	– Institutional arrangement and implementation structure – Financing and resource mobilization – Collaboration with partners and stakeholders – Professional development and networking

Targets at a glance

Headline commitments across the three strategic objectives, to be achieved over the period 2025–2030.

01
TRAIN

To establish a structured and tiered training program that strengthens field epidemiological capacities at federal, provincial, and local levels.

10
officials graduated — FETP Advanced, by 2030

150
officials graduated — FETP Intermediate, by 2030

900+
officials graduated — FETP Frontline, by 2030

77
all districts with ≥1 Frontline graduate, by 2027

753
all local levels with ≥1 Frontline graduate, by 2030

1 : 200k
epidemiologist per population — IHR/JEE benchmark

02
MOBILIZE

To mobilize trained field epidemiology workforce for surveillance, preparedness, and response activities at federal, provincial, and local levels.

100%
reported outbreak investigations include FETP graduates, by 2030

100%
investigation reports submitted via the online platform

03
SUSTAIN

To institutionalize and sustain FETP at federal, provincial, and local levels.

2027
dedicated FETP Section established at NHTC

2×/yr
FETP Steering Committee meetings

4×/yr
FETP Technical Committee meetings

Annual
federal & provincial funding for training and mobilization

IMPLEMENTATION MILESTONES

Roadmap milestones, 2025–2030

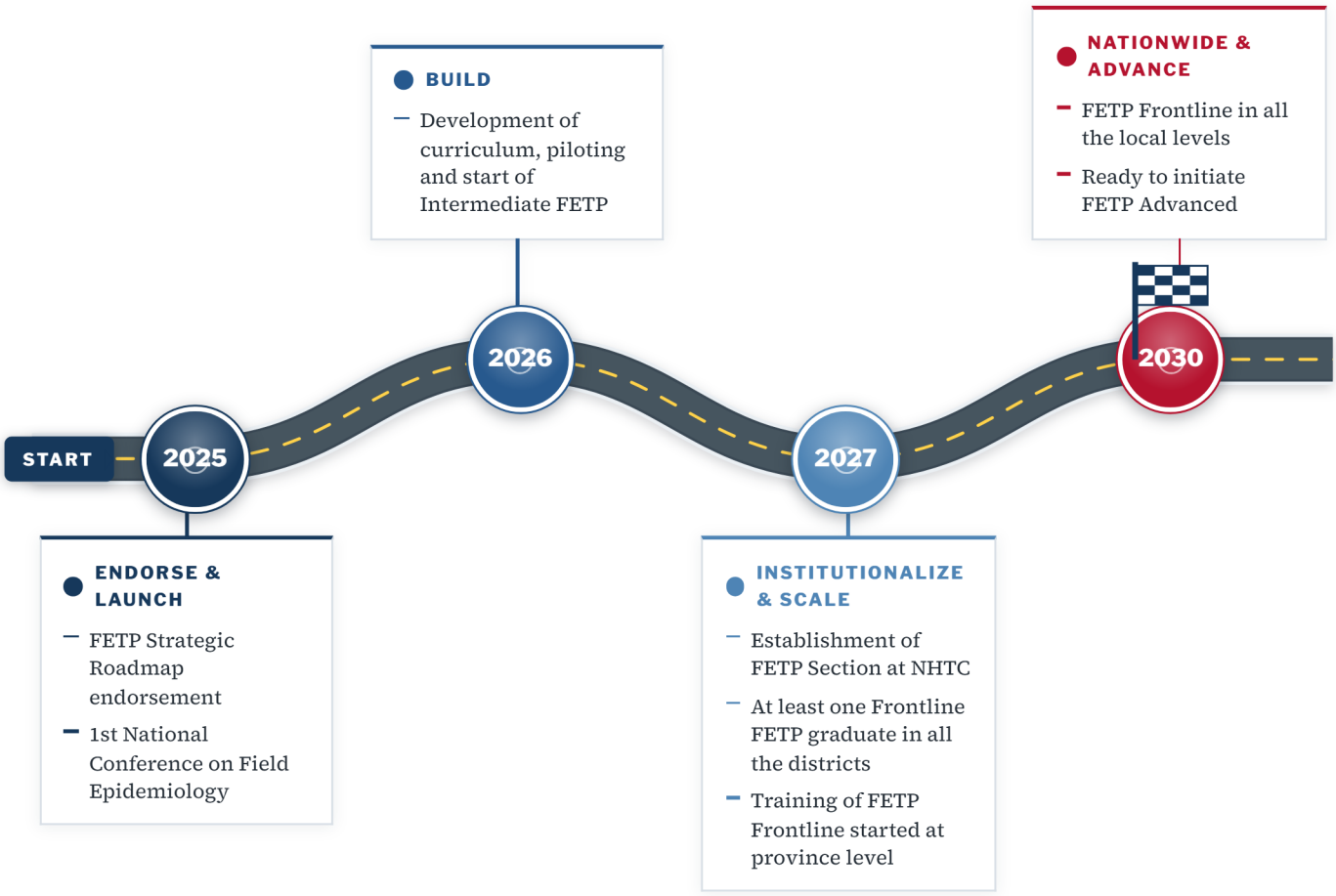

Figure 5. Key implementation milestones of the FETP Strategic Roadmap, 2025–2030.

