Food and Agriculture Organization of the United Nations

eufmd
european commission for the control of foot-and-mouth disease

Impact Assessment of the European Commission for the control of Foot-and-Mouth Disease training 2019–2020

Training programmes delivered between September 2019 and December 2020

European Commission for the Control of Foot-and-Mouth Disease

Funded by the European Union

EuFMD's programme, tools and initiatives

FAST
Foot-and-mputh And Similar Transboudary animal diseases

Dt
eufmd digital transformation

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vlearning
eufmd virtual learning centre

microLearning
eufmd virtual learning

vlc EA
virtual learning centre for East Africa

Tom
eufmd training management system

SimExOn
simulation exercises online

KnowBank
eufmd knowledge bank

GetPrepared
emergency preparedness toolbox

RiskComms
risk communications

SQRA
a method for spatial qualitative risk analysis applied to fmd.

Pragmatist
prioritization of antigen management with international surveillance tool

EuFMDiS
european foot-and-mouth disease spread model

Vademos
fmd vaccine demand estimation model

GVS
global vaccine security

PQv
vaccine prequalification

PCP
progressive control pathway

PSO
pcp practicioner officers

VPP
veterinary paraprofessionals

PPP
public private partnership

Sustainable development goals, UN-SDGs. EuFMD's programme has a focus on

Together against wasting resources, think twice before printing.

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FOOD AND AGRICULTURE ORGANIZATION
OF THE UNITED NATIONS
Rome, Italy

Contents

Introduction

The **Impact assessment of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD) training 2019-2020** provides a quantitative and qualitative overview of the impact assessment of the training programmes delivered by the European Commission for the Control of Foot-and-Mouth disease in the period between September 2019 and December 2020. The scope of this document is to provide a summary about the outcomes of the impact application surveys rolled-out for the reporting period and ultimately provide evidence of EuFMD's capacity development programme's impact.

Executive summary

Training programmes are a crucial component of the capacity development programmes that the European commission for the control of Foot-and-Mouth disease provides to veterinary services to improve preparedness and risk monitoring of Foot-and-mouth And Similar Transboundary (FAST) diseases. It is a priority of the commission to identify the impact of these programmes, how much learners applied and cascaded what they learnt, and since multiplied the impact of the knowledge and skills related to FAST diseases. The purpose of this report is to provide an aggregated picture of the impact of training programmes delivered between September 2019 and December 2020, with a focus on application and cascading of learning.

Methodology

The outcomes presented in this report are based on the feedbacks provided by the participants of EuFMD learning programmes to an Impact survey provided 12 months after the conclusion of each programme. The assessment of training impact focuses at the levels of knowledge transfer into the workplace and application and looks also at sharing knowledge and experience among professionals (cascading new knowledge).
The survey outcomes are analyzed at aggregated level to identify potential trends of interest. A summary of the impact assessment methodology is provided below.

Overall findings and conclusions

A full summary of the aggregated findings is provided below. Important insights from the survey analysis:

- Cascading and Application score: 40.60 percent of the learners cascaded their knowledge to others at least on a frequent basis, 36.73 percent indicated a frequent applications what they learnt

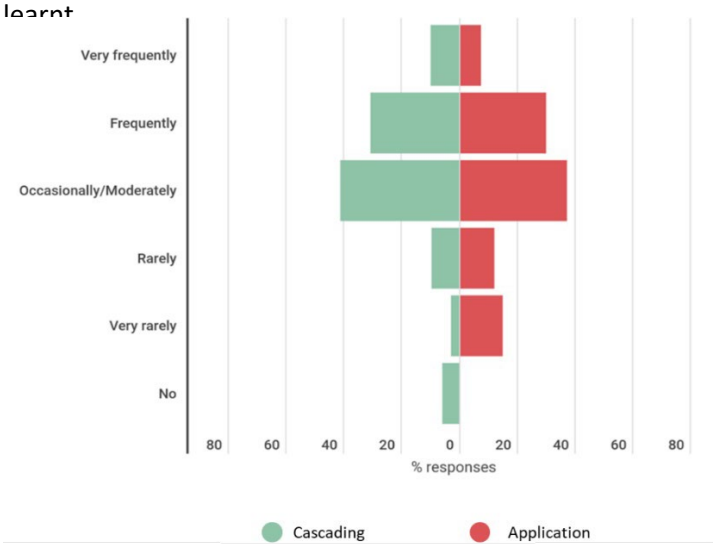


Figure 1: SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

- Courses for Pillar III countries achieved a higher score in cascading (51.53 percent either frequently or very frequently cascaded) than Pillar II (35.06 percent) and Pillar I (31.83 percent);
- respondents in Pillar I indicated the lowest score of application (24.79 percent indicated they either frequently or very frequently applied what they learnt), while the same percentage grows for Pillar II (32.30 percent) and for Pillar III (49.31 percent);
- virtual workshop participants reported either a frequent or very frequent cascading (63.64 percent) rather than tutored courses (38.40 percent), in-depth courses (39.29 percent). A similar pattern is identified for application of learning, where virtual workshop participants reported a

frequent/very frequent application (68.18 percent) rather than tutored courses (33.67 percent), in-depth courses (40.00 percent).

- A total of 727 feedbacks were received:

Figure 2: SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

- The participants from 122 countries provided their feedback to the surveys:

