



Food and Agriculture
Organization of the
United Nations

Workshop Report

Sensitization Workshop on Implementation of the FAO Epidemiology Mapping Tool for Cambodia, Lao PDR and Nepal

21 October 2021 | Hybrid

09.00-12.00 Indochina time GMT +7

Executive Summary

The Food and Agriculture Organization of the United Nations Regional Office for Asia and the Pacific (FAO RAP) Emergency Centre for Transboundary Animal Diseases (ECTAD) Programme organized a Sensitization Workshop on Implementation of the FAO Epidemiology Mapping tool for Cambodia, Lao PDR, and Nepal on 21 October 2021 (See [Concept Note](#)). The objective was to introduce and familiarize participants with the tool so that they could understand how it is applied, what it covers, and what benefits it aims to deliver. Cambodia, Lao PDR, and Nepal had been chosen for this meeting following a survey carried out earlier in the year gauging interest from ECTAD country programs and counterparts for implementing the EMT in their respective countries. The workshop included a series of presentations on the EMT tool, a fictional case scenario to demonstrate the EMT in action, followed by a question-and-answer session.

Countries learnt that the purpose of the EMT is to provide a more detailed and objective assessment of epidemiology capacity at national, subnational and local levels, building on the findings of the World Organisation for Animal Health (OIE)'s Evaluation of Performance of Veterinary Services (PVS) where available. The EMT seeks to map out an integrated profile of institutional and individual capacity and then make recommendations at all levels to inform strategic planning for epidemiology capacity development. Recommendations are made through a consultative and consensus building approach between assessors and the country, factoring in flexibility to address national priorities. Recommendations are also made to assist countries make strong progress for meeting indicators and targets in regional frameworks on veterinary epidemiology capacity development and networking, such as those articulated by the Association of Southeast Asian Nations (ASEAN) and the South Asian Association for Regional Cooperation (SAARC).

Where countries wish to proceed with an EMT mission, countries were informed that the first step is to submit a formal request to FAO. FAO country teams and FAO-RAP offered assistance for answering any questions and facilitating processes as required.

Workshop notes

Agenda item 1

Dr Kachen Wongsathapornchai, FAO RAP ECTAD Regional Manager, gave the opening remarks and recalled the evolution of the Epidemiology Mapping Tool (EMT). He noted that its development was a long process but collaborative effort among the team. He welcomed the participants (See [Annex 1](#)) to the workshop some of whom are gathered onsite in their respective country offices.

Agenda item 2

Dr Peter Black presented the [application of the EMT](#). Highlights of his presentation included:

- How the EMT had been refined over time to make it more robust and repeatable
- The overall outline of the steps and timeline for applying the EMT
- Detailed explanation of the steps including:
 - ⇒ EMT team
 - Composition and Terms of Reference (ToRS)
 - ⇒ Evidence gathering
 - document reviews
 - list of evidence required
 - request for information (RFI)
 - ⇒ Field Mission
 - In depth interviews
 - Capacity gaps and needs at different levels
 - Multiple stakeholders involved
 - Scoring and making priority action recommendations
 - ⇒ EMT workshop
 - ⇒ Report

Dr Black also detailed the list of documents (e.g., letters, templates, and agendas) that are available to the country to progress an EMT. He emphasized that the first step for any EMT is for the country to make a formal request to FAO ECTAD by letter.

Dr Andi Hidayat shared his experiences from implementing the EMT in Indonesia:

- Gathering the requested information requires a lot of preparation. The commitment from national side to this process is very crucial and required a series of administrative approvals. Conducting the EMT was worth it as it has made it easier for budgeting and planning, having the EMT results. It has also helped in advocating to donors for supporting specific activities because we have EMT tool findings demonstrating the need for improvement and support.

Q&A:

- Can EMT be used as a self-assessment tool for a country or is it supposed to be a third-party assessment?
 - It can be used as a self-assessment for the country. For example, in Indonesia, people do have capacity to re-run that tool to see what has changed over time.
- Are there any plans of integrate this tool into the OIE PVS?
 - There are no plans to do this.
- EMT is not an assessment at the local level, what can we do if countries demand it?
 - A local level assessment is a much more time consuming and a bigger job than a national level assessment because there are so many more places to visit and people to interview. We are more likely to run a training to give the country the capacity to run such an assessment over time themselves.

