Programme Evaluation Series

Evaluation of FAO/USAID Emerging Pandemic Threats Programme – Phase II (EPT-2)

Annex 3. Survey data analysis

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
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1. Introduction

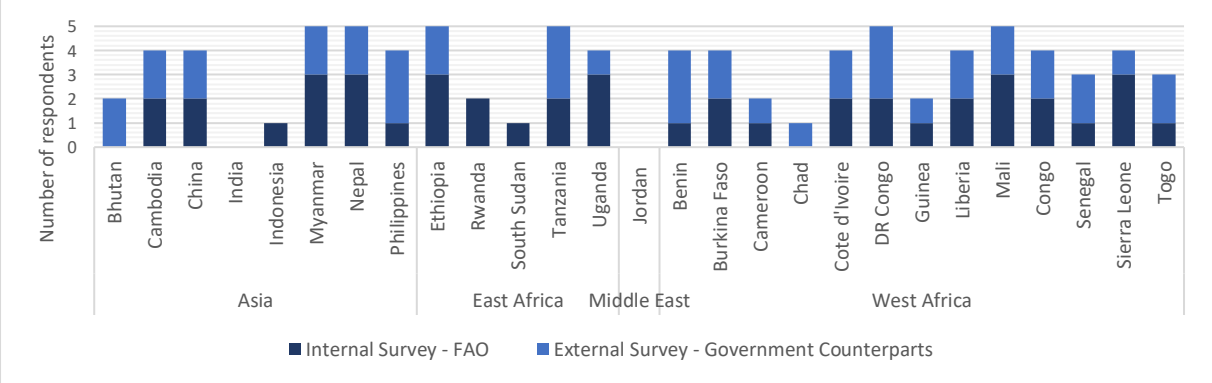
1. The EPT-2 survey was conducted by the FAO Office of Evaluation (OED) as part of the broader evaluation exercise. The purpose of the survey was to get insights from countries that were part of the FAO/USAID Emerging Pandemic Threats Programme – Phase II (EPT-2) but were not visited by the evaluation team during the data collection phase. The key respondents of this survey were internal FAO teams implementing the EPT-2 programme and external country level government counterparts. Each of the two categories were administered through different surveys,[1] available in both English and French.

2. In terms of the survey process, respondent details were collected via email by writing directly to the FAO's Emergency Centre for Transboundary Animal Diseases (ECTAD) country team leaders or the country EPT-2 programme focal points. Contact details of six individuals were requested, three at the FAO office and three from the government counterparts. Suggested titles of these individuals were the country team leader, epidemiologist and laboratory expert within the FAO teams, and the chief veterinary officer, head of epidemiology and head of laboratories within the government counterparts, however other equivalent or similar individuals were also accepted as survey respondents. Requests for the survey were sent out in mid-March 2020 with an initial deadline of two weeks. Due to the COVID-19 crisis, deadline for completing the survey was extended by a week.

3. The surveys were sent to 144 individuals across 27 countries. A total of 87 complete responses were received from 25 countries, no responses were received from India and Jordan. The response rate for the FAO internal survey was 67 percent and for the external survey was 55 percent . Figure 1 lists the number of surveys received by country and survey type. An average of 1.6 responses were received of the three requests sent from each country for each survey.

4. To ensure that respondents were either directly involved or had a high level of awareness of the programme, additional screening questions were included in the survey. Internal respondents were asked the proportion of time spent on EPT-2 activities and external respondents were required to declare their familiarity with FAO EPT-2 activities on a scale of 1 to 6. Only two of the external respondents had limited familiarity with EPT-2 activities. All government respondents were either based in the Ministry of Agriculture and/or Livestock, or national equivalents.

Figure 1: Number of respondents by country and survey type



Source: Evaluation team

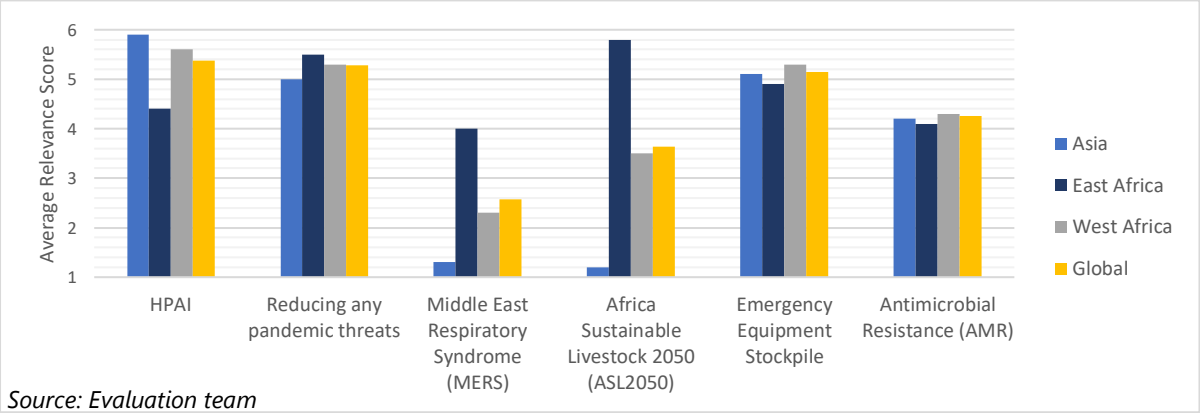
[1] See Appendix 1 for more details on the survey questions.

2. Relevance

5. The programme scored high on relevance across key EPT-2 components and focus areas in both the internal and external surveys, across all regions. However, external respondents also scored diseases besides the ones targeted by the EPT-2 programme as equally important.