KEY MESSAGE

By 2030, Nepal will operate all three FETP tiers domestically, with at least one Frontline graduate in every local level and a workforce meeting the IHR/JEE benchmark of one trained field epidemiologist per 200,000 population.

CONTENTS

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Acronyms and abbreviations

CDC	Center for Disease Control and Prevention
DoHS	Department of Health Services
EDCD	Epidemiology and Disease Control Division
EMT	Emergency Medical Team
EWARS	Early Warning and Reporting System
FETP	Field Epidemiology Training Programme
HEOC	Health Emergency Operation Center
IDSP	Integrated Disease Surveillance Programme
IHR	International Health Regulations
JEE	Joint External Evaluation
MoHP	Ministry of Health and Population
NCDC	National Centre for Disease Control
NHTC	National Health Training Center
NPHL	National Public Health Laboratory
PHLMC	Provincial Health Logistics Management Center
PHSA	Public Health Service Act
PPHL	Provincial Public Health Laboratory
RRT	Rapid Response Team
SAFETYNET	South Asia Field Epidemiology and Technology Network
SEARO	South East Asia Regional Office
SORMAS	Surveillance Outbreak Response Management and Analysis System
TEPHINET	Training Programmes in Epidemiology and Public Health Interventions Network
USAID	US Agency for International Development
VBDRTC	Vector Borne Disease Research and Training Center
WHO	World Health Organization

CHAPTER 1

Introduction

1.1 Background

Nepal, with a population of nearly 30 million, 7 provinces, 77 districts, and 753 local levels, is administered through three tiers of government: federal, provincial, and local. The country's diverse geography, irregular landscape, climatic variability, socio-economic disparities, and public health challenges contribute to public health emergencies, including natural disasters such as earthquakes, floods, and landslides, as well as infectious disease outbreaks.

~30M	7	77	753	3
POPULATION	PROVINCES	DISTRICTS	LOCAL LEVELS	TIERS OF GOVERNMENT

The 2015 earthquake resulted in significant loss of life and widespread destruction of health infrastructure, underscoring the country's vulnerability to large-scale emergencies. In addition to such disasters, the country regularly faces localized seismic activity and recurrent monsoon-induced floods and landslides that cause displacement, injuries, and outbreaks of waterborne diseases.

Beyond the impact of disasters, the country is increasingly threatened by emerging and re-emerging infectious diseases. Rapid and unplanned urbanization, human–animal interaction, and cross-border travel and trade have increased the risk of outbreaks. These threats are further compounded by limited human resources and healthcare infrastructure, inequitable access to health care, logistical challenges in delivering health services to remote and hard-to-reach communities, and inadequate surveillance capacities.

Field epidemiologists play an important role in conducting outbreak investigations and risk assessments, strengthening surveillance systems, supporting emergency response operations, and implementing effective public health measures. The COVID-19 pandemic further highlighted the urgent need for a trained and deployable field epidemiology workforce. In the context of Nepal, the need for a field epidemiology workforce was widely recognized, leading to the in-country development of Field Epidemiology Training Programme (FETP) graduates. Nepal accordingly initiated its FETP Frontline course in 2022.

With the initial scale-up of FETP Frontline, the need for a strategic document to guide a structured and sustained training programme with a clear mobilization plan was recognized. This roadmap therefore aims to establish a robust, tiered training system aligned with global standards while meeting national requirements for strengthening the country's capacity for effective preparedness, detection, and response to public health threats.

1.2 Current landscape of Field Epidemiology Training Programme in Nepal

More than 30 government health officials were trained in a continuous three-month FETP with support from WHO Nepal in India and Thailand since 2004. Acknowledging the importance of and need for FETP graduates to strengthen national capacity in public health emergencies, MoHP initiated its Frontline FETP in 2022 at NHTC with technical support from Centers for Disease Control and Prevention (CDC) and South Asia Field Epidemiology and Technology Network (SAFETYNET). The training was further scaled up with support from the United States Agency for International Development (USAID) and WHO Nepal, in coordination with EDCD and VBDRTC, producing more than 180 graduates by June 2025 who are currently serving within their assigned responsibilities. The programme trained government public health officials, clinicians, laboratory personnel, veterinarians, and others from local, district, provincial, and federal levels.

