



Food and Agriculture
Organization of the
United Nations

SUSTAINABLE
DEVELOPMENT
GOALS

EMT Scoring and tool Implementation



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Food and Agriculture Organization of the United Nations

Epidemiology Mapping Tool Sensitization Meeting – 21 October 2021

Scoring with EMT Core Tool

- 3 main themes
 - **Institution**
 - Epi unit
 - Coordination
 - Policy and strategy
 - Info system
 - **Epi workforce**
 - Availability
 - Qualification and skills
 - **Application**
 - Surveillance
 - Epi investigation
 - Risk assessment

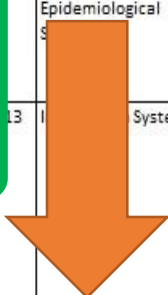
Scoring with EMT Core Tool

4 scale tool

- 1 – low
- 2 – medium
- 3 – high
- 4 – very high

What does the tool actually look like?

Link to RFI	#	Sub Category	4	3	2	1	Assess C Current	N/A	Assessor's comments Current assessment	Additional information for the assessor	Category	Area
N 2.6	6	Coordination between Epidemiology group and Diagnostic Laboratory	Written mechanism and SOPs exist and are implemented for information sharing and coordination between epidemiology and laboratory focal points at the same veterinary service (VS).	Some written mechanism and SOPs exist but are not fully implemented for information sharing and coordination between epidemiology and laboratory focal points at the same veterinary service (VS).	Some unstructured or ad hoc mechanisms and SOPs exist for information sharing and coordination between epidemiology and laboratory focal points at the same veterinary service (VS).	There is very little or no mechanisms and SOPs for information sharing and coordination between epidemiology and laboratory focal points at the same VS level.	3				Internal and external coordination	INSTITUTIONAL
N 2.7	7	Coordination with private sector	Written guidelines for Public-Private Partnerships (PPP) on epidemiology exist and are fully implemented with relevant private sector.	Written guidelines for Public-Private Partnerships (PPP) on epidemiology exist but are NOT fully implemented with relevant private sector.	Some unstructured or ad hoc guidelines for Public-Private Partnerships (PPP) on epidemiology exist and some activities are implemented with relevant private sector.	There is very little or no guidelines for Public-Private Partnerships (PPP) on epidemiology.	4					
N 2.8	8	Coordination with Human Health Sector	Written mechanism and SOPs exists and are implemented for information sharing and coordination between animal health and human health sectors on epidemiology.	Written mechanism and SOPs exists but are not fully implemented for information sharing and coordination between animal health and human health sectors on epidemiology.	Some unstructured or ad hoc mechanisms and SOPs exists for information sharing and coordination between animal health and human health sectors on epidemiology.	There is very little or no mechanisms and SOPs for information sharing and coordination between animal health and human health sectors on epidemiology.	3					
N 2.9	9	Coordination with Environmental Health Sector	Written mechanism and SOPs exists and are implemented for information sharing and coordination between animal health and environmental health sectors on epidemiology.	Written mechanism and SOPs exists but are not fully implemented for information sharing and coordination between animal health and environmental health sectors on epidemiology.	Some unstructured or ad hoc mechanisms and SOPs exists for information sharing and coordination between animal health and environmental health sectors on epidemiology.	There is very little or no mechanisms and SOPs for information sharing and coordination between animal health and environmental health sectors on epidemiology.	4					
N 2.10	10	Epidemiology Consultation	Routine quarterly briefings, meetings or consultations are held between senior decision makers (e.g. DG) and the Epidemiology group.	Ad hoc briefings, meetings or consultations are held several times (more than three) per year between senior decision makers (e.g. DG) and the Epidemiology group.	Ad hoc briefings, meetings or consultations are held 1-3 times per year between senior decision makers (e.g. DG) and the Epidemiology group.	Senior decision makers rarely or never consult with or receive briefings from the epidemiology group (once or less per year).	2					
N 3.11	11	Epi Capacity Development and Application Strategy	A formal strategy or plan for epidemiology capacity development, and its application thereof, exists and supported with sufficient budget allocation for implementation.	A formal strategy or plan for epidemiology capacity development, and its application thereof, exists but supported with insufficient budget allocation for implementation.	A plan on epidemiology capacity development, and its application is recognized, but there is no specific budget allocated for implementation.	There is no clear plan on epidemiology capacity development, and its application.	3				Policy and strategy	
N 3.12	12	Policies and Practices Based on Epidemiological Studies	At least 90% of active/current animal health programmes are supported by epidemiological analysis and evidence including peer-reviewed studies.	At least 70% of active/current animal health programmes are supported by epidemiological analysis and evidence including peer-reviewed studies.	At least 50% of active/current animal health programmes are supported by epidemiological analysis and evidence including peer-reviewed studies.	Less than 50% of active/current animal health programmes are supported by epidemiological analysis and evidence including peer-reviewed studies.	1					
N 4.13	13	Information System	There is an information system/ platform to maintain non-aggregated data collected at different veterinary administration levels (national and sub-national) for ALL priority animal diseases; Local veterinary administration currently enter data directly within 24 hours when there is	An information system/ platform to maintain non-aggregated data exist at some levels. Local veterinary administrations submit data to the system/platform after 24 hours when there is a data to report. Non-aggregated data is only accessible to local veterinary administration	An information system/ platform to maintain data exist at some levels. Local veterinary administrations submit data to the system/platform after 24 hours when there is a data to report. Non-aggregated data is only accessible to local veterinary administration where the data is	There is no systematically self-maintained information system/ platform (e.g. paper-based system) for priority diseases. Local veterinary administrations report data to higher levels for high-profile events.	2					