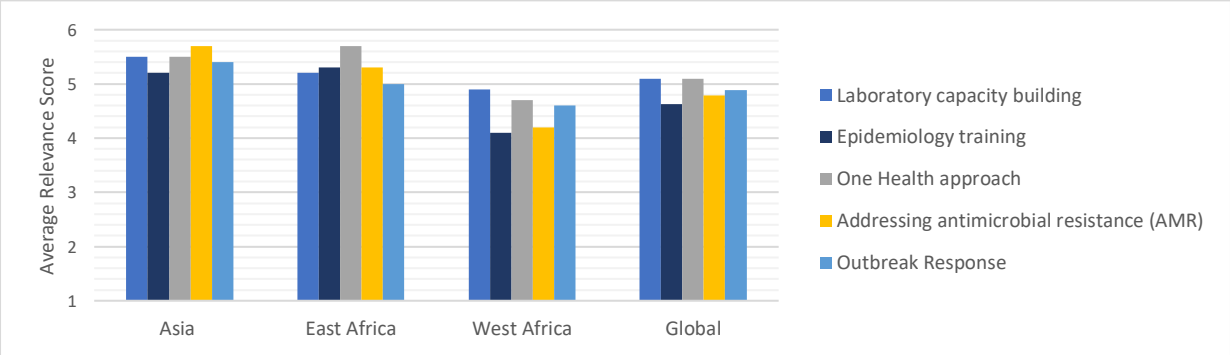
6. Figure 2 and 3 present average scores on a scale of one to six, with six being the highest, across categories and regions. Components of the EPT-2 programme such as the Middle East Respiratory Syndrome (MERS) and the Africa Sustainable Livestock 2050 (ASL2050), were focused specifically on East Africa that explains the low relevance scores across other regions[2] in Figure 2. In the external survey, in order to not confuse respondents with EPT-2 programme terminology, relevance scores were given through the programme's key focus areas (Figure 3). These differences in the scores at the global level across the EPT-2 focus areas were not statistically significant[3] but they provide evidence of importance of animal health diseases in general as perceived at the national level. Additionally, government counterparts were asked to score the relevance of a range of diseases affecting animal health in their country (Figure 4). On average Asian highly pathogenic avian influenza (HPAI) had one of the highest rates of relevance. As might be expected other diseases also scored highly at the national level.

Figure 2: Internal survey – average relevance scores by EPT-2 component and region



Source: Evaluation team

Figure 3: External survey – average relevance scores by EPT-2 focus areas and region



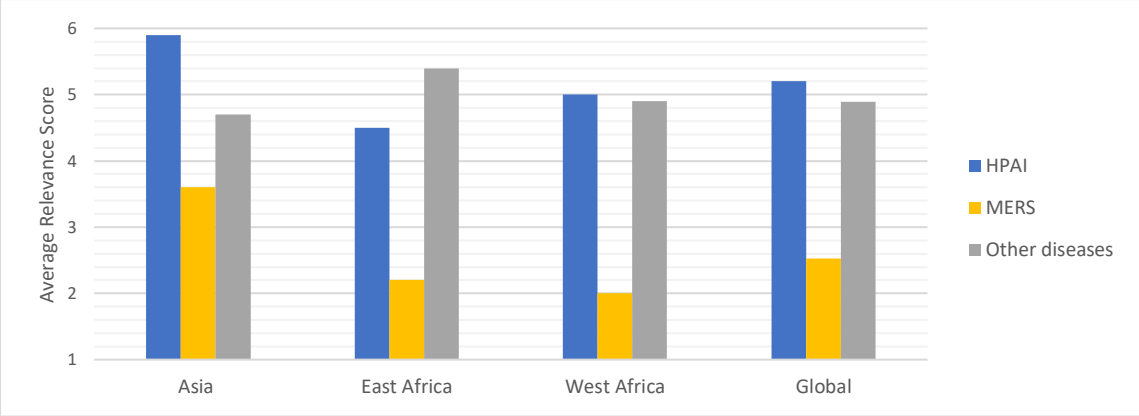
Source: Evaluation team

[2] Burkina Faso and Nigeria were also targeted through the ASL2050 programme but Nigeria was not surveyed, since it was one of the countries the Evaluation team visited and ASL2050 received high scores in terms of Relevance by respondents from Burkina Faso.

[3] Calculated at the 5 percent significance level.

7. Additionally, government counterparts were asked to score the relevance of a range of diseases affecting animal health in their country (Figure 4). On average HPAI had one of the highest rates of relevance. As might be expected other diseases also scored highly at the national level.

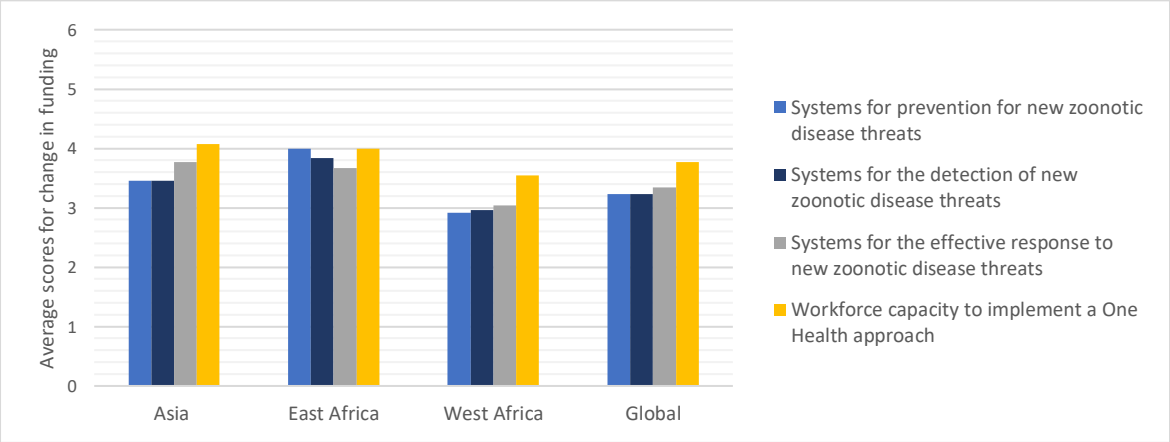
Figure 4: External survey – average relevance scores of key diseases[4]



Source: Evaluation team

8. Furthermore, according to the respondents, on average there has been no statistically significant[5] increase in government budget allocation over the last five year across most countries in systems for prevention, detection and response to new zoonotic disease threats. Globally, there is a statistically significant increase in the funding for workforce capacity to implement a One Health (OH) approach. However, the results are not significant. Figure 5 shows the average scores across key EPT-2 areas and regions. Scores of greater than three represent an increase in funding. Globally, on average, all scores were marginally greater than three. There is also some variation between the three regions but not statistically significant.

Figure 5: External survey – average scores for funding change across regions



Source: Evaluation team

9. Internally, respondents also scored the relevance of the design of the programme in strengthening the delivery of a OH approach as high with differences between the national and sub-national levels. The average score across regions was five at the national level but

[4] The diseases grouped under 'other diseases' include rabies, brucellosis, anthrax, rift valley fever, African swine fever, peste des petits ruminants (PPR), foot and mouth diseases, trypanosomiasis, east coast fever and Contagious Bovine/Caprine Pleuro Pneumonia.