Agenda item 3

Mr Frank Pumipuntu presented [experiences and lessons learned from previous EMT](#) assessment missions. Highlights of his presentation included:

- The importance of the Request for Information Questionnaire process being carried out thoroughly and well in advance of the mission. This allows the EMT Team adequate time to consider the large amount of information, and to allow time for translation if required.
- It is important that subnational offices with varying/diverse capacities are visited to ensure a more accurate representation of overall country capacity.
- EMT should be seen as a process of capacity mapping and prioritization rather than as a scoring exercise.
- It is vital that national focal points and their managers, as well as all national EMT members, are motivated and have the time to immerse in the mission.

Agenda item 4

Dr Gaël Lamielle presented the [FAO toolbox](#), where he explained the application of various tools as it fits the overall assessment framework.

He explained that the EMT is one of FAO's tools for evaluating a country's animal health systems with the objective of improving them. Other FAO tools include the Surveillance Evaluation Tool (SET), Lab Mapping Tool (LMT) and the Assessment Tool for Laboratories and AMR Surveillance Systems (ATLASS). There are also a series of One Health operationalization tools. These all seek to be complementary, each with a focus on different parts of a country's animal health systems.

Q&A:

- Does EMT tool specifically focus on Veterinary Epidemiology Capacity, only or does it also include Epidemiology Capacity from One Health perspective?
 - The indicators are generally applicable to animal health and zoonotic disease threats.

- Does the FAO Surveillance Evaluation Tool (SET) have a capacity-building pillar? If so, how does it link with EMT?
 - There are similar indicators but SET focuses on surveillance excluding staff capacity or staff training in relation to surveillance.
- Is it mandatory or voluntary for a country to conduct EMT?
 - It is voluntary.

Agenda item 5

Dr Adrian Coghill presented an overview of [EMT assessor's training](#). He provided an example of a three-day EMT Assessors' Training course that was previously held for ECTAD staff (RAP & country teams) in Bangkok.

Q&A:

- Is there an EMT Guide for assessors available online?
 - The EMT Guide for Assessors is currently being reviewed/updated. The previous version is not available online. We are also looking into the development of a self-paced online learning program for training assessors.

Agenda item 6

Mr Frank Pumipuntu provided a demonstration of how the [EMT scoring works and its implementation](#).

Question and Answer Session

Dr Peter Black commented that the Request for Information process is a series of questions, and that FAO RAP will be looking for evidence to support answers to the questions. The timeframe is normally from 1-2 months.

Jamboard

Dr Tosapol Dejyong led the discussion and workshop on Google Jamboard where countries were invited to participate and contribute. Three questions were used to collect countries' inputs as well as to determine whether the participants understood the main content of the workshop.

The full list of Jamboard questions and stick note responses are available in [Annex 2](#).

1. Describe the benefit that can be achieved by government from implementing the EMT.
 - All countries understood well that the EMT can help to assess the epidemiological capacity of national veterinary services to better plan/prepare for any response/action when needed. Also, the EMT can guide where to focus the resources on epidemiological capacity.
 - Dr Peter Black also added: the EMT can be used for advocacy on investment and resources. One of clear benefits of the EMT are that the findings can be used to advocate for resources for epidemiology capacity building from government and donors.
 - Improving your epidemiological capacity does improve your evidence-based policies, and this is one of the fundamental benefits of the EMT.
2. What are the steps that countries need to take if they want to implement the EMT?
 - The countries summarized that the steps to implement the EMT are: request to FAO from the government; provide prior information through the request for information process; planning for the mission; carry out the mission with a series of meetings at different levels of government; debrief; prepare report; and submission.
 - Dr Peter Black highlighted that the countries have a clear understanding of the steps outlined, but the first step for many countries can be getting approval from the government before getting the government to send the letter to FAO. FAO can assist in providing sample letters to aid communication.
3. What do you think is important for the EMT Team to be able to conduct its work optimally?
 - All countries strongly agreed that the support and commitment from the government, knowledgeable respondents nominated, transparent information provided and the EMT tools shared in advance were necessary for optimally conducting the EMT mission.
 - Dr Peter Black highlighted that the answers have captured the requirements well.
 - Dr Peter Black added that FAO does not share the tool with governments directly to avoid biases and inaccuracies in responses. The tool is provided to assessors, but it is not for them to share it with others in the government. It's important to have people from the country join because they know the context and what's going on.
 - Mr Frank Pumipuntu added that the Request for Information Questionnaire is shared before the mission (not too early) for the country to prepare and provide info that will be useful for the EMT team to conduct the mission.