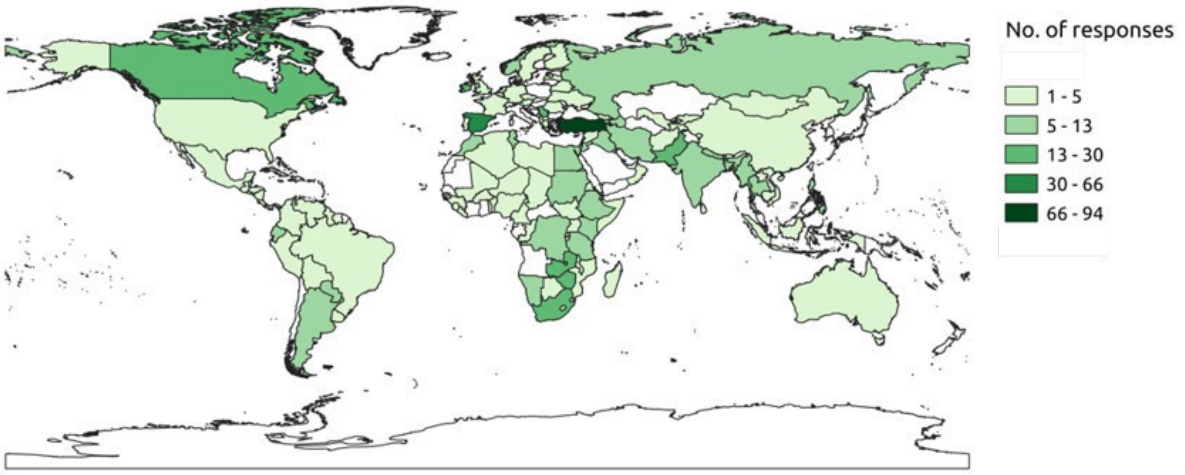


Figure 3: SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain* Course. https://qgis.org/en/site/. Map conforms to UN. 2020. Map of the World. https://www.un.org/geospatial/content/map-world.

- See below a representation of the most frequent words in the surveys' comments:

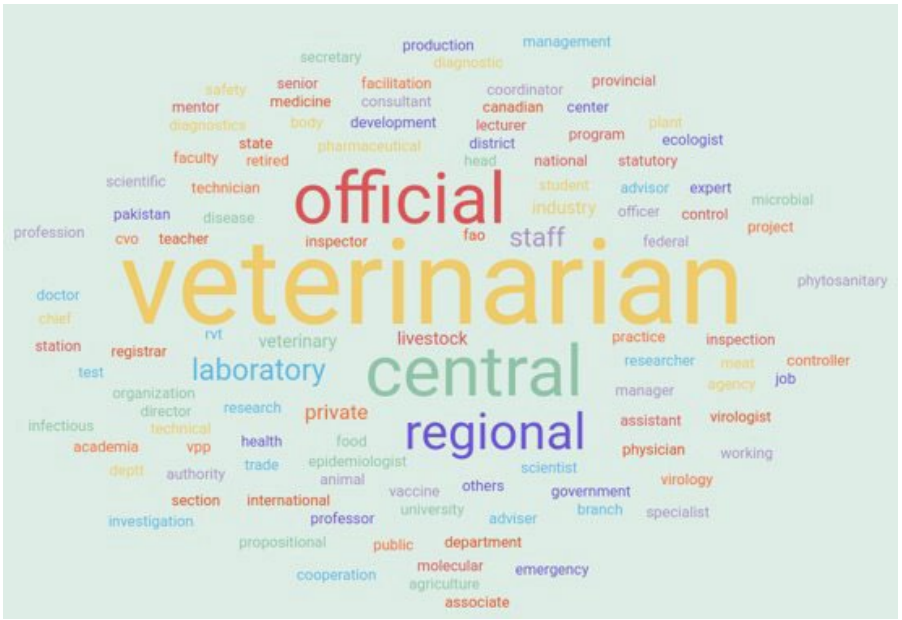


Figure 4: SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

- Response rate to impact survey was overall quite low, 21.69 percent. Since, as decision was made to use this data mainly at aggregated level, rather than single courses, where reduced number of replies could pose a threat to analysis's validity.

Follow-up mechanisms

EuFMD Training team will prepare this report for each relevant period of trainings twice a year. The findings and recommendations of the assessment will be communicated to the management and to the course technical coordinators within EuFMD.

Starting from March 2020 EuFMD has implemented an Impact plan for each training programme: while the scope for this report is focused on the impact survey feedbacks, further indicators have been identified and a new Impact process would be needed to contextualize the link between the outcomes of the surveys and the Pillar specific indicators.

Main report

The European commission for the control of Foot-and-Mouth disease provides a range of capacity development programmes to veterinary services to improve preparedness and risk monitoring of FAST diseases. Training programmes play a pivotal role within this capacity development framework and it is crucial to identify their impact, how much learners applied and cascaded what they learnt, and since multiplied the impact of the knowledge and skills related to FAST diseases.

Evaluation objectives and scope

The training impact assessment focuses on the impact that knowledge and skills learnt have on job performance after learners have completed the courses. The assessment will include practical recommendations on areas to focus to improve the effectiveness of the EuFMD courses, with the expectation to strengthen future training programmes.

More specifically, this report focuses on how participants of training programmes have applied what they learnt and how they cascaded their learning, see the level 3 evaluation called “Knowledge transfer or Application” in Evaluation methodology.

Evaluation methodology

EuFMD delivered 20 training programmes (virtual tutored courses, workshop in presence and virtual, in-depth courses) between September 2019 and December 2020. The participants were requested to answer a survey and provide qualitative and quantitative data about the impact of the learning 12 months after the conclusion of each programme. The assessment of training impact focused at the levels of knowledge transfer into the workplace and application and looked also at sharing knowledge and experience among professionals (cascading new knowledge).

The methodology used in this impact assessment is based on the assumption that there is a chain of impact that be traced back from when learners complete a training programme until when they apply what learnt in the workplace. As a consequence, an higher application rate can be considered as a relevant indicator of the effectiveness of the training programmes.

Following this model, EuFMD created an action plan to estimate the potential impact of each programme through a checklist to be compiled by the trainers involved. The completion of this checklist was found time-consuming to compile and follow-up and the tool has been discontinued, but still it was used for identification of programme specific questions to ask the learners in each survey.

Methodology background

This evaluation uses Kirpatrick’s (Kirpatrick, 2006) four-level model as the basis for analyzing training effectiveness, who has been one of the leading academics in the field of training evaluation. Each successive level represents a more precise measurement of the effectiveness of the training programme, which also infers a more rigorous and time-consuming data-collection and analysis (Winfrey 1999 and Kirkpatrick 1979).

The same methodology, further developed by Jack Phillips (Phillips and Phillips, 1997), stresses the need to create a chain of impact through multiple events, including the reaction of the learners, the learning event itself and the future application of learning. This would allow proving and isolating the effect of the training programme over the overall impact of the same. Creating a chain of different measurement stages though time, identification of how the learning process contributed to the final impact among external factors will be possible.