EMT Results

Current Assessment

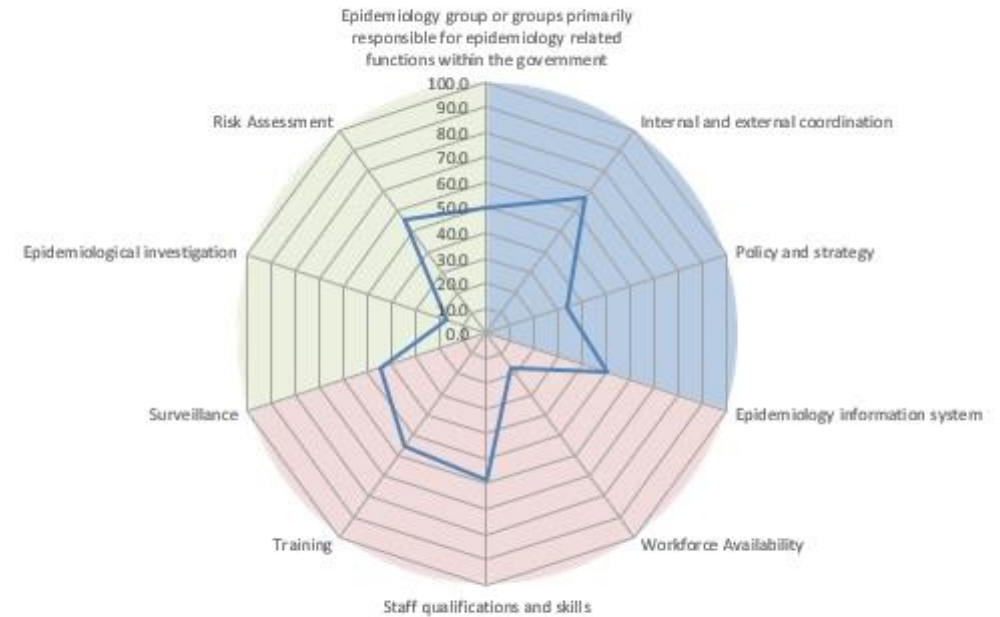
EMT Category	SCORE	Reliability
Epidemiology group or groups primarily responsible for epidemiology related functions within the government	50.0	100
Internal and external coordination	66.7	100
Policy and strategy	33.3	100
Epidemiology information system	50.0	100
Workforce Availability	16.7	100
Staff qualifications and skills	58.3	80
Training	55.6	75
Surveillance	44.4	100
Epidemiological investigation	16.7	80
Risk Assessment	55.6	100
Grand total (%)	47.2	92

EMT Area	Percent
TOTAL Institutional	54.8
TOTAL Epidemiology workforce	48.1
TOTAL Application of epidemiology capacity	38.5