Annex 1: Workshop Participants

1. FAO-RAP ECTAD
 - a. Dr Kachen Wongsathapornchai
 - b. Dr Peter Black
 - c. Dr Adrian Coghill
 - d. Mr Frank Pumipuntu
 - e. Dr Gael Lamielle
 - f. Dr Tosapol Dejyong
 - g. Dr Domingo Caro III
 - h. Ms Rindu Putri
 - i. Dr Yin Myo Aye
 - j. Dr Sarah VanDyk

2. FAO ECTAD country teams
 - a. Cambodia
 - i. Dr Makara Hak
 - ii. Dr Sokerya Seng
 - b. Lao PDR
 - i. Dr Leo Loth
 - ii. Dr Soubanh Silithammavong
 - iii. Dr Bounlom Douanggeun
 - c. Nepal
 - i. Dr Khadak Bisht
 - ii. Dr Surendra Karki

3. Government representatives
 - a. Cambodia
 - i. Dr Tum Sothyra, Director of National Animal Health and Production Research Institute (NAHPRI)
 - ii. Dr Bun Chan, Deputy Director of National Animal Health and Production Research Institute
 - iii. Mr Chhim Vutha, Chief of Epidemiology Unit and Information Analysis of NAHPRI.
 - b. Lao PDR
 - i. Mr Viliddeth Souriya, Deputy Head of Division of Veterinary Service, Division of Veterinary Service
 - ii. Mr Phouthalai Chanda, Technical Specialist, Division of Veterinary Service
 - iii. Mr Kethsana Inthavong, Technical Specialist, Division of Veterinary Service
 - c. Nepal
 - i. Dr Varsha Magar, Veterinary Officer, Veterinary Epidemiology Section, Department of Livestock Services
 - ii. Dr Nanda Kishor Yadav, Senior Veterinary Officer, SAARC-RSU, Department of Livestock Services

- iii. Mr Surya Prasad Poudel, Senior Livestock Development Officer, Department of Livestock Services
- iv. Mr Kiran Pandey, Livestock Development Officer, Department of Livestock Services

4. Resource Person

- a. Dr Andi Hidayat, Section Head, Directorate of Animal Health, Government of Indonesia Ministry of Agriculture

Annex 2: Jamboard Notes

Discussion guides used in the Jamboard workshop:

Describe the benefits that can be achieved by governments from implementing the EMT

Nepal

- It helps understand the epidemiological capacity of national veterinary services.
- It guides where to focus the resources in epidemiology capacity building.
- Policy and program design for strengthening veterinary services.
- Support for the national disease control programs.
- Support to establish internal coordination and chain of command.
- Evidence to policy makers.

Cambodia

- Understand the epidemiology capacity and the gaps for epidemiology capacity development.
- This will guide Cambodia to have a good approach for the collaboration between AET and CAVET.
- Evaluate the country epidemiological capacity for development and to better plan/prepare for any response/action when needed.
- EMT can help to improve and progress activities.

Lao PDR

- To assess the current veterinary capacity and to support the recommendations to improve them in the future.
- Veterinary epidemiology is improved through the EMT.

What are the steps that countries need to take if they want to implement the EMT?

Nepal

- Have internal discussions, form the EMT group, appoint focal person and request FAO.
- Request from the government; provide prior information through the Request for Information process; planning for the mission; carry out the mission with a series of meetings at different levels of government; debrief; prepare report; and submission.

Cambodia

- The participants will need to bring this tool to the attention of higher level.
- Setting up with stakeholders after getting approval.
- Assess the in-country epidemiology capacity and gaps and seek the required support.
- Get approval to implement the EMT from Director General.
- Would it be possible to have another letter from FAO to DG informing the available support for EMT?

Lao PDR

- Official request from the country to FAR-RAP.
- Advocacy for the policy maker on the impact of EMT.
- Designate the focal point to link with relevant authority related to EMT application.
- Request for hands-on training on the use of EMT to ensure comprehensive understanding of the EMT.