[5] Both calculated at the 5 percent significance level

four at the sub-national level. The difference across the two levels was statistically significant.[6] FAO respondents also listed numerous activities completed to implement a OH approach at national level, however, found it challenging to implement the same at the subnational level. Only around 18 percent of these responses included environment health.

3. Outcomes attributable to FAO

10. The main outcome of FAO's EPT-2 work for both internal and external respondents is linked broadly to the development of national capacities (epidemiological, veterinary, laboratory and surveillance), and technical and procurement support.

11. FAO respondents highlight the most important outcomes in terms of FAO's contribution to capacity development, OH related activities and provision of specific equipment and materials.

12. Nearly all of the respondents listed development of country capacity as a key outcome of FAO's work. Other key outcomes listed relate to raising awareness, policy research and legislation support. 80 percent of the government partners also mention capacity development as FAO's most significant contribution with regards to Emerging Pandemic Threats, and 60 percent explicitly mention FAO's support acquiring lab reagents, equipment and other consumables as key.

13. Additionally, FAO respondents also listed the unforeseen outcomes of the programme, these were largely linked to the spill-over effects of FAO activities through improvements in food safety, the overall strengthening of the control of Transboundary Animal Diseases (TADs) and an increased capacity in also responding to non-zoonotic diseases.

14. Overall both surveys suggest that detection and prevention of emerging pandemic threats, and the OH approach for the control of zoonotic diseases have improved in the last five years. There is very little variation across the two survey groups with an average score of 4.5 out of six. Government counterparts also scored FAO high on its contribution across the two categories (questions 2 and 4 in Table 1), with 70 percent of the respondents scoring FAO five or six on a scale of one to six. However, the scores were significantly lower at the sub-national level as compared to those at the national level.

[6] Calculated at the 5 percent significance level.

Table 1: External survey - Percentage of respondents scored greater than four

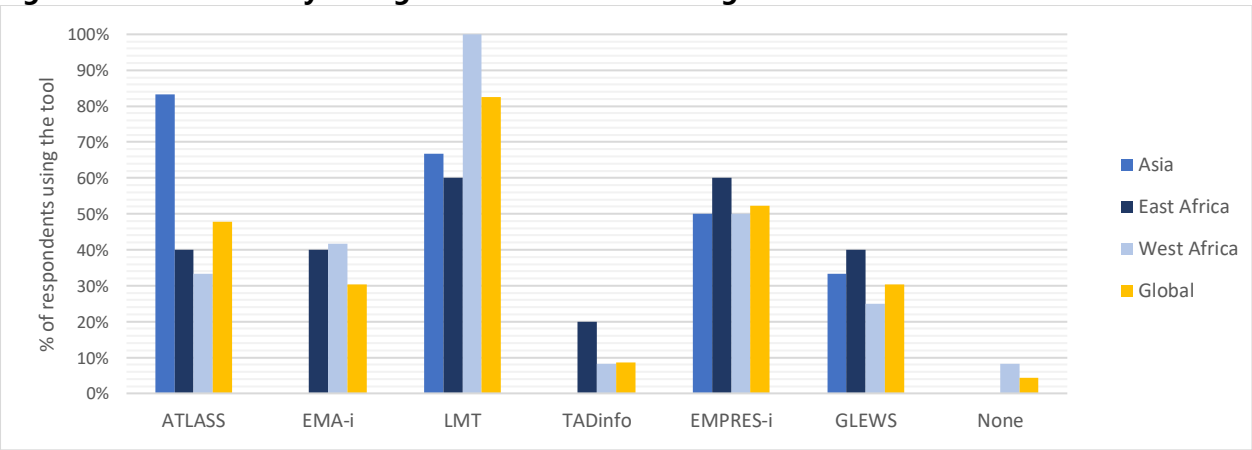
	National level	Sub-national level
1. Do you think that detection and prevention of emerging pandemic disease threats improved over the past five years? (where 1 is not at all and 6 is significantly improved)	52%	23%
2. How would you score FAO's contribution, through the EPT-2 programme, in improving the detection and prevention of emerging pandemic disease threats? (where 1 is not at all and 6 is significant contribution)	70%	35%
3. To what extent has the OH approach been improved for the zoonotic disease control over the past 5 years? (where 1 is not at all and 6 is significantly improved)	55%	26%
4. How would you score FAO's contribution, through the EPT-2 programme, to a One Health approach being established for the control of zoonotic diseases (where 1 is not at all and 6 is significant contribution)	52%	30%

4. Effectiveness

15. The section on effectiveness in the internal survey covered use of FAO tools, issues with procurement, inclusion of gender mainstreaming, monitoring and evaluation, and organizational effectiveness. The external survey did not include these questions and was tailored for government partners.

16. The survey data indicated a large variation across tools in terms of their use but limited variation across regions. Across all tools, the Laboratory Mapping Tool (LMT) was most frequently used with 80 percent of all respondents confirming its use in their respective countries. Other popular tools were EMPRES-i and ATLASS, with nearly 50 percent of the respondents confirming its use. ATLASS has been particularly used in Asia, with more than 80 percent of the respondents from Asia having used it. TADinfo is an old tool that has been discontinued but still has some vestigial use.

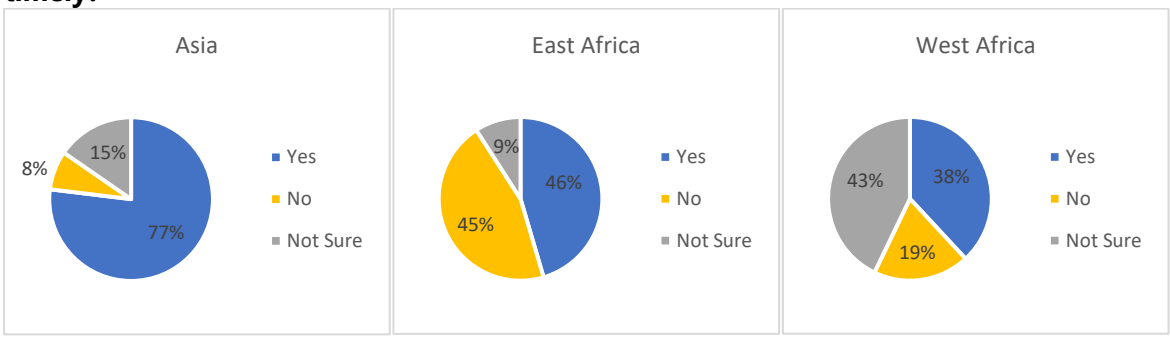
Figure 6: Internal survey – usage of FAO tools across regions



Source: Evaluation team

17. Procurement issues varied significantly across EPT-2 regions. Globally, on average 51 percent of the respondents confirmed that procurement related supplies were timely, while 22 percent raised issues. Most of the respondents with issues on procurement were from East Africa, where 46 percent of the respondents highlighted delays with the procurement process. Comparatively, only 8 percent of the respondents in Asia raised procurement issues. All reasons stated were to do with delays related to lengthy processes and high turnover of procurement personnel.