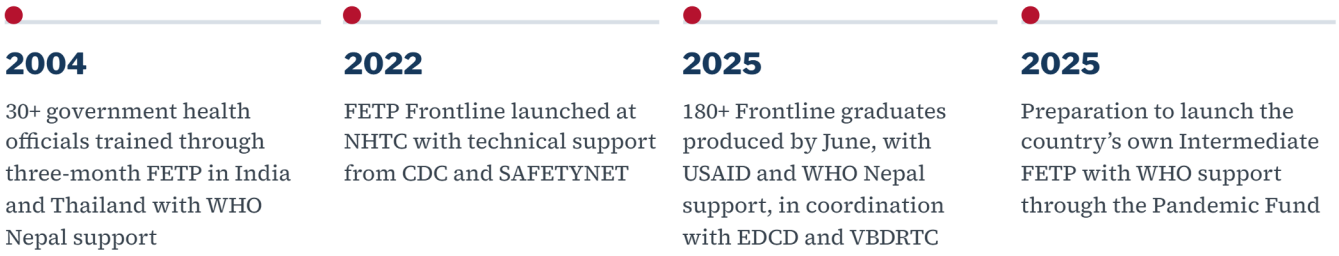

Figure 1. Evolution of field epidemiology training in Nepal, 2004–2025.

As per Joint External Evaluation (JEE) recommendations, any country should have one trained field epidemiologist/200,000 population to meet relevant competencies. To meet this requirement, field epidemiologists should be either trained in intermediate FETP or advanced FETP. The country is also preparing to start its own intermediate FETP from 2025 with the support from WHO through the pandemic fund.

JEE WORKFORCE BENCHMARK

1 trained field epidemiologist per 200,000 population

Joint External Evaluation recommendation — to be met through field epidemiologists trained at the Intermediate or Advanced FETP level.

CHAPTER 2

Rationale of the FETP Roadmap

There is a need for a comprehensive and structured FETP roadmap that can systematically build federal, provincial and local level epidemiological capacities contextual to national unique public health landscape aligning with regional and global best practices. The FETP Roadmap is needed to guide a robust, tiered training programme for proper deployment and mobilization of graduates. This initiative will contribute to the preparedness and response to emerging public health threats, ensuring the sustainability of epidemiological expertise across all levels of government. Moreover, the roadmap would ensure the institutionalization and sustainability of FETP including career pathway. To meet the country commitment as per requirement of International Health Regulation (IHR) 2005, this roadmap will contribute adequate production of pyramidical FETP graduates (frontline, intermediate and advanced) to prevent, detect and respond to public health threats, ultimately contributing to reduction in mortality and morbidity.

CORE VALUE OF FETP

To save lives through the prevention, early detection, response, and control of public health threats, while contributing to health system strengthening through robust surveillance systems and improved data quality.

Specific roles of FETP graduates

01 Improving disease surveillance systems for timely detection and reporting	**02** Supporting outbreak investigation and response at all levels of government
03 Supporting disease control, elimination, and eradication strategies of the government	**04** Strengthening routine public health programmes
05 Responding to emerging and re-emerging public health threats related to novel pathogens, antimicrobial resistance (AMR), non-communicable diseases (NCDs), climate change, increased global travel, and zoonotic diseases	**06** Collaborating effectively within and across health sectors, with a particular focus on the One Health approach
07 Facilitating and providing mentorship in FETP training	**08** Providing technical support to federal, provincial, and local health officials to strengthen epidemiological capacities
09 Supporting the fulfilment of national and international commitments related to IHR, the Pandemic Fund, the SDGs, and other frameworks	**10** Supporting networking, knowledge sharing, continuous professional development, exchange of good practices and lessons learned, and showcasing Nepal's achievements on international platforms

CHAPTER 3

Legal and policy provision and institutional arrangements

In line with the constitution, the Public Health Service Act (PHSA) 2018 section 48 and 49 provides provisions in responding to public health emergencies with formation of RRTs and EMTs including strengthening surveillance of infectious diseases. This provision mandates strengthening the workforce capacities to respond to health emergencies as composition of RRTs varies across the three tiers of government. Furthermore, the National Health Policy 2019 and Nepal Health Sector Strategic Plan (2023–2030) also emphasize on enhancing the capacity to respond public health emergencies. Moreover, the RRT and EMT Mobilization Guideline 2022 emphasizes the need of field epidemiology capacities.

In addition, the roadmap is in line with the regional and global framework including International Health Regulations 2005 and regional roadmap to Advance Field Epidemiology Capacities in the WHO South-East Asia Region (2025–2029).

Enabling instruments

NATIONAL · LEGISLATION

Public Health Service Act 2018 — Sections 48 & 49

Provisions for responding to public health emergencies through formation of RRTs and EMTs, including strengthening surveillance of infectious diseases.

NATIONAL · POLICY

National Health Policy 2019

Emphasizes enhancing the capacity to respond to public health emergencies.

NATIONAL · STRATEGY

Nepal Health Sector Strategic Plan 2023–2030

Emphasizes enhancing the capacity to respond to public health emergencies.

NATIONAL · GUIDELINE

RRT and EMT Mobilization Guideline 2022

Emphasizes the need for field epidemiology capacities across the three tiers of government.

GLOBAL · REGULATION

International Health Regulations 2005

Binding international framework for the prevention, detection and response to public health threats.