What do you think is important for the EMT Team to be able to conduct its work optimally?

Nepal

- Support from the government and provide transparent information.
- Commitment and dedication of EMT Team.
- Selection of knowledgeable respondents who understand the context. Also, this number should be more to cross verify.
- EMT team clearly communicates to senior government officials the purpose of the mission in advance and benefits of doing it.

Cambodia

- All tools of EMT need to be shared in advance with the government.
- EMT training can involve more government staff for ground preparation.
- Support from stakeholders both financial and capacity building.
- Zoom meetings between FAO assessor from RAP and country assessor prior to actual EMT mission.
- Capacity, resources, planning, support.
- Capacity - Resources - planning - support (financial/political).

Lao PDR

- Seek consultation with FAO RAP for support.
- Conduct the internal consultation among the designated EMT team on how to conduct the EMT for epidemiology capacity assessment.
- Significant support from government.

Question: Describe the benefits that can be achieved by governments from implementing the EMT

Nepal



Lao PDR



Cambodia



Question: What are the steps that countries need to take if they want to implement the EMT?

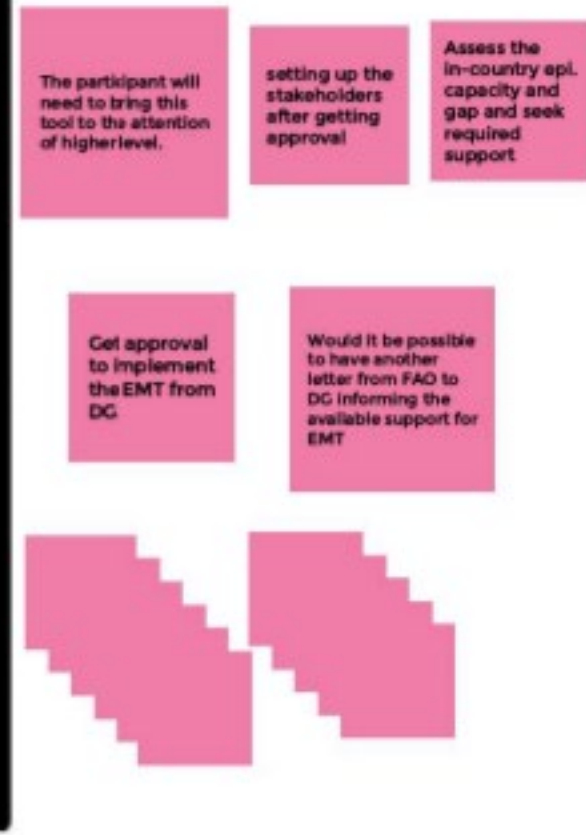
Nepal



Lao PDR



Cambodia

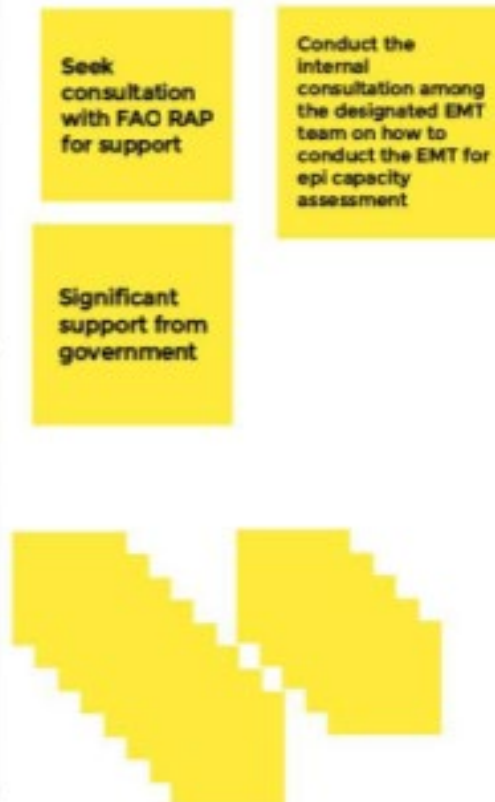


Question: What do you think is important for the EMT Team to be able to conduct its work optimally?

Nepal



Lao PDR



Cambodia