What EuFMD measures

0 Inputs – level 0 evaluation. At Level 0, an evaluation focuses on gathering the data analytics linked with a training programme e.g. range from number of attendees, completion rate, days of duration, number of trainers.

- EuFMD collects this information as part of the Training Quality Management System (TQMS). A course final report includes this level of information.

1 Reaction – level 1 evaluation. At Level 1, an evaluation focuses on the reaction to the training intervention. In other words, it measures how the participants reacted to a training programme. A positive reaction is conducive to increased learning (Level 2), while a negative reaction is a hindrance to learning.

- EuFMD provides a questionnaire survey to learners at the end of training events to evaluate appreciation of the overall and single components of the training programme. The summary of the post-course survey outcomes are provided in the course final report.

2 Learning – level 2 evaluation. At Level 2, the evaluation assesses the extent to which the trainee has enhanced knowledge and/or improved skills or attitudes through the training course.

- EuFMD identifies means to assess learners have met the learning objectives, the appropriate method to evaluate, e.g. via quiz, observations…. A description of the way to assess the learning in each training programme is provided in the course outline and the Impact checklist created in advance before the event. The course final report indicates whether those learning milestones have been met.

3 Application – level 3 evaluation. Level 3 evaluations focus on the extent to which learner's behaviour has in fact changed because of the training. It seeks to establish if newly acquired knowledge, skills or attitude are being applied in the working environment of the trainee.

- EuFMD developed an impact survey template for learners to self-assess themselves how much they engaged in specific actions linked with practical application, like cascading learning to others, applying the learning frequently or less in their worklife. The survey contains both qualitative and quantitative indicators for evaluation of application. The survey is provided in a timeframe between 6 to 12 months, depending on each training programme.

4 Results – level 4 evaluation. Level 4 evaluations attempts to assess the organisational results derived from the training. The purpose of this stage is to identify how much the training programme has benefitted the overall objectives of EuFMD.

- EuFMD considers meeting this last stage when the workplan objectives have been met and a clear link between the capacity development programmes and those objectives has been created. For the events between September 2019 and December 2021, the impact checklists have been created in advance and those documents included the objectives those capacity development programmes were expected to contribute to. An analysis of the outcomes is still ongoing and EuFMD will develop in 2022 a new strategy to ensure a link between impact and workplan objectives is developed.

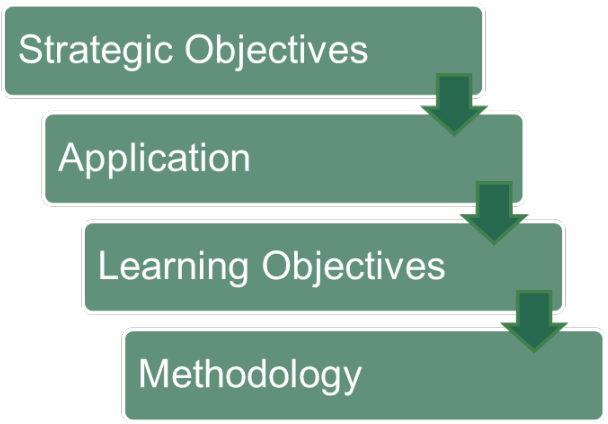
Copies of the standard questionnaires are included in Annex 1.

EuFMD impact identification process

Starting in Mach 2020, EuFMD implemented an Impact checklist tool to be completed before each training programme, to identify in advance the key activities, the owners and the target for the impact evaluation. Doing this in advance will ensure that the training event is focused in achieving those main indicators.

The Impact checklist provides evidence to the chain of impact between strategic objectives and learning means:

- Creating a direct link between what is learnt during the training and how this is going to create a change during the work;
- supporting creation of Learning Objectives which have a strong link with impact objectives;
- promoting, through a link between impact and learning objectives, performance-based rather than knowledge-based trainings.



The completion of this document was done through a backward process: trainers were asked to start identifying objectives at Impact level and to ultimately link it with the methodology and learning. The chain of value in the document links together the outcomes of the learning (Learning Objectives level), of the application after the training event (Application level) and ultimately the effect on the country/region (Impact level).

Constraints in impact assessment

During the training impact assessment following constraints have been identified:

1. Completion of the Impact assessment checklist is often a time-consuming process and can't be completed in advance before the training;
2. multiple training programs are linked with actions that have a long terms e.g. 5-10 years;
3. isolating the impact of a single training within multiple actions, with concurring partner is often not plausible;
4. completion of indicators is often either granular or high level, leading to a an high degree of inconsistency among the Impact checklist;
5. cascading of training and application of training differs among multiple training programmes, affecting the potential consideration of using an unique indicator.

Summary of training impact survey

This report focuses on identifying the application and cascading of the EuFMD training programmes at level 3 Application of the previous methodology. The overall data was analyzed and for each section a short paragraph with insights information indicates key results to focus upon. The source tables for each graph are provided in the Annex 1.

The analysis was conducted mainly focusing on differences from role perspective (depending on the answer selected by respondents in the impact surveys) and from geographical variation. It was decided to group the countries by the location belonging to specific Pillars. An additional category 'Other' was added to indicate all respondents received from countries outside the Pillar I, II or III countries of reference, i.e. North, Central and South America, Oceania, Asian countries not covered in Pillar III.

Target audience

A total of 727 individuals, who have attended the 20 training programmes during a one-year period from September 2019 to December 2020 responded to the impact surveys. The response rate for the surveys was 21.69 percent. Considering the low score, it is suggested not to use the data from single, but to limit the analysis at an aggregate level.