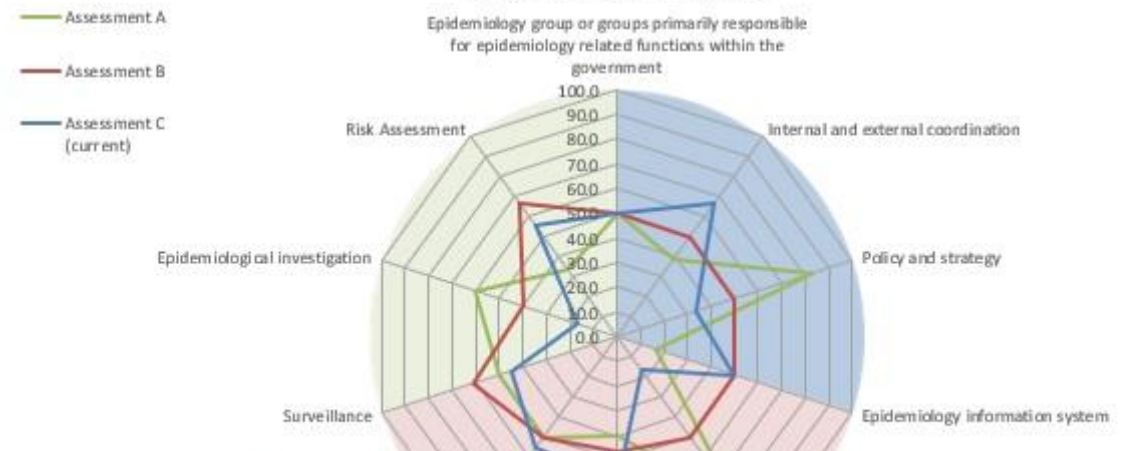
EMT Comparative assessments by category

EMT Category	Assessment A	Assessment B	Assessment C (current)
Epidemiology group or groups primarily responsible for epidemiology related functions within the government	50.0	50.0	50.0
Internal and external coordination	38.3	50.0	66.7
Policy and strategy	83.3	50.0	33.3
Epidemiology information system	16.7	50.0	50.0
Workforce Availability	83.3	50.0	16.7
Staff qualifications and skills	40.0	46.7	58.3
Training	50.0	50.0	55.6
Surveillance	50.0	61.1	44.4
Epidemiological investigation	60.0	40.0	16.7
Risk Assessment	33.3	66.7	55.6
Grand total (%)	48.7	51.3	47.2

Current EMT outputs



Comparative EMT findings



Scenario 1 – Institutional (Epi unit)

“Country A” has an established epidemiology unit. The unit performs epidemiology duties and manages a budget of its own. The budget is enough to maintain its staff and to support some of the epidemiology duties.

The epidemiology group has a strategy which officially documents its mission, mandate, and its workplan.

However, the roles and responsibilities of the epi unit is not clear as well as their internal structure. Sometimes there are meetings about every 2-3 months depending on the availability of the unit members. The meetings are mostly about preparation, reviewing, and planning of the team’s activities.

Scoring with EMT Core Tool

Link to RFI	#	Sub Category	4	3	2	1	Assess	N/A	Assessor's comments Current assessment	Additional information for the assessor	Category	Area
							c Curren					
N 1.1	1	Dedicated Epidemiology Group	An epidemiology group is established which is responsible to perform epidemiology duties, and with operating budget sufficient to maintain its staff and to support all epidemiology duties to be carried out by the staff.	An epidemiology group is established which is responsible to perform epidemiology duties, and with operating budget sufficient to maintain its staff and to support MOST of (50% or more) epidemiology duties to be carried out by the staff.	An epidemiology group is established which is responsible to perform epidemiology duties, and with operating budget sufficient to maintain its staff and to support SOME (less than 50%) epidemiology duties to be carried out by the staff.	No dedicated epidemiology group is established.	2				Epidemiology group or groups primarily responsible for epidemiology related functions within the government	INSTITUTIONAL
N 1.2	2	Mission, Mandate, Strategic Objectives and Workplan	Epi group has a strategy which officially documents ALL of the following: 1. Mission 2. Mandate 3. Strategic objectives 4. Workplan	Epi group has a strategy which officially documents THREE of the following: 1. Mission 2. Mandate 3. Strategic objectives 4. Workplan	Epi group has a strategy which officially documents TWO or LESS of the following: 1. Mission 2. Mandate 3. Strategic objectives 4. Workplan	Epi group does NOT have a documented strategy	3					
N 1.4	4	Internal Governance	Epi group has a clear internal structure with roles and responsibilities. The group coordinates and communicates through meetings which happens at least once a month to prepare activities as per the workplan and regular review of the group's activities.	Epi group has a clear internal structure with roles and responsibilities. There may be ad hoc internal meetings at least once every 3 months for preparation of activities as per the workplan and division of tasks and responsibilities among team members and review of the group's activities.	Epi group does NOT have a clear internal structure with roles and responsibilities. There may be ad hoc internal meetings at least once every 3 months for preparation of activities as per the workplan and division of tasks and responsibilities among team members and review of the group's activities.	Epi group does NOT have a clear internal structure with roles and responsibilities. There may be ad hoc internal meetings less than once every 3 months for preparation of activities as per the workplan and division of tasks and responsibilities among team members and review of the group's activities.	1					

Scenario 2 – Epi workforce

Workforce availability, Staff qualification and skills

In “Country A”, about 80% of epidemiologists have DVM or bachelor’s degree, while about 20% of them have post-graduate qualifications in epidemiology or similar fields. Among them, some have gone through FETPV in-service training.

All the epidemiologists in the epi unit are well trained, however, do not have much experience. Training opportunities are quite rare. The last time a team member was trained was over 2 years ago.

Scoring with EMT Core Tool

Link to RFI	#	Sub Category	4	3	2	1	Assess	N/A	Assessor's comments Current assessment	Additional information for the assessor	Category
							C Curren				
/	15	Manpower for Epidemiology Activities	There is sufficient manpower of trained epidemiologists to fulfill the mandate and implement the workplan for both normative and emergency needs. (HR Tool)	There is sufficient manpower of trained epidemiologists to fulfill the mandate and implement the workplan for both core epidemiology and normative/ routine activities but insufficient for emergency needs. (HR Tool)	There is sufficient manpower of trained epidemiologists to operate ONLY the core epidemiology activities. (HR Tool)	There is insufficient manpower of trained epidemiologists. (HR Tool)	HR tool				Workforce Availability
W 2.17	17	Epidemiologist Minimum Qualifications	All epidemiologists have DVM or bachelor's or higher qualifications; and at least 75% of them have post-graduate qualifications in epidemiology or related fields including MSc and PhD degrees; or have received additional structured in-service training in epidemiology (e.g. FETPV).	All epidemiologists have DVM or bachelor's or higher qualifications; and at least 50% of them have post-graduate qualifications in epidemiology or related fields including MSc and PhD degrees; or have received additional structured in-service training in epidemiology (e.g. FETPV).	At least 70% of epidemiologists have DVM, or bachelor's or higher qualifications; and at least 25% of them have post-graduate qualifications in epidemiology or related fields including MSc and PhD degrees; or have received additional structured in-service training in epidemiology (e.g. FETPV).	Less than 70% of epidemiologists have DVM, or bachelor's or higher qualifications; and less than 25% of the epidemiologists have post-graduate qualifications in epidemiology or related fields or have received additional structured in-service training in epidemiology (e.g. FETPV).	3				Staff qualifications and skills
W 2.18	18	Expertise of epidemiologists in surveillance	All epidemiologists in epidemiology group are well-trained, experienced and continuously educated (>2 training opportunities per year)	All epidemiologists in epidemiology group are well-trained, but not very experienced and less continuously educated (1-2 training opportunities per year)	All epidemiologists in epidemiology group are well-trained, but lack experience or motivation (<1 training opportunity per year)	All epidemiologists in epidemiology group are not trained, not experienced or not motivated	2				

Scenario 3 – Application of epi capacity

Epidemiological investigation

In “Country A”, there is no epidemiology investigation team that is formally setup. Investigation teams are setup on an ad hoc basis usually when there is an outbreak.

However, not all animal health investigations are required but only after that the outbreak of the priority diseases are identified.

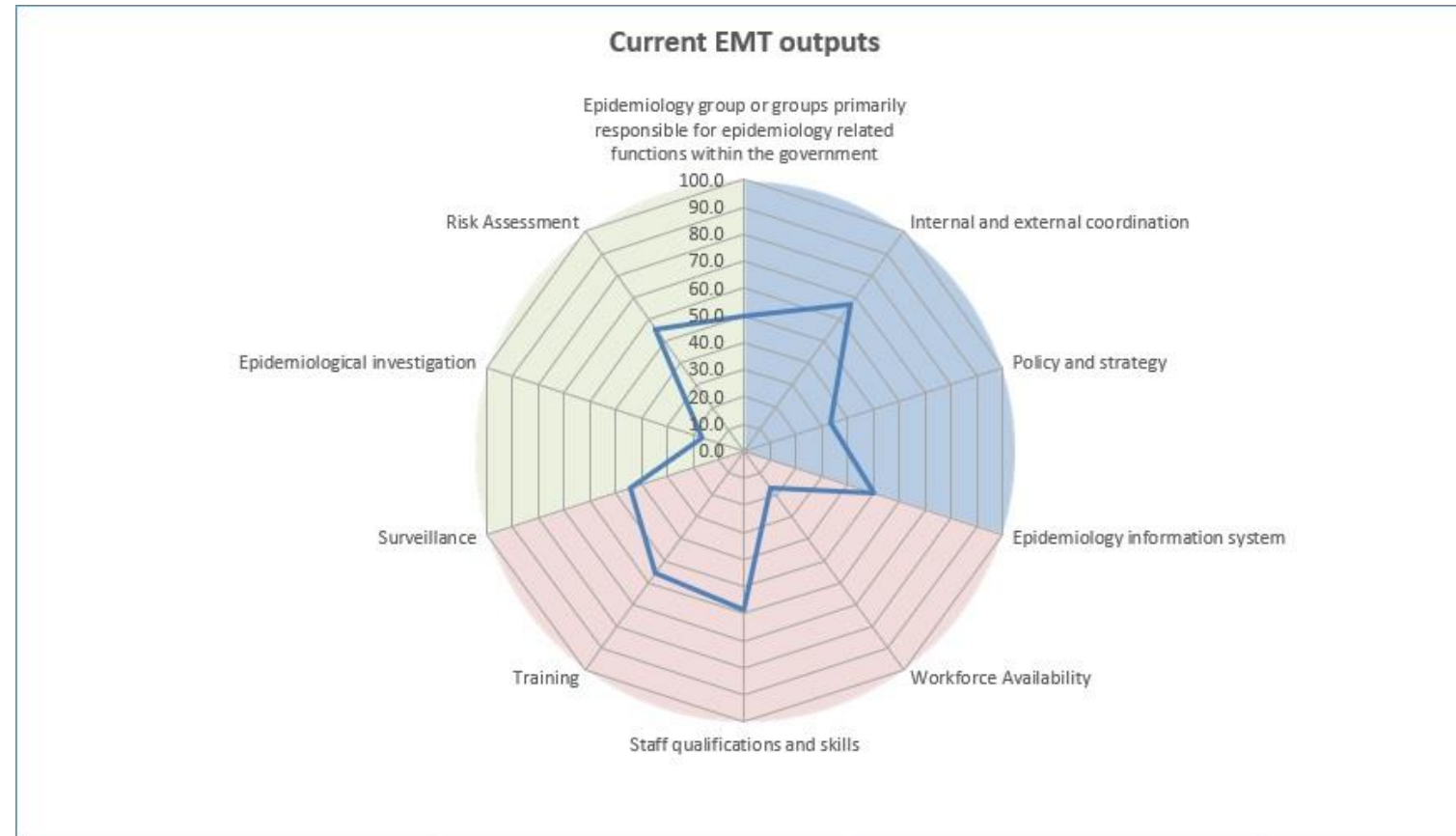
Usually when there is an animal health event, investigations are initiated within a week from the date of report.

Scoring with EMT Core Tool

Link to RFI	#	Sub Category	4	3	2	1	Assess	N/A	Assessor's comments Current assessment	Additional information for the assessor	Category
							Curren				
A 2.32	32	Standard Operating Procedures (SOPs) for animal health investigations	MEAN SCORE from EI Tool: 12 ≥ MEAN SCORE > 9	MEAN SCORE from EI Tool: 9 ≥ MEAN SCORE > 6	MEAN SCORE from EI Tool: 6 ≥ MEAN SCORE > 3	MEAN SCORE from EI Tool: MEAN SCORE ≤ 3	EI Tool				Epidemiological investigation
A 2.33	33	Animal health investigation teams	Epidemiology investigation teams are setup for conducting epidemiology investigations at different levels with clear roles and responsibilities, including field investigation teams such as RRTs.	Epidemiology investigation team has been setup at national level and/or some sub-national levels. There is no formal setup of field investigation teams such as RRTs.	There is no epidemiology investigation team formally setup. Ad hoc teams may be set up immediately after an outbreak.	There is no mechanism to set up epidemiology investigation teams.	2				
A 2.34	34	Mandate for conducting animal health investigations	Animal health investigations are formally required for all unusual animal health events and events suspected to be priority diseases.	Animal health investigations are formally required for all animal health events suspected to be priority diseases only.	Animal health investigations are required only after the outbreak of the priority diseases are identified.	Animal health investigations are only required on a case by case (ad-hoc) basis.	2				
A 2.36	36	Timely animal health Investigations initiated	Within 2 days	Within 3 to 4 days	Within 5 to 9 days	More than 10 days	2				

Example on how the results would look like

Spider-web



A few things worth mentioning

A few important notes on the scoring of EMT

- **EMT is NOT an audit**
- **EMT results aims for objectivity and evidence-based**
- **No or low score does not mean there is no capacity!**
 - **Can be due to the prioritization of the country**
- **It is important to emphasize the value of the EMT “as a process of capacity mapping and prioritization”, rather than final assessment scores.**

Questions