REGIONAL · ROADMAP

WHO South-East Asia Regional Roadmap 2025–2029

Regional roadmap to advance field epidemiology capacities in the WHO South-East Asia Region.

Figure 2. National and international instruments enabling the FETP Strategic Roadmap.

CHAPTER 4

Vision, mission, goal and objectives

VISION	People in Nepal are protected from all public health threats
MISSION	Robust surveillance and response through development and mobilization of field epidemiology workforce
GOAL	To build, sustain and institutionalize field epidemiology training program for prevention, detection, and response to public health threats across all tiers of government

Objectives

OBJ 1 **To establish a structured and tiered training program that strengthens field epidemiological capacities at federal, provincial, and local levels**

OBJ 2 **To mobilize trained field epidemiology workforce for surveillance, preparedness, and response activities at federal, provincial, and local levels**

OBJ 3 **To institutionalize and sustain FETP at federal, provincial, and local levels**

The three tiers of FETP

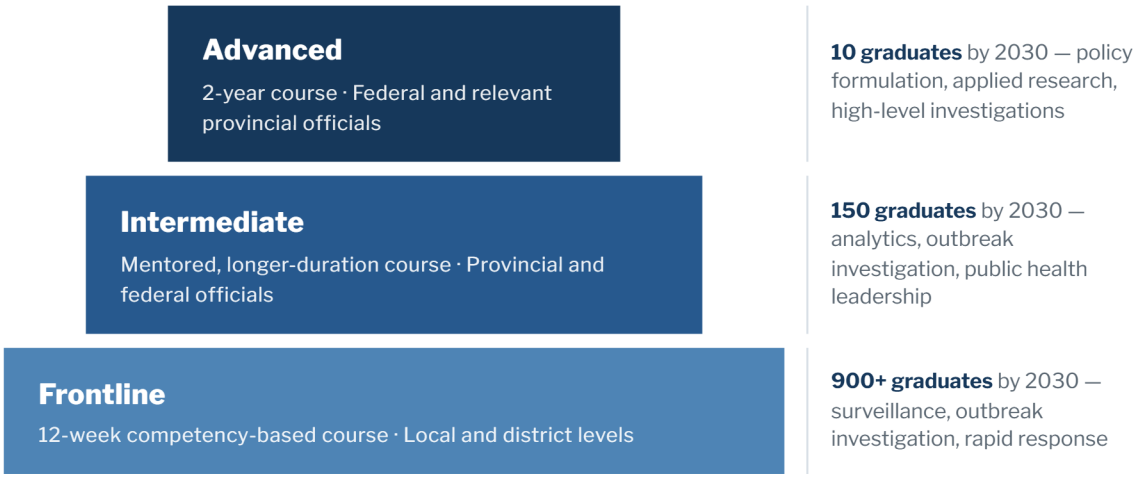

Figure 3. Three tiers of FETP.

OBJECTIVE 1 · TRAIN

To establish a structured and tiered training program that strengthens field epidemiological capacities at federal, provincial, and local levels

1.1 Continuation of FETP Frontline

FETP Frontline is a 12-week competency-based course which is focused on developing epidemiological capacity emphasizing disease surveillance, outbreak investigation, and rapid response targeted primarily for participants of local level as well as district level.

Government will continue to conduct FETP Frontline cohorts annually, each cohort enrolling around 22 participants. Over the next five years, the program is expected to produce required number of graduates to reach all the local levels. FETP Frontline training will gradually be expanded to Health Training Centers at the provincial level with needed preparations and coordination. Advocacy will be done for the province governments to allocate resources for the trainings.

1.2 Initiation of Intermediate FETP

The Intermediate FETP is an intensive, mentored, and longer-duration course aimed at developing comprehensive field epidemiology skills, including analytical capabilities, outbreak investigation methodologies, and public health leadership. The course is primarily designed for provincial and federal health officials. Intermediate FETP graduates are also expected to serve as trainers and facilitators for both the Frontline and Intermediate FETP courses. MoHP will finalize the curriculum, prepare a national pool of mentors, and launch the Intermediate FETP in coordination with relevant stakeholders. At least two cohorts will be conducted each year, with the aim of training 150 government officials over the next five years, thereby building a cadre of Intermediate FETP graduates equipped to respond effectively to public health threats at the provincial and district levels.

1.3 Establish FETP Advanced within the country

FETP Advanced is a two-year course aimed at developing competencies in policy formulation, applied research, and high-level epidemiological investigations. The course is primarily targeted at federal and relevant provincial officials. Advanced FETP graduates are also expected to serve as trainers and facilitators for all FETP courses.

Over the next five years, the MoHP will work in collaboration with academic institutions, universities, and stakeholders to assess the feasibility and conduct necessary preparation for establishing an Advanced FETP within the country with master's degree. In the interim, MoHP will nominate eligible public health professionals to attend established and accredited international Advanced FETP programs outside the country depending on the availability of resources. Up to 10 officials are expected to complete Advanced FETP training in the next five years. Including Intermediate and Advanced graduates, a total of 160 graduates will be produced, which will fulfill 100% of the target of the JEE recommendation.