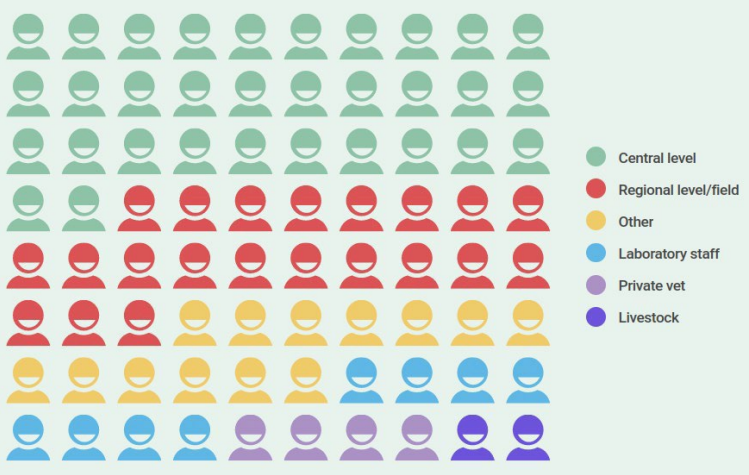


Figure 5: Current position of participants (all events)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

The majority of respondents of Impact assessment process, including virtual tutored courses and workshops, are Central veterinarians (40.72 percent) and Regional level/Field veterinarians (26.13 percent).

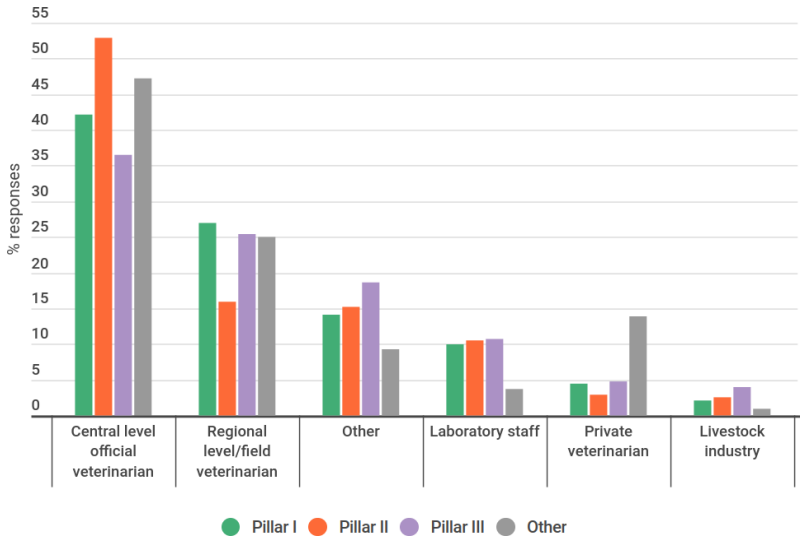


Figure 6: Current position of participants – grouped by pillar
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

A further level of analysis indicates that there's a noticeable difference in the respondents for Central veterinarians in Pillar II countries (52.90 percent) rather than Pillar III (36.51 percent) and Pillar I (42.15 percent).

The tables below - please refer to color shading for number of respondents - provide the split of respondents per country, grouped by Pillar. The higher number of respondents in some countries also depend on the total number of participants of the courses i.e. FMD Emergency Preparedness training in Turkey.

Figure 7: Current location of participants (Pillar I events)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain* Course.
https://qgis.org/en/site/. Map conforms to UN. 2020. Map of the World. https://www.un.org/geospatial/content/map-world.