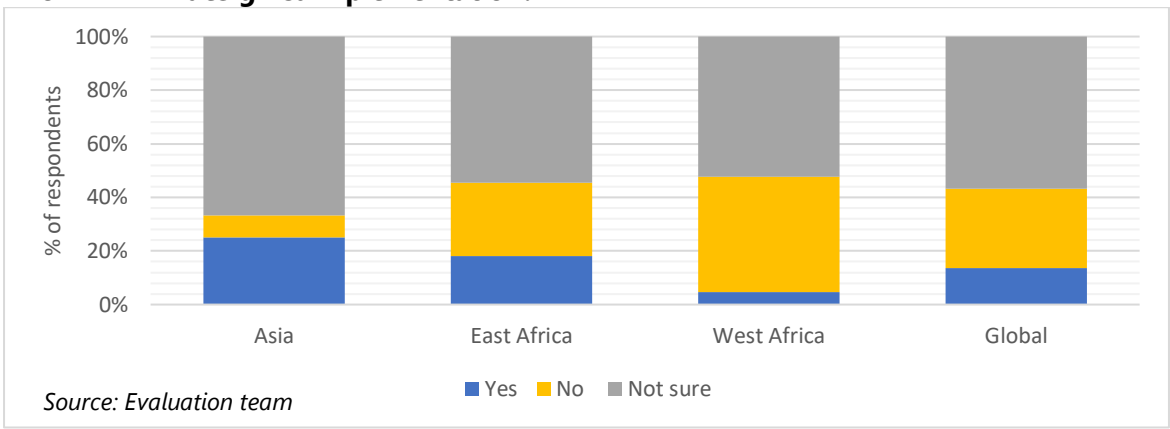
Figure 7: Internal survey – Responses to 'Is the procurement of EPT-2 related supplies timely?'



Source: Evaluation team

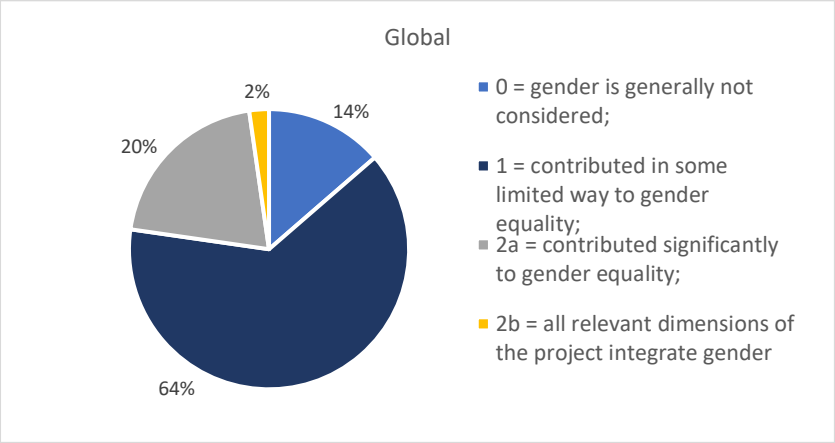
18. There was little awareness in terms of gender issues being covered by the programme team. With regards to the conduct of gender reviews, globally, 86 percent of the respondents were either not sure or confirmed that there were no gender reviews conducted. There were a few positive examples from Nepal, China and Sierra Leone where gender was given consideration in the design and implementation of EPT-2 activities, however, no examples of systematic gender reviews were provided. Some respondents from east Africa, emphasized that EPT-2 activities were technical and it was tough to incorporate gender. Figure 8 shows the variation across regions. Additionally, respondents were asked to rate EPT-2 from a gender focused approach (Figure 9). 64 percent of the respondents linked EPT-2 with gender marker 1, 'contributed in some limited way to gender equality'.

Figure 8: Internal survey – Responses to 'Were systematic gender reviews conducted to inform EPT-2 design & implementation?'



Source: Evaluation team

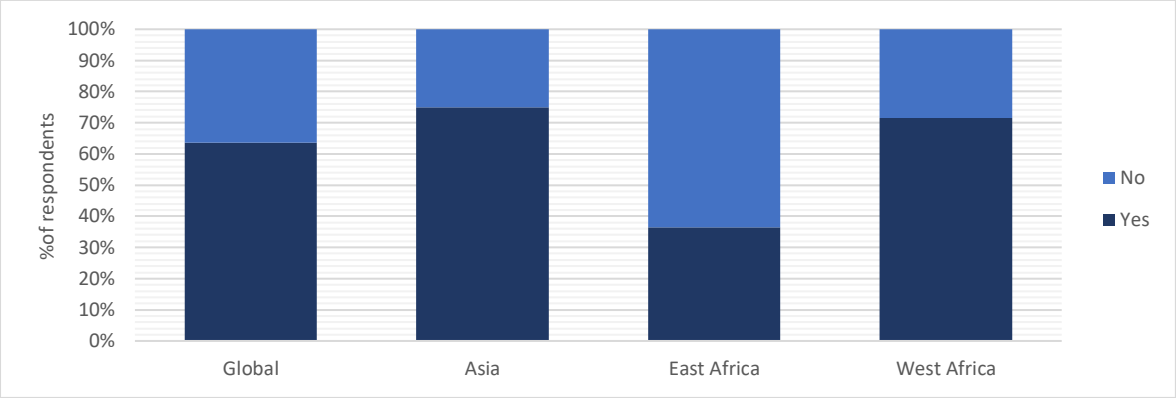
Figure 9: Internal survey – EPT-2 ratings from a gender focused approach



Source: Evaluation team

19. On monitoring and evaluation (M&E), overall, 64 percent of the respondents indicated that EPT-2 the M&E framework were adequate to their needs. Most of the issues of the ones that said they were not adequate, were to do with (1) it being complicated and overlapping with other frameworks, (2) not particularly being related to national needs, (3) sensitivities around governments sharing data. Figure 10 shows the responses across regions, with substantial variation between East Africa and other regions.