1.4 Development of Mentors, Trainers and Facilitators

Mentorship is a cornerstone of effective field epidemiology training. Trainers, facilitators, and mentors provide trainees with essential guidance, field supervision, and professional support throughout their learning journey. NHTC will conduct mentor development training, periodic mentor reviews, and other capacity development activities to ensure high-quality field supervision across all levels. Additionally, continuous learning activities, refresher courses, and Training-of-Trainers (ToT) sessions will be organized for facilitators and trainers across all FETP levels.

Graduate production targets, 2026–2030

Table 1. Targets of number of FETP graduates in the next five years (2026–2030).

YEAR	FRONTLINE	INTERMEDIATE	ADVANCED
2026	110	30	2
2027	132	30	2
2028	154	30	2
2029	154	30	2
2030	154	30	2
Total	**704**	**150**	**10**

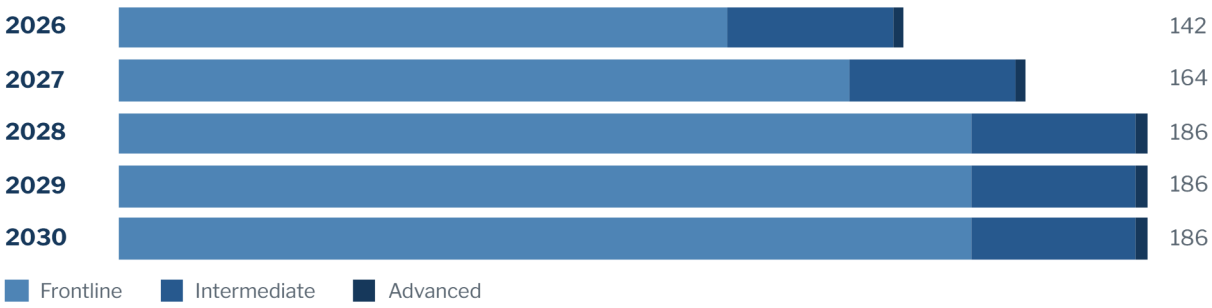

Figure 4. Annual graduate production across the three FETP tiers, 2026–2030.

* By end of July 2025, NHTC had graduated 185 FETP Frontline participants, and by end of 2025, an additional 20 FETP Frontline participants will have graduated. By end of 2030, all local levels will have at least one FETP Frontline graduate.

TARGETS — OBJECTIVE 1

- ✓ By 2030, ten officials will be graduated in FETP Advanced
- ✓ By 2030, one hundred and fifty officials will be graduated in FETP Intermediate
- ✓ By 2030, more than nine hundred officials will be graduated in FETP Frontline
- ✓ By 2027, there will be at least one graduate of FETP Frontline in all districts
- ✓ By 2030, there will be at least one graduate of FETP Frontline in all local levels
- ✓ Nepal will have at least one FETP Intermediate/Advanced graduate per 200,000 population, as per IHR/JEE criteria

OBJECTIVE 2 · MOBILIZE

To mobilize trained field epidemiology workforce for surveillance, preparedness, and response activities at federal, provincial, and local levels

2.1 Develop database of FETP Graduates

To support efficient mobilization and long-term workforce management, EDCD, in coordination with NHTC, will establish and maintain a centralized database of all FETP graduates. This system will track the location, level of training, functional role, and contributions of each graduate, thereby facilitating workforce planning, monitoring, and reporting on the impact of the FETP on national health security.

2.2 Incorporating FETP Graduates into Rapid Response Teams

At least one FETP graduate should be included in each RRT at the federal, provincial, and district levels to strengthen outbreak investigation and response. At the local level, FETP graduates will be mobilized; where no FETP graduate is available at a given local level, a graduate from the district or a neighboring local level will be deployed.

2.3 FETP Graduates Mobilization and Deployment

FETP-trained workforce will be mobilized and deployed by the respective federal, provincial, and local authorities to support timely and evidence-based outbreak detection and response. Provisions for FETP graduate mobilization will be incorporated into the RRT and EMT Mobilization Guideline 2022 and other relevant documents.

EDCD will coordinate the deployment and mobilization of graduates at the federal and inter-provincial levels, as well as between local levels. Provincial health directorates will coordinate inter-district and local-level deployment and mobilization. Local authorities will deploy graduates within their jurisdictions.

2.4 Develop and implement an online reporting mechanism for outbreak investigations conducted by FETP graduates

To ensure systematic documentation, visibility, and follow-up of outbreak investigations, an online reporting mechanism will be developed and implemented. This platform will enable all FETP graduates to submit structured reports on their involvement in outbreak investigations. The system will capture key epidemiological findings, response actions taken, lessons learned, and follow-up needs. The system will be managed centrally under EDCD, with user access provided to provincial and district authorities.