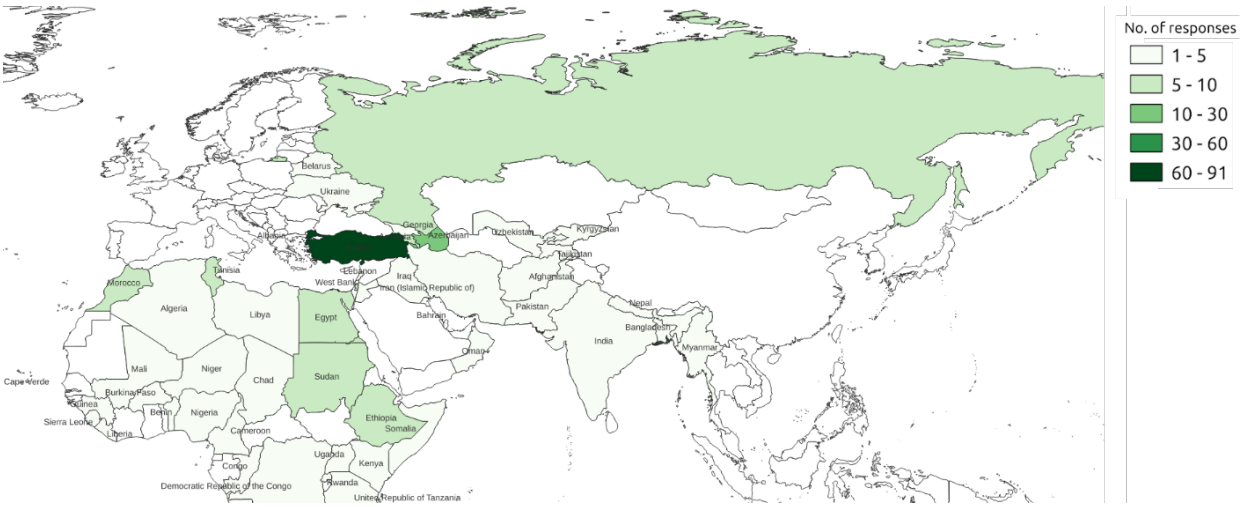


Figure 8: Current location of participants (Pillar II events)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain* Course.
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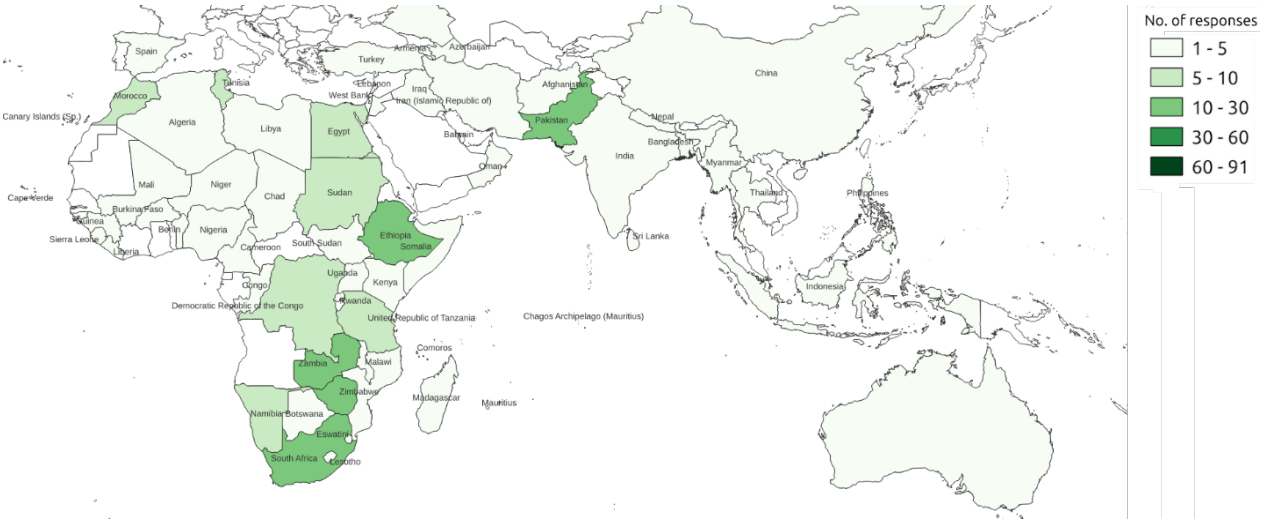


Figure 9: Current location of participants (Pillar III events)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain* Course.
https://qgis.org/en/site/. Map conforms to UN. 2020. Map of the World. https://www.un.org/geospatial/content/map-world.

The feedback of the Impact surveys are grouped in four categories according to the modality of training programme:

- Tutored four weeks courses: FEPC/FITC/LSD tutored courses (FMD Emergency and Investigation training, Lumpy Skin Disease training);
- tutored four to six weeks courses: In-depth courses (Risk Analysis along the value chain, Socioeconomic Impact in both English and French);
- asynchronous short available courses: Open access courses (only Risk Based Strategic Planning);
- synchronous workshops: Virtual workshops;

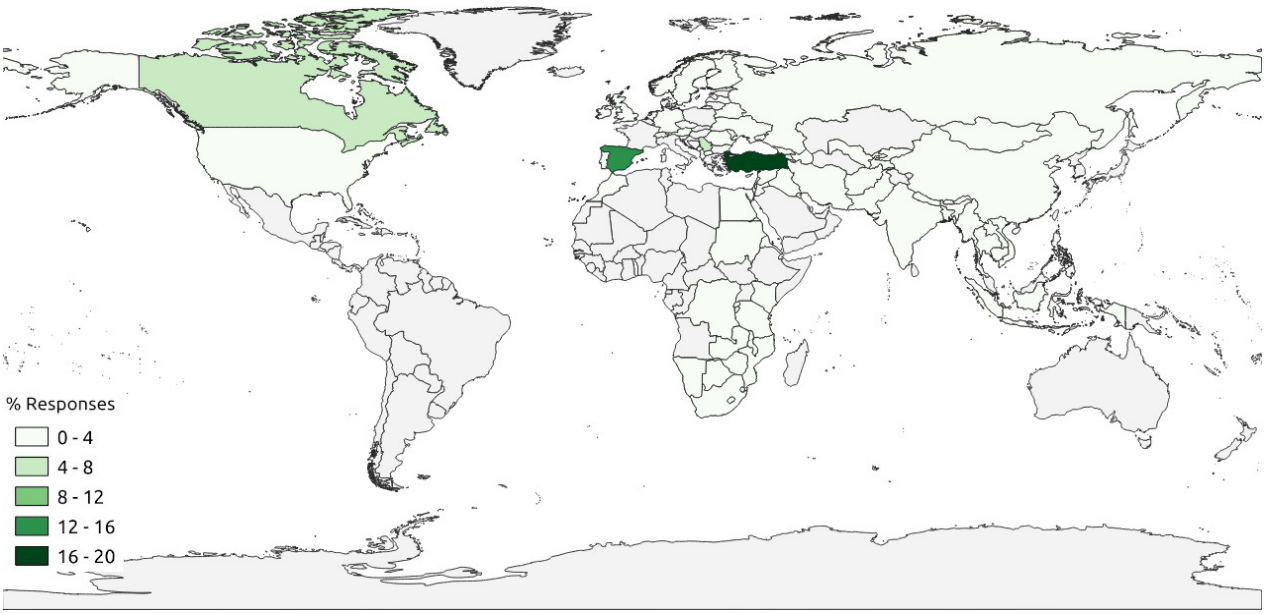


Figure 10: FEPC/FITC/LSD
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain* Course.
https://qgis.org/en/site/. Map conforms to UN. 2020. Map of the World. https://www.un.org/geospatial/content/map-world.