Figure 10: Internal survey – Adequacy of the EPT-2 Monitoring and Evaluation Framework



Source: Evaluation team

20. With regards to FAO organizational set up (ECTAD), 68 percent of the respondents agreed that the EPT-2/ECTAD set up responded effectively to the current country needs. Nearly all of those that did not agree, highlighted limited flexibility in responding to the country needs and the need to broaden the scope of ECTAD's work and the EPT-2 programme to include other transboundary and zoonotic diseases besides the ones targeted by the programme. The main issues described could be categorised as (1) not having enough flexibility and limited scope in terms of disease coverage (2) the need to focus on response besides detection and prevention (3) limited coverage at sub national and community levels.

21. Additionally, respondents were asked to list any technical gaps in the current organizational set up. 83 percent of the respondents did not see any technical gaps within ECTAD. The remaining saw technical gaps in dealing with socio-economic impact assessments, community level interventions, in the ability to implement a fully cohesive programme and availability to support non-zoonotic transboundary animal diseases. These were in line with the earlier responses on the effectiveness of the EPT-2 set up.

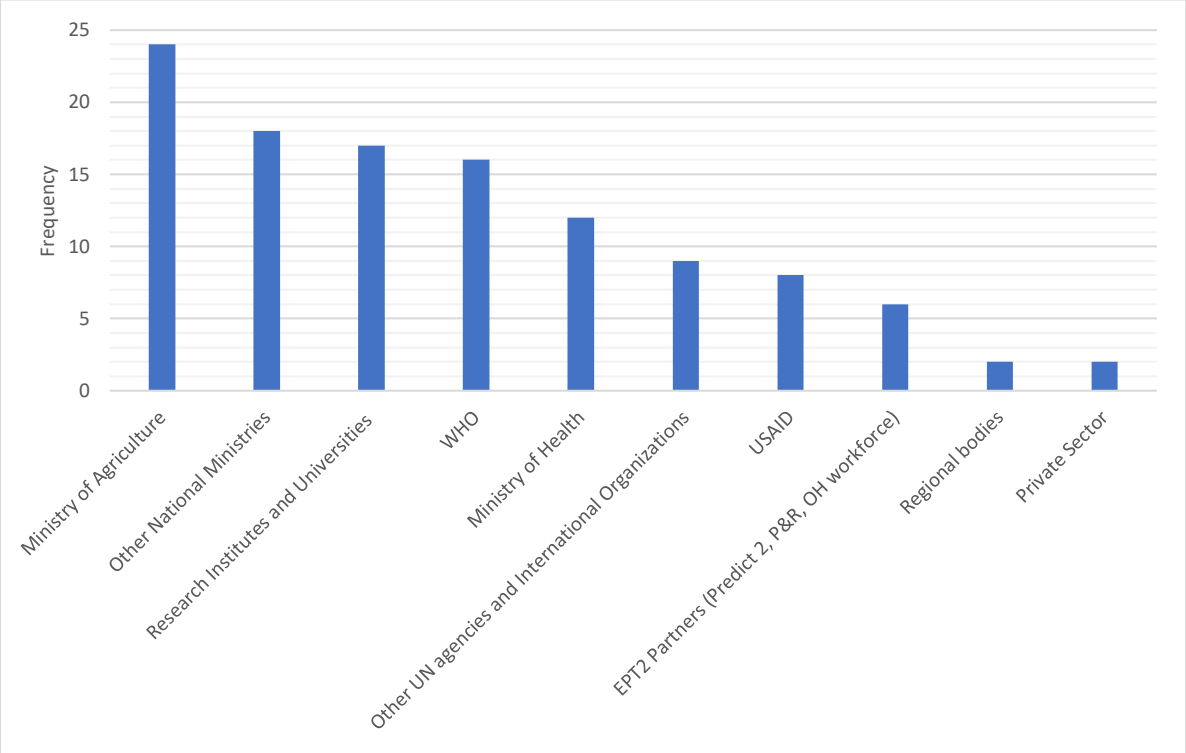
5. Partnerships

22. The Ministry of Agriculture, its departments and equivalents were listed as the most important partnership by internal respondents. External respondents scored FAO high as a partner in the prevention and control of pandemic threats.

23. Internal respondents were asked to list up to three key partnerships. Figure 11 categorizes partnerships listed by FAO respondents. The key partnerships were with the Ministry of Agriculture and other national ministries. 'Other national ministries' in the Figure 11, is the cumulative sum of the number of times other ministries besides Agriculture and Health were listed by FAO respondents.

24. The private sector and regional bodies appear the least. Additionally, 34 percent of the FAO respondents said that key partnerships were missing. Around 30 percent of the 34 percent emphasized the greater need to involve the private sector, NGOs and farmers' associations, and around 20 percent of the 34 percent said that more work could be done with the EPT-2 partners (PREDICT and P&R). Few respondents also listed the World Health Organization (WHO) and World Organisation for Animal Health (OIE) as missing partners at the national level.

Figure 11: Internal survey – Key EPT-2 partnerships listed by FAO respondents



Source: Evaluation team

25. Moreover, government partners were also asked to score FAO as a partner in the prevention and control of pandemic threats. On average, the external respondents scored FAO as a strong partner with an average score of five on scale of one to six. The scores were similar across the three regions (Asia, east and west Africa). Two respondents scored the partnership low, suggesting that greater collaboration between FAO and the government is required and that FAO should not act as a main actor without prior government consultation, and another suggesting that FAO is going beyond its mandate.