2.5 Linking FETP Graduates to existing routine information and surveillance system

To enhance real-time disease monitoring, outbreak detection, and data quality, FETP graduates will be strategically linked to routine information systems such as DHIS-2 and other disease surveillance systems including EWARS, SORMAS, and VPD surveillance, depending on their deployment, roles, and responsibilities.

TARGETS — OBJECTIVE 2

- ✓ By 2030, all reported outbreak investigation and response will be conducted with inclusion of FETP graduates
- ✓ 100% of the investigation reports will be submitted on an online reporting platform

OBJECTIVE 3 · SUSTAIN

To institutionalize and sustain FETP at federal, provincial, and local levels

3.1 Institutional arrangement and implementation structure

To ensure institutional ownership, operational continuity, and long-term sustainability of FETP in Nepal, a dedicated FETP Section will be established within NHTC under MoHP. This section will be responsible for managing training cohorts, maintaining the FETP graduate database, coordinating with provincial training institutions, and liaising with national stakeholders.

The Epidemiology and Disease Control Division (EDCD) will serve as the national focal agency for the mobilization of FETP graduates, in coordination with the different levels of government. The Disease Surveillance and Research Section will maintain the graduate database, and the Epidemiology and Outbreak Management Section will lead the mobilization and deployment of graduates.

At the federal level, a FETP Steering Committee and a Technical Committee will be established to guide the functional implementation of the roadmap.

FETP Steering Committee

Table 2. Composition of the FETP Steering Committee.

DESIGNATION	INSTITUTION	RESPONSIBILITY
Health Secretary	Ministry of Health and Population	Chair
Additional Health Secretaries (2)	Ministry of Health and Population	Member
Director General	Department of Health Services	Member
Director General	Department of Agriculture and Livestock Development	Member
Division Chief	PPMD, MoHP	Member
Division Chief	QSRD, MoHP	Member
Division Chief	HCD, MoHP	Member
Director	EDCD, DoHS	Member
Director	VBDRTC	Member
Director	NPHL	Member
Departmental Head appointed by Chair	University / Academia	Member
Director	NHTC	Member Secretary

The Steering Committee can invite external experts and representatives from partners as required. Meetings of the Steering Committee will be conducted twice a year.

Terms of Reference — Steering Committee

- To prepare policies regarding FETP course in Nepal
- To coordinate with international partner organizations for effective implementation of FETP in Nepal
- To supervise FETP programs conducted by the national focal point
- To facilitate effective mobilization of FETP graduates during public health emergencies/outbreaks
- To conduct monitoring and supervision of FETP course for maintaining standards of the field projects
- To coordinate with academic institutions

FETP Technical Committee Nepal

Table 3. Composition of the FETP Technical Committee.

DESIGNATION	INSTITUTION	RESPONSIBILITY
Director	National Health Training Center	Chair
Section Chief	Policy and Planning Section, PPMD, MoHP	Member
Section Chief	Multisectoral Coordination Section, HCD, MoHP	Member
Chief	HEDMU/HEOC, MoHP	Member
Representative	Department of Agriculture and Livestock Development	Member
Section Chief	NPHL	Member
Section Chief	Epidemiology and Outbreak Management Section, EDCD	Member
Section Chief	Disease Surveillance and Research Section, EDCD	Member
Section Chief	VBDRTC	Member
Section Chiefs (2)	NHTC	Member
FETP Advanced Graduate, nominated by Chair	FETP Advanced Graduate	Member
Faculty of Epidemiology	University, Academia	Member
Representatives	WHO	Member
Section Chief	Designated section, NHTC	Member Secretary

The Technical Committee can invite experts and representatives from partners as required. Meetings of the FETP Technical Committee will be conducted four times a year.

Terms of Reference — Technical Committee

- To implement the guidance and task provided by Steering Committee
- To facilitate the preparation of curriculum of all FETP training levels
- To provide technical recommendation to Steering Committee for effective training and mobilisation of FETP graduates
- To support on the revision and updates of all FETP training levels as per requirement
- To coordinate for planning and implementation of training program
- To facilitate the field work of the fellows
- To facilitate the technical coordination with academia, council, partners, and other stakeholders

Provincial and local arrangements

For provincial and local level, respective Rapid Response Committees as per the RRT & EMT Guideline 2022 shall act for the FETP mobilization.

The relevant division working on disease control of Provincial Health Directorate will be the designated authority responsible for FETP at the province level under the guidance of provincial MoH/P, MoSD. This division will coordinate FETP-related activities within the province, including the selection of trainees, facilitation of field placements, monitoring of progress, and post-training deployment of graduates.

Health section of local level will be responsible for mobilization of graduates and coordination with relevant stakeholders.

3.2 Financing and resource mobilization

A sustainable funding mechanism is essential for the long-term success of FETP. Federal and provincial governments will allocate annual resources to support FETP training and graduate mobilization. In addition, the Government of Nepal (GoN) will engage with development partners for technical and financial resource mobilization.