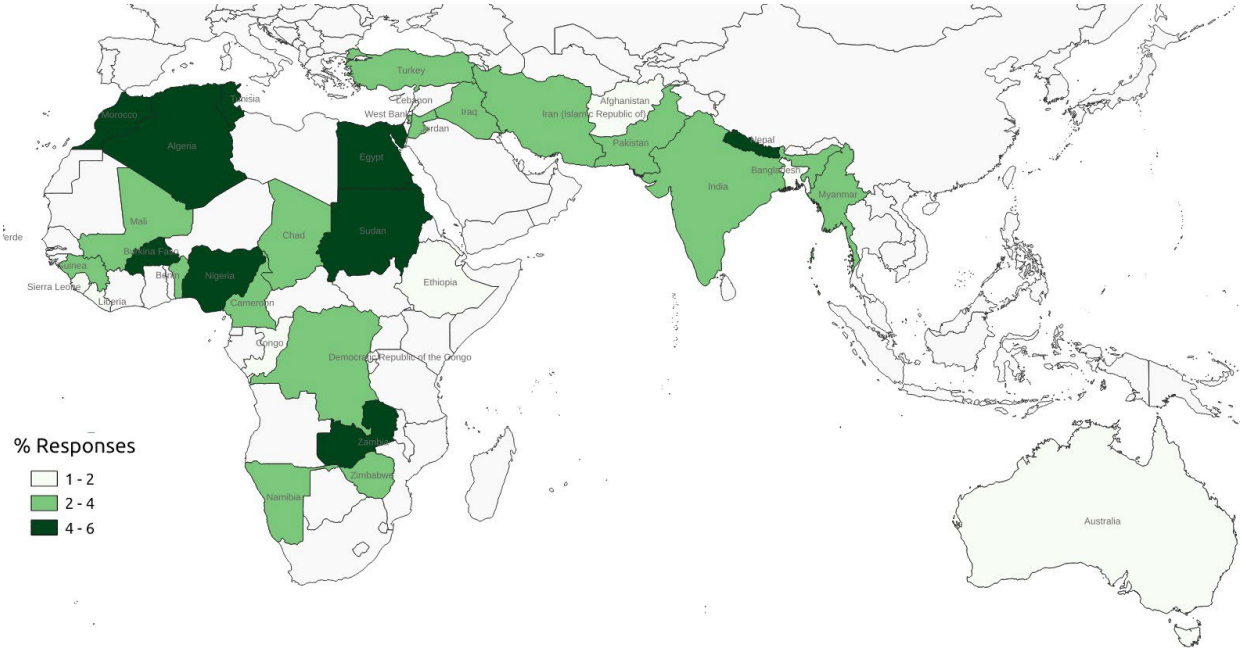


Figure 11: In-depth
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain* Course.
https://qgis.org/en/site/. Map conforms to UN. 2020. Map of the World. https://www.un.org/geospatial/content/map-world.

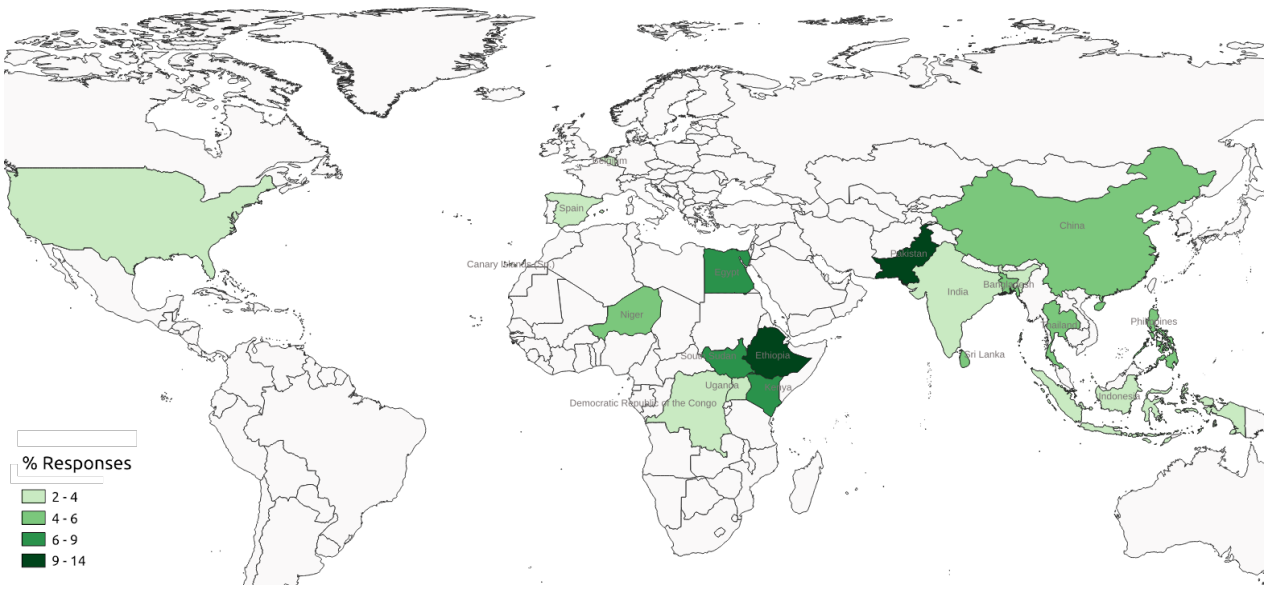


Figure 12: Open access
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain* Course.
https://qgis.org/en/site/. Map conforms to UN. 2020. Map of the World. https://www.un.org/geospatial/content/map-world.