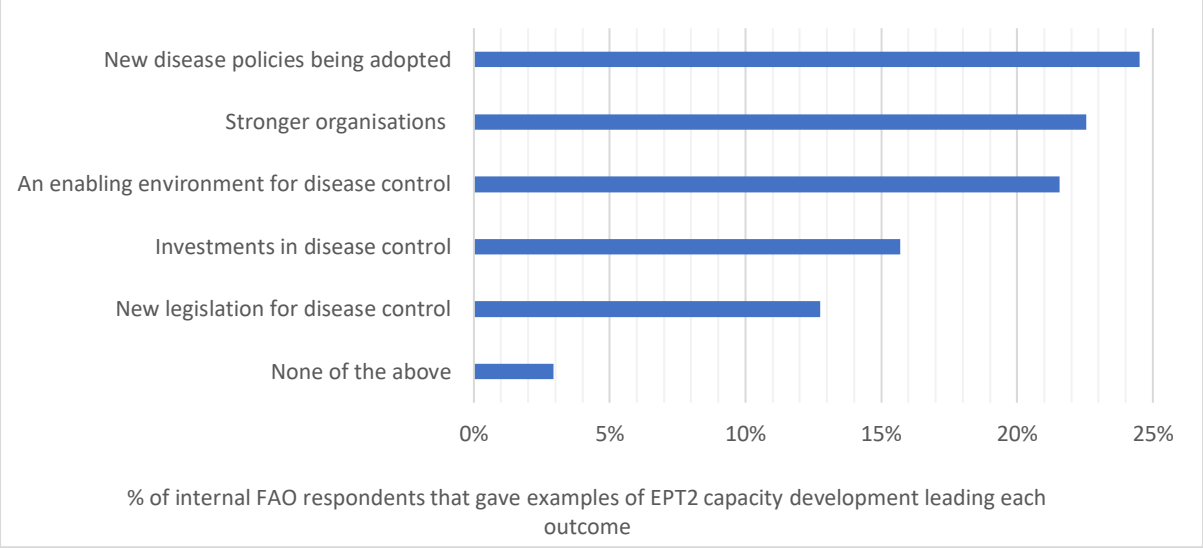
6. Sustainability

26. FAO respondents were able to provide numerous examples of their work addressing sustainability, however, questions to external respondents did indicate substantial variation in capacities to operate without FAO EPT-2 support.

27. The survey also incorporated questions on sustainability of FAO's work. Internal respondents were asked to provide examples of EPT-2 addressing sustainability of its work. A large majority of these examples (around 50 percent) were related to development of national capacities in related fields. A few examples given were, the training and recruitment of local trainers for the Field Epidemiology Training Programme, developing epidemiology training curricula into existing government programmes, and the development of veterinary workforce development programmes. Other key groups of examples were related to multisectoral collaboration and national ownership of surveillance activities. Respondents also listed a few examples to do with community level development (CAHO workers) and involving the private sector (as internet providers for digital information sharing and reporting transmission).

28. Additionally, FAO respondents were also asked for examples of EPT-2 capacity building leading to specific outcomes. 25 percent of the respondents said the work led to new disease policies being adopted, 23 percent said it led to stronger organizations and 22 percent gave examples of the work leading to an enabling environment for disease control. There were relatively less examples for having new legislation for disease control or investments in disease control as EPT-2 examples. This also correlates well with the limited change in government budget allocation, emphasised by external respondents, in systems for prevention, detection and response to new zoonotic disease threats, as in the section on relevance.

Figure 12: Internal survey – Capacity development outcomes

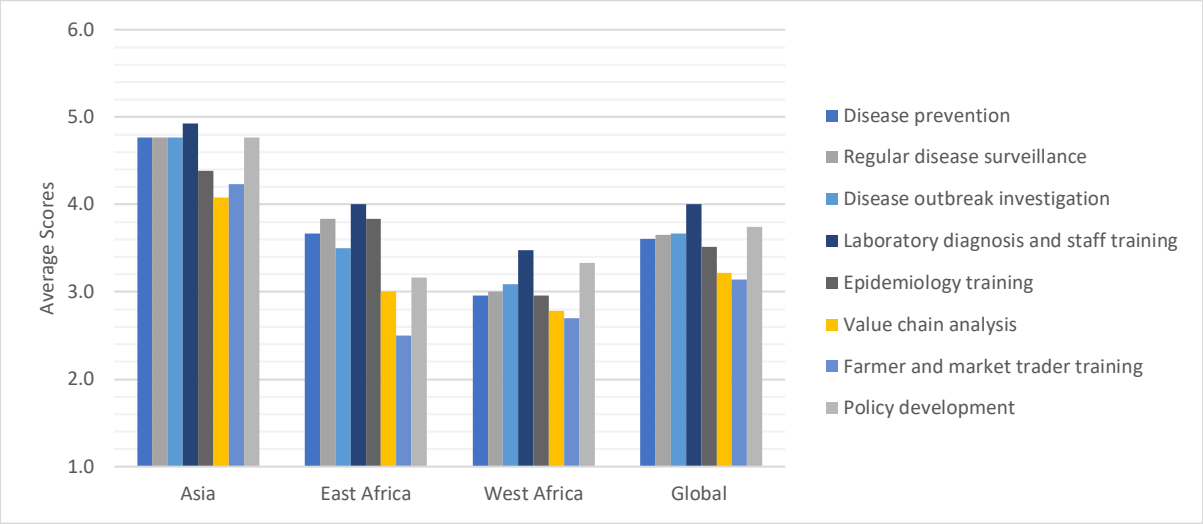


Source: Evaluation team

29. Across the external surveys, respondents were asked to score the capacity of governments to continue FAO supported intervention areas if FAO support through the EPT-2 programme ends. There was limited variation in average scores across areas of work with value chain analysis and farmer and market trader training being the weaker points. However, there was substantial variation across the three regions, specially Asia and West Africa (which also could be reflecting the longer period of FAO engagement in Asia

compared to West Africa). Figure 13 presents average scores given by government respondents across regions on their capacity to operate without EPT-2 programme support.

Figure 13: External survey – Average scores on capacity to operate without EPT-2 support by region