3.3 Collaboration with stakeholders and partners

Collaboration will be fostered with federal, provincial, and local governments, NPHL, PPHLs, health institutions, Logistics Management Centres, HEDMU/HEOCs, PHEOCs, MEC, professional councils, academic institutions, animal health authorities, and other relevant stakeholders. This roadmap will contribute to advancing the One Health approach through FETP.

MoHP will continue to collaborate with multilateral, bilateral, and international/non-governmental organizations (I/NGOs) and other partners for technical assistance. Nepal will also pursue regional collaboration by engaging with neighboring countries and FETP networks for joint outbreak investigations, cross-border surveillance, knowledge exchange, and collaborative research.

3.4 Professional Development and Networking

MoHP will organize periodic refresher trainings, outbreak response drills, and participation in national, regional, and global learning platforms to support ongoing learning, skill enhancement, and leadership development for Frontline, Intermediate, and Advanced FETP alumni. Further opportunities for continuous learning will be explored for graduates. FETP graduates will be encouraged and supported to present their field investigations, surveillance analyses, and operational research at national and international conferences.

An FETP alumni network will be established to promote collaboration, peer mentoring, long-term engagement, and strategic input into FETP planning and policy. Additionally, MoHP will accredit FETP training as in-service training to support career pathway and promotion. MoHP will coordinate with relevant professional councils regarding credit recognition for the training.

TARGETS — OBJECTIVE 3

- ✓ By 2027, a dedicated FETP Section will be established at NHTC
- ✓ FETP Steering Committee meetings will be conducted twice a year
- ✓ FETP Technical Committee meetings will be conducted four times a year
- ✓ MoHP will allocate fund to run FETP training and graduate mobilization

Governance and implementation structure

Figure 6. FETP governance and implementation structure across the three tiers of government.

CHAPTER 5

Stakeholders and their roles

Table 4. Stakeholders and their roles in FETP implementation.

STAKEHOLDER	ROLES
Ministry of Health and Population (MoHP)	— Policy guidance, and budget allocation — Ensure institutional arrangement of FETP within MoHP framework — National and international collaborations
National Health Training Center (NHTC)	— Training curriculum development and timely update — Conduct training, follow up and enhancement of graduates — Training of trainers, mentor development and refresher training — Annual review programme, training outcome and impact evaluation — Coordination with stakeholders
Epidemiology and Disease Control Division (EDCD)	— Deployment and mobilization of FETP graduates — Coordinate with provincial and local levels for mobilization and deployment of FETP graduates — Monitor the utilization status of FETP graduates on disease surveillance, outbreak investigations, and response — Organize the conferences on Field Epidemiology and Response — Performance monitoring, supervision and evaluation
Health Emergency Operations Center (HEOC) and Provincial Health Emergency Operations Centers (PHEOCs)	— Provide situation updates relevant to disaster/health emergencies and post-disaster outbreaks — Facilitate multisectoral response activities involving FETP graduates — Collaborate with EDCD and provincial health authorities to ensure the rapid deployment of trained FETP professionals as part of incident management teams — Engage FETP fellows and graduates in relevant simulation exercises — Support documentation and after-action reviews of emergency responses, incorporating lessons from FETP-led investigations
National Public Health Laboratory (NPHL) and Provincial Public Health Laboratories (PPHL)	— Support laboratory-based epidemiology training, ensuring FETP graduates acquire knowledge and skills in diagnostics, sample collection, sample transportation, and disease detection — Collaborate with FETP fellows for surveillance system evaluations and outbreak confirmations

Table 4 (continued). Stakeholders and their roles in FETP implementation.

STAKEHOLDER	ROLES
Vector Borne Disease Research and Training Center (VBDRTC)	— Support FETP by providing technical expertise and field training opportunities, particularly in vector-borne and zoonotic diseases — Facilitate practical field attachments, outbreak investigations, and operational research for FETP trainees — Collaborate in curriculum enrichment and capacity-building activities focused on surveillance, prevention, and control of vector-borne diseases
Provincial and Local Health Authorities (MoH/MoSD, Health Directorates, Health Service Directorates, Health Offices at district, Municipal Health Sections)	— Allocate budget for FETP mobilization and training — Ensure deployment and utilization of FETP graduates at the provincial, district, and local levels — Facilitate inter-provincial and inter-local mobilization of trained epidemiologists for outbreak investigations — Strengthen coordination between FETP graduates and RRTs for effective outbreak containment
Provincial Health Training Centers (PHTC)	— Gradually conduct FETP Frontline courses in coordination with NHTC — Advocate for resource allocation for FETP training from provincial governments
External Development Partners (WHO, CDC, TEPHINET, SAFETYNET, etc.)	— Provide technical assistance, funding support, and global best practices for FETP implementation — Facilitate Nepal's engagement with regional and international FETP networks for knowledge exchange and capacity building
Academic Institutions	— Support curriculum design, and faculty mentorship for FETP training — Provide academic and career pathway development for FETP graduates — Provide subject-matter experts as facilitators and mentors for FETP — Facilitate and support research, outcome assessment, and impact evaluation of FETP — Initiate and support Advanced FETP curriculum development
Ministry of Agriculture and Livestock Development & Ministry of Forests and Environment	— As part of One Health integration, collaborate with FETP graduates to enhance zoonotic disease surveillance and outbreak response — Provide training on cross-sectoral disease investigations involving human, animal, and environmental health — Strengthen data-sharing mechanisms between veterinary, environmental, and human health surveillance systems — Nominate participants for FETP training led by MoHP
Public and Private Sector Health Institutions	— Support the integration of FETP-trained epidemiologists in hospital-based disease surveillance units — Provide opportunities for internships, field placements, and hands-on outbreak investigations for FETP trainees