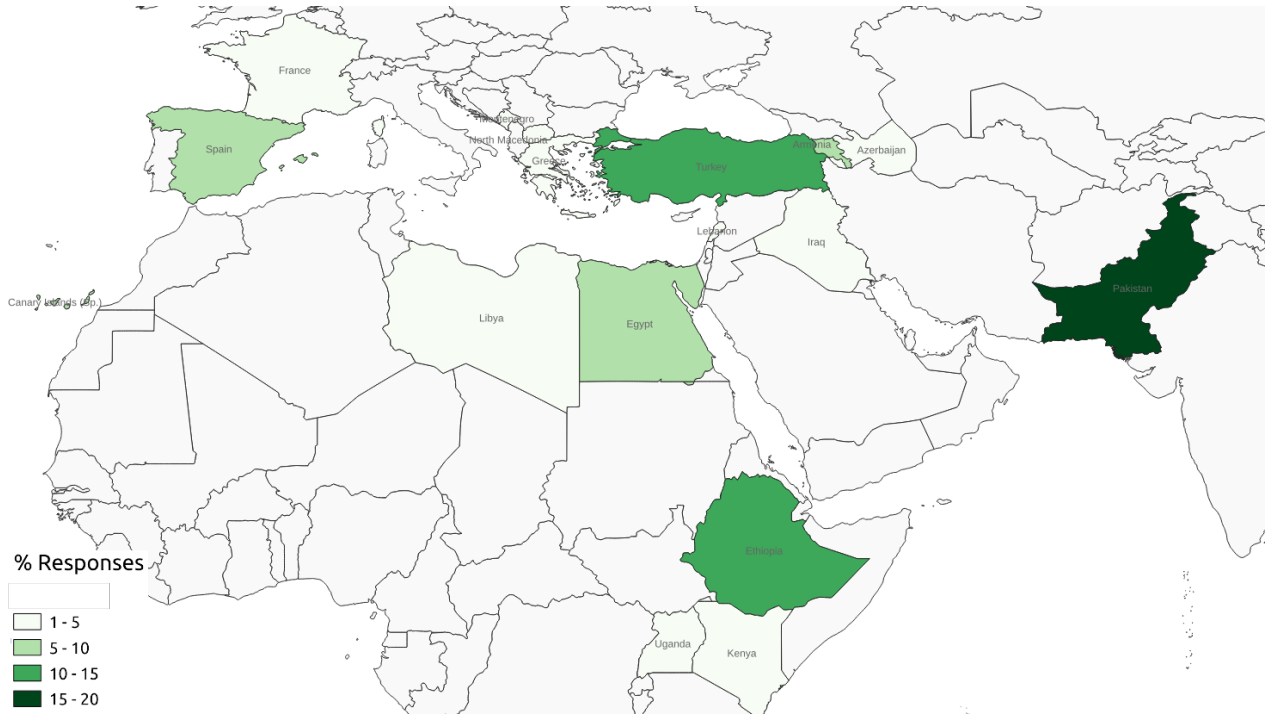


Figure 13: Virtual workshops
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain* Course.
https://qgis.org/en/site/. Map conforms to UN. 2020. Map of the World. https://www.un.org/geospatial/content/map-world.

Cascading and application of the learning

The survey provided to leaners has targeted how they had applied what they learnt and whether they had cascaded with others - see Annex 1 for survey template. The two indicators have been addressed through Likert (rating 1-5) questions:

- How often have you applied what you learnt during this EuFMD training?
- Have you disseminated what you learnt during this training with others?

A 40.60 percent of the learners cascaded their knowledge to others at least on a frequent basis, while the percentage is 36.73 percent application. Cascading has resulted in a more frequent activity than application. A future level of analysis might indicate that the type of courses and geographic patterns –as in case courses aim for preparedness rather than investigation- might have affected these numbers.

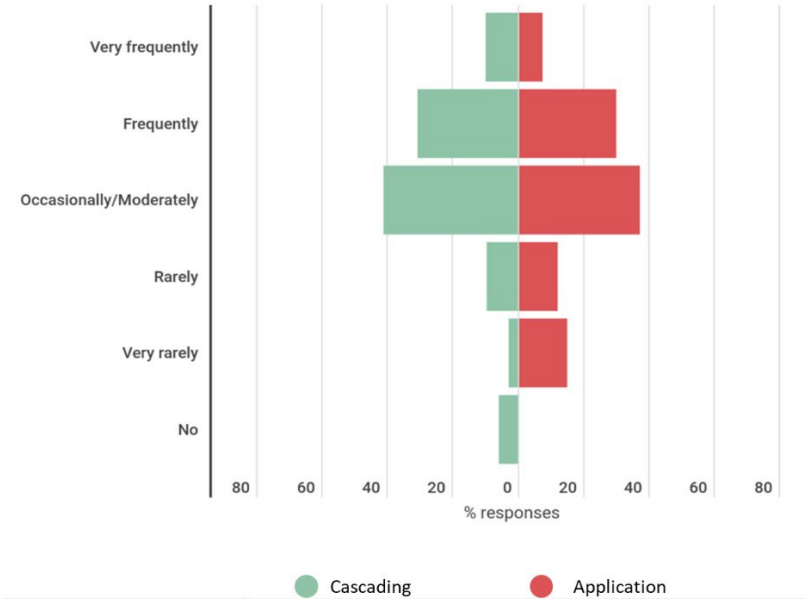
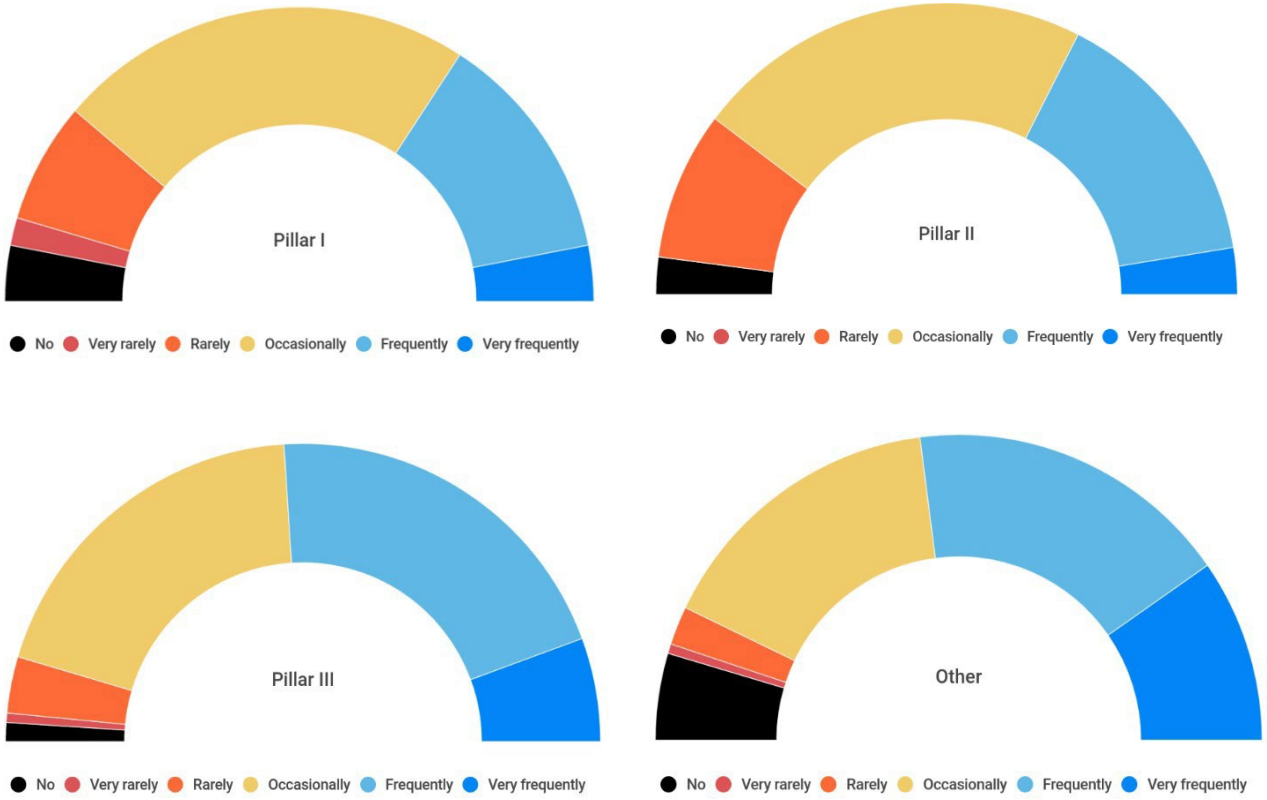