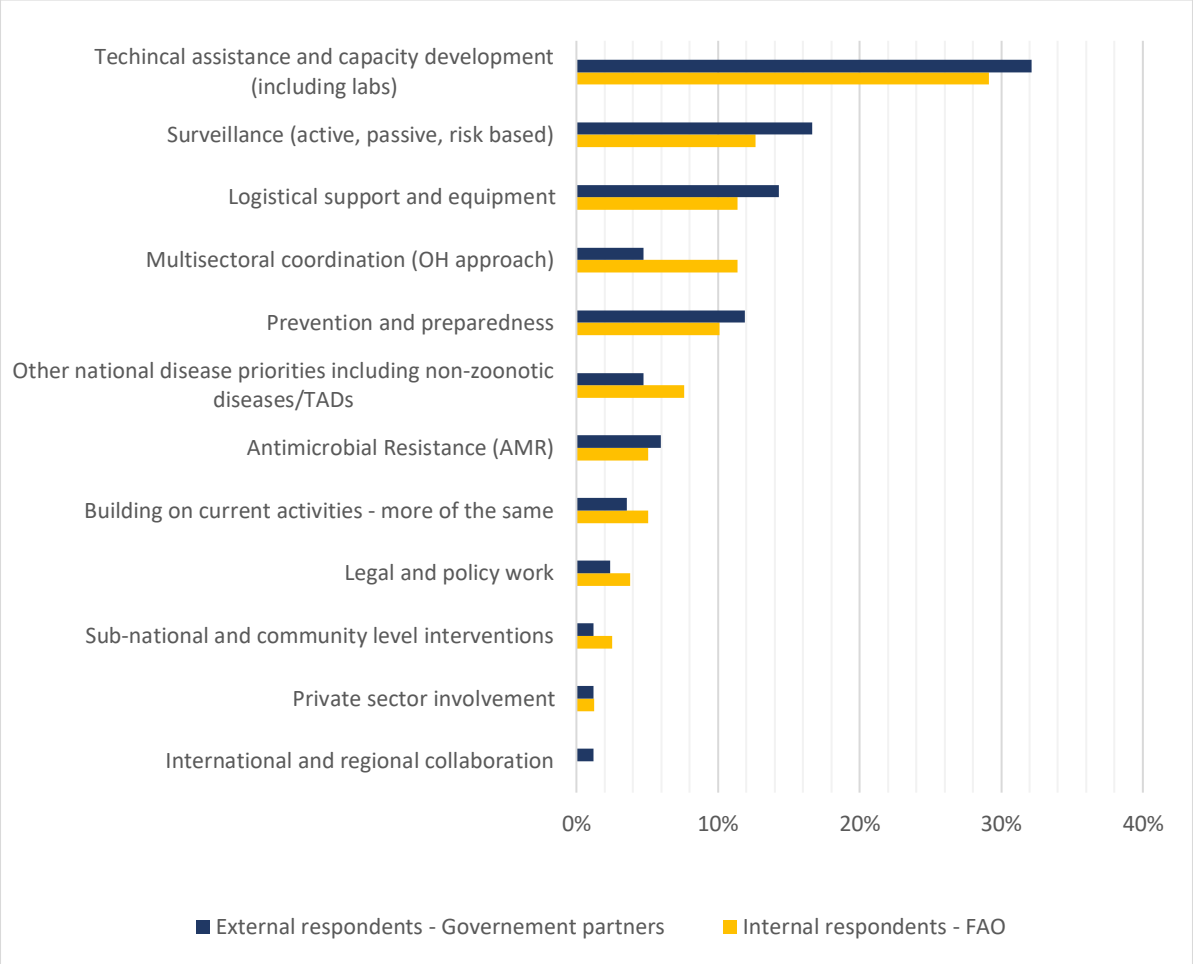


Source: Evaluation team

7. Future priority areas

30. Lastly, both internal and external respondents were also asked about key priorities FAO teams should focus on in future to improve efforts to prevent, detect and respond to emerging pandemic threats. Technical assistance and capacity development were scored the highest by both categories of respondents. The responses as categorized in Figure 14. Largely, both respondent groups had similar views, however, there were some differences across multisectoral collaboration (including the OH approach) and in widening the scope of FAO's work to include other diseases. In both these cases, internal respondents emphasised them more than government counterparts. Figure 14 also indicates areas that ranked low in terms of future priority areas by all respondents.

Figure 14: Internal and external survey – Future priorities to improve efforts to prevent, detect and respond to emerging pandemic threats



Source: Evaluation team

Appendix 1. Survey questions

A. Internal Survey

The FAO Office of Evaluation (OED) is currently carrying out an evaluation of the EPT-2 programme. This survey is one of the methods of collecting information and evidence on programme performance, including lessons learned, challenges and best practices. It will contribute to the overall findings of the evaluation. It will help to assess the current and future national relevance, effectiveness and connectedness of the EPT-2 programme.

Responses will be treated confidentially.

The survey should take around 10-15 minutes to complete.

1. What is your area of expertise:
   Epidemiologist, Laboratory Expert, Monitoring and Evaluation, Legal Expert, other?
2. Which country are you working in?
3. What proportion of your working time is dedicated to EPT-2 related activities?
   Less than 50 percent, 50-90 percent, >90 percent, Don't know
4. On a score from 1 to 6 how would you rate the relevance of EPT-2 to the needs of the country you are based in
   [where 1 is not relevant and 6 is very relevant]
5. Did the EPT-2 activities implemented in your country address national needs in reducing any emerging pandemic threats?
   [where 1 is not covered and 6 is fully covered]
6. Was the design of FAO EPT-2 relevant to strengthening the delivery of a One Health Approach at a/ national level and b/ sub-national level?
   [where 1 is not relevant and 6 is highly relevant]
   a) National level ……(Score 1 – 6)
   b) Sub-national level ……(Score 1 – 6)
7. Please list the three most important impacts of the EPT-2 programme since 2015 in your country programme
8. Can you identify any unforeseen impacts attributable to EPT-2 activities, interventions or support? Y, N, if yes please list them below (space for 3 items)
9. Do you think that detection and prevention of emerging pandemic threats has improved over the past 5 years? (where 1 is not at all and 6 is significantly improved)?
10. Has a One Health approach been improved for the zoonotic disease control over the past 5 years? (where 1 is not at all and 6 is significantly improved)
11. Have specialist surveillance tools been developed within or utilised by EPT-2 in your country? Listed in boxes for ticking (ATLASS, EMAi, LMT, Tadinfo, empres-i, GLEWS, other)
12. Is the procurement of EPT-2 related supplies timely?
    Yes / No / Not sure…….if No please give example(s)
13. Were systematic gender reviews conducted to inform EPT-2 design and implementation? (Yes / No, if yes how did EPT-2 address any gender issues identified?)
14. How would you rate EPT-2 from a gender focused approach?

0 = gender is generally not considered;
1= potential to contribute in some limited way to gender equality;
2a = potential to contribute significantly to gender equality (gender mainstreaming); 2b = potential to contribute significantly to gender equality with all activities and all outcomes advance gender equality.

15. Is the EPT-2 monitoring and evaluation framework adequate for your needs (Y/ N if No how could it be improved?)
16. In your view, what two priorities should EPT-2 focus on in the future to improve efforts to prevent, detect and respond to emerging pandemic threats?
17. Who are your main partners in your EPT-2 work at national level to improve the prevention, detection, and response to outbreaks of emerging infectious diseases (WHO, other donor programmes, NGOs, universities etc.)? Please list them below in order of importance and provide details for each partnership listed above in the same order.