CHAPTER 6

Monitoring and evaluation

MoHP will monitor progress and evaluate the impact of the Field Epidemiology Training Programme (FETP) at all levels to inform policy decisions, strengthen programme planning and implementation, and guide resource allocation.

A dedicated annual FETP review will be organized with relevant stakeholders and graduates to appraise programme progress, identify challenges, share lessons learned, and define priorities for the coming year.

Moreover, the FETP graduates will be encouraged to engage in evidence generation and research activities. MoHP will organize conferences to share new knowledge, good practices, and lessons learned. Findings will be disseminated through policy briefs, national reports, and scientific communications to inform the strategic direction of FETP in Nepal, including curriculum updates, deployment strategies, sustainability measures, and partnerships.

Results framework — indicators

INPUT	PROCESS	OUTPUT	OUTCOME
– Federal FETP Steering Committee formed and functional (Yes/No)	– Number of FETP training cohorts of Frontline conducted annually (Number/year)	– Number of FETP fellows completing graduation across all tiers (Frontline, Intermediate, Advanced) (Number/year)	– Percentage of outbreak investigations that included at least one FETP graduate (% of outbreaks)
– Federal FETP Technical Committee formed and functional (Yes/No)	– Number of FETP training cohorts of Intermediate conducted annually (Number/year)	– Percentage of enrolled fellows successfully completing the training by cohort	– Average time from outbreak detection to initiation of response in districts with FETP presence
– FETP Roadmap endorsed by government (Yes/No)	– Number of new mentors developed annually (Number/year)	– Percentage of districts with at least one FETP graduate (% of 77 districts)	– % of outbreaks investigated and reported among the verified events
– FETP Section established in NHTC (Yes/No)	– Number of outbreak investigations conducted by trainees (Number/year)	– Percentage of municipalities with at least one FETP graduate (% of 753 municipalities)	– % of FETP graduates serving as mentor
– Dedicated annual budget for FETP included in federal and provincial plans (Yes/No)		– Number of scientific communications made by FETP graduates at national/international platform (Number/year)	
– National database of FETP trainees, graduates, and mentors established (Yes/No)		– Number of Rapid Response Teams with at least one FETP graduate	

Figure 7. FETP results framework: input, process, output and outcome indicators.

CHAPTER 7

Financial management

To implement this strategy and achieve its targets, effective financial management and resource mobilization will be carried out under the leadership of MoHP. The Government will allocate resources for the conduct of FETP Frontline and Intermediate programmes through its annual work plans and budget. Financial management of the Field Epidemiology Training Programme in Nepal will follow a shared and sustainable financing approach, led by the Government of Nepal and supported by development partners and provincial governments. For the year 2026, targeted financial support will be provided by WHO through the Pandemic Fund to support priority activities aligned with the FETP Strategic Roadmap. For the remaining years of the roadmap, FETP implementation and the achievement of planned targets will be financed through a combination of government resources and development partner support, ensuring programme continuity.

Provincial governments will also be encouraged to mobilize resources for the training and deployment of FETP graduates. EDCD will take the lead in mobilizing resources for field epidemiology activities.

CHAPTER 8

Potential risks/challenges and mitigation strategies

8.1 Potential risks/challenges · 8.2 Mitigation strategies

FETP Nepal will implement the following mitigation strategies to address these potential risks:

RISK	MITIGATION
Funding constraints Limited government budget allocation and uncertainty of partner funding.	**Sustainable financing** Advocate for increased government investment in FETP by integrating it into national, provincial, and local health budgets. Explore multi-sectoral funding approaches, including donor support, academic partnerships, and public-private collaborations.
Deployment of the field epidemiology workforce No sanctioned post for field epidemiologists, competing responsibilities of trained graduates, frequent transfers, and staff turnover.	**Workforce retention strategies** Develop a structured career pathway for FETP graduates that includes incentives, promotions, and continuous professional development opportunities to retain skilled epidemiologists in public health roles.
Limited faculty and mentorship Shortage of trained epidemiology mentors and faculty members to support trainees effectively, particularly for the Intermediate and Advanced courses.	**Policy integration and institutionalization** Work closely with MoHP to embed FETP into Nepal's public health workforce policies, ensuring formal recognition of trained epidemiologists.

Figure 8. Potential risks and corresponding mitigation strategies for roadmap implementation.

CHAPTER 9

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Field Epidemiology Training Programme

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