Figure 14: Cascading and Application
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

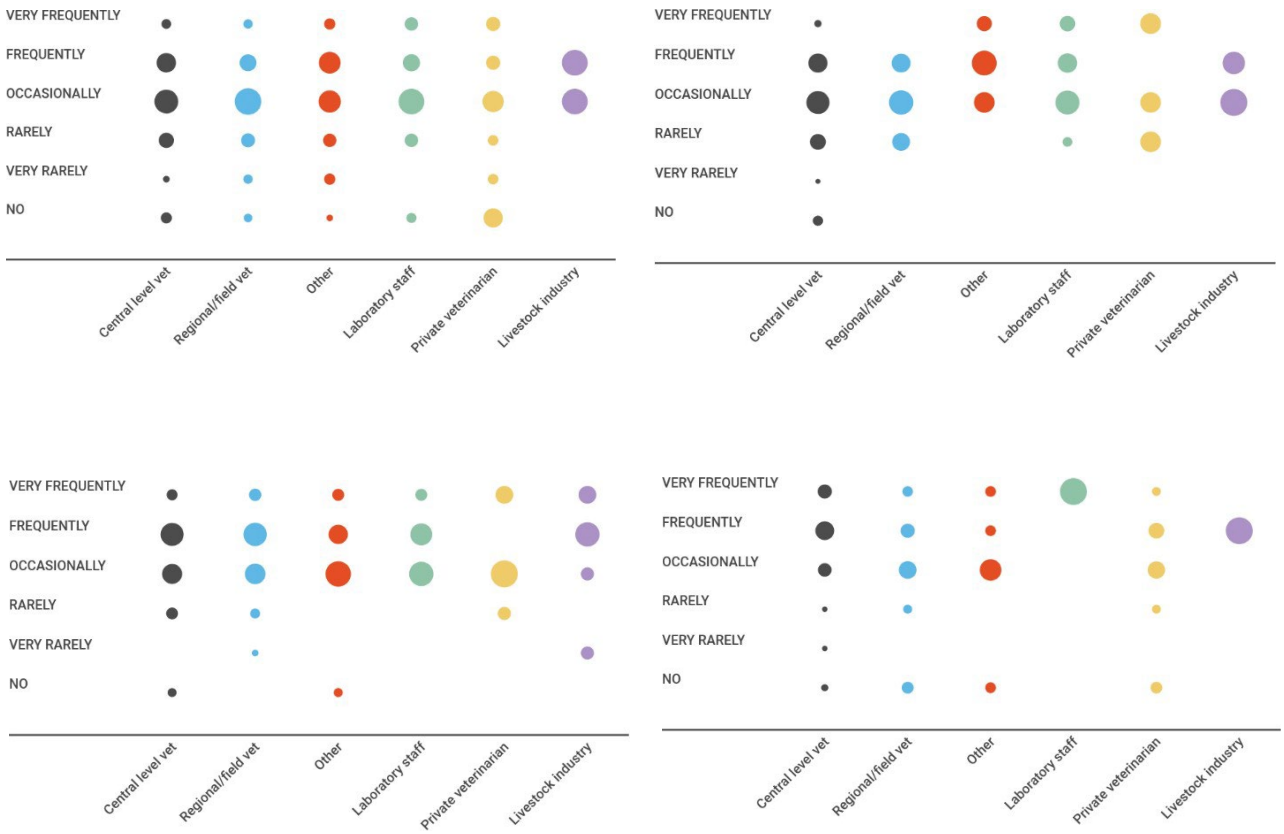
Cascading – Pillar level

Further analysis at Pillar level (same as above, Pillars were analyzed depending on the country respondents lived in) reports that **courses offered in Pillar III achieved an higher score in cascading (51.53 percent either frequently or very frequently cascaded) than Pillar II (35.06 percent) and Pillar I (31.83 percent). Courses not budgeted to any Pillar (see 'Other' category) achieved the highest cascading rating (54.17 percent).**



Figures 15 to 18: Cascading (Pillars I,II,III, and other)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

Considering the differences per role within the same pillar, the data visualization indicates that in Pillar I **the cascading rate has been almost the same across all roles (considering again those who replied very frequently or frequently in frequency of cascading). The percentage is instead higher in Pillar II for Laboratory personnel (47.06 percent) in comparison to other roles. In countries Pillar III, where highest scores of cascading were indicated, the percentage is higher in Regional and field veterinarians (56.52 percent). Those countries in category 'Other' indicated the highest score for Central veterinarians (69.56 percent).**



Figures 19 to 22: Cascading by position (Pillars I, II, III, and other)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

Cascading by type of course

Analysis for the cascading for course type indicates that those training programmes focusing a limited audience and interactive modalities resulted in higher cascading rate: **virtual workshop participants reported either a frequent or very frequent cascading (63.64 percent) rather than tutored courses (38.40 percent), in-depth courses (39.29 percent). Application of Public Private Partnership resulted in higher score (48.00 percent) than other in-depth courses. The Risk Based Strategic plan, as only open access, resulted in a 52.94 percent cascading rate**.

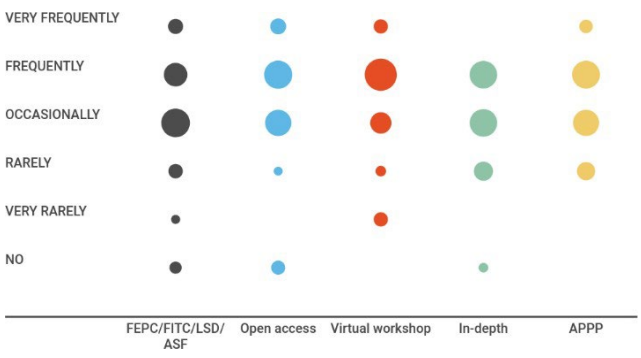