- *What was the aim of the partnership?*
- *What was/were the main achievement(s) (output/outcome)*
- *What have been the main challenges encountered during the partnership's lifetime?*
- *How have they been dealt with?*

18. Are there key partnerships that are missing?
    Yes / No. If Yes, please describe the partnership and provide a reason why it was not developed
19. Can you provide examples of EPT-2 addressing sustainability of its work?
    (space to list 3 examples with main actions undertaken)
20. Has EPT-2 reduced the risk of emerging infectious diseases along the value chain by its work with stakeholders? Yes / No. If Yes, please give one example.
21. Are there examples of EPT-2 capacity development leading to the following: - *multiple choice tick box… with option to add detail for those boxes ticked*.
    a) Stronger organisations (provide an example if ticked)
    b) New disease policies being adopted (provide an example if ticked)
    c) New legislation for disease control (provide an example if ticked)
    d) Investments in disease control (provide an example if ticked)
    e) An enabling environment for disease control (provide an example if ticked)

22. In your view, does the EPT-2 / ECTAD organizational setup respond effectively to the current country needs?
    [Y/N, if N, what changes would you recommend]
23. Do you see any technical gaps with the current organizational setup of ECTAD which did not allow FAO to meet the demand in your country?
    Y / N [If Yes- name them]

B. External Survey

The FAO Office of Evaluation (OED) is currently carrying out an evaluation of the EPT-2 programme. This survey is one of the methods of collecting information and evidence on programme performance, lessons learned, challenges and best practice. It will contribute to the overall objectives of the evaluation. It will help to assess the current and future national relevance, effectiveness and connectedness of the EPT-2 programme. In particular, the survey will help the evaluation team get more perceptions and feedback about EPT-2's performance and priorities of partners.

The survey should take around 10-12 minutes to complete.

Your responses to this survey will be treated confidentially.

1. Which country are you working in?
2. Name of your Organization:
3. Position:
4. On a scale of 1 to 6 how familiar are you with FAO EPT-2 activities? (Where 1 is not familiar and 6 is very familiar)
5. How would you score the importance of the following animal health diseases in your country: (Where 1 is not important and 6 is very important)

    i. Highly Pathogenic Avian Influenza (HPAI) …….. (Score 1 – 6)
    ii. Middle East respiratory syndrome (MERS) …….. (Score 1 – 6)
    iii. Rabies…….. (Score 1 – 6) etc.
    iv. Brucellosis
    v. Anthrax
    vi. Rift Valley Fever
    vii. African Swine Fever
    viii. Peste des petits ruminants (PPR)
    ix. Foot and Mouth Disease (FMD)
    x. Trypanosomiasis
    xi. East Coast Fever (ECF)
    xii. Contagious Bovine/Caprine Pleuro Pneumonia (CBPP/CCPP)

    Other disease (please name them)

    xiii. …….. (Score 1 – 6)
    xiv. …….. (Score 1 – 6)
    xv. …….. (Score 1 – 6)

6. How would you rate the relevance of FAO's work on Emerging Pandemic Threats (HPAI, MERS-CoV, etc.) to the needs of your country [where 1 is not relevant and 6 is very relevant] Please list the type of activities and score them on a scale of 1 to 6
    Laboratory capacity building (Score 1 – 6)
    Epidemiology training (Score 1 – 6)
    One Health approach (Score 1 – 6)
    Addressing antimicrobial resistance (AMR) (Score 1 – 6)
    Outbreak Response (Score 1 – 6)

Other….. (Score 1 – 6)

7. Please assess how your government changed budget allocations over the last 2 years for the following areas (where 1 is significantly reduced investment and 6 is significantly increased investment)
    i. Systems for prevention for new zoonotic disease threats (Score 1 – 6)
    ii. Systems for the detection of new zoonotic disease threats (Score 1 – 6)
    iii. Systems for the effective response to new zoonotic disease threats (Score 1 – 6)
    iv. Workforce capacity to implement a One Health approach (Score 1 – 6)

8. Do you think that detection and prevention of emerging pandemic disease threats improved over the past 5 years? (where 1 is not at all and 6 is significantly improved)

    i. At national level ……(Score 1 – 6)
    ii. At sub-national level…… (Score 1 – 6)

9. How would you score FAO's contribution, through the EPT-2 programme, in improving the detection and prevention of emerging pandemic disease threats (where 1 is not at all and 6 is significant contribution)

    i. At national level ……(Score 1 – 6)
    ii. At sub-national level…… (Score 1 – 6)

10. What is FAO's most significant contribution with regards to Emergency Pandemic Threats?
11. Has a One Health approach been established for the zoonotic disease control over the past 5 years? (where 1 is not at all and 6 is significantly improved)

    i. At national level ……(Score 1 – 6)
    ii. At sub-national level…… (Score 1 – 6).

12. How would you score FAO's contribution, through the EPT-2 programme, to a One Health approach being established for the control of zoonotic diseases (where 1 is not at all and 6 is significant contribution)

    i. At national level …… (Score 1 – 6)
    ii. At sub-national level…… (Score 1 – 6)

13. How would you score FAO as a partner in the prevention and control of pandemic disease threats? (where 1 is inadequate and 6 is strong)

14. What do you value most in FAO's partnership?

15. If FAO's support through the EPT-2 programme ends this year, how would you score the capacity of the government to continue to operate the supported intervention areas? (where 1 is limited and 6 is strong)
    a) Disease prevention (Score 1 – 6)
    b) Regular disease surveillance (Score 1 – 6)

c) Disease outbreak investigation (Score 1 – 6)
d) Laboratory diagnosis and staff training (Score 1 – 6)
e) Epidemiology training (Score 1 – 6)
f) Value chain analysis (Score 1 – 6)
g) Farmer and market trader training (Score 1 – 6)
h) Policy development (Score 1 – 6)

16. Among the following capacity development activities, please indicate which ones FAO has supported? (1 is not supported and 6 is very well supported)
    a) Technical development of staff (Score 1 – 6)
    b) Supporting laboratories with new equipment, kits and reagents (Score 1 – 6)
    c) One Health approach (Score 1 – 6)
    d) Zoonotic disease threat related policy development (Score 1 – 6)
    e) International collaboration (cross-border activities, etc.)
    f) Other …… (Score 1 – 6)
    g) Other …… (Score 1 – 6)

17. What should FAO priorities be over the next five years with regards to Emerging Pandemic Threats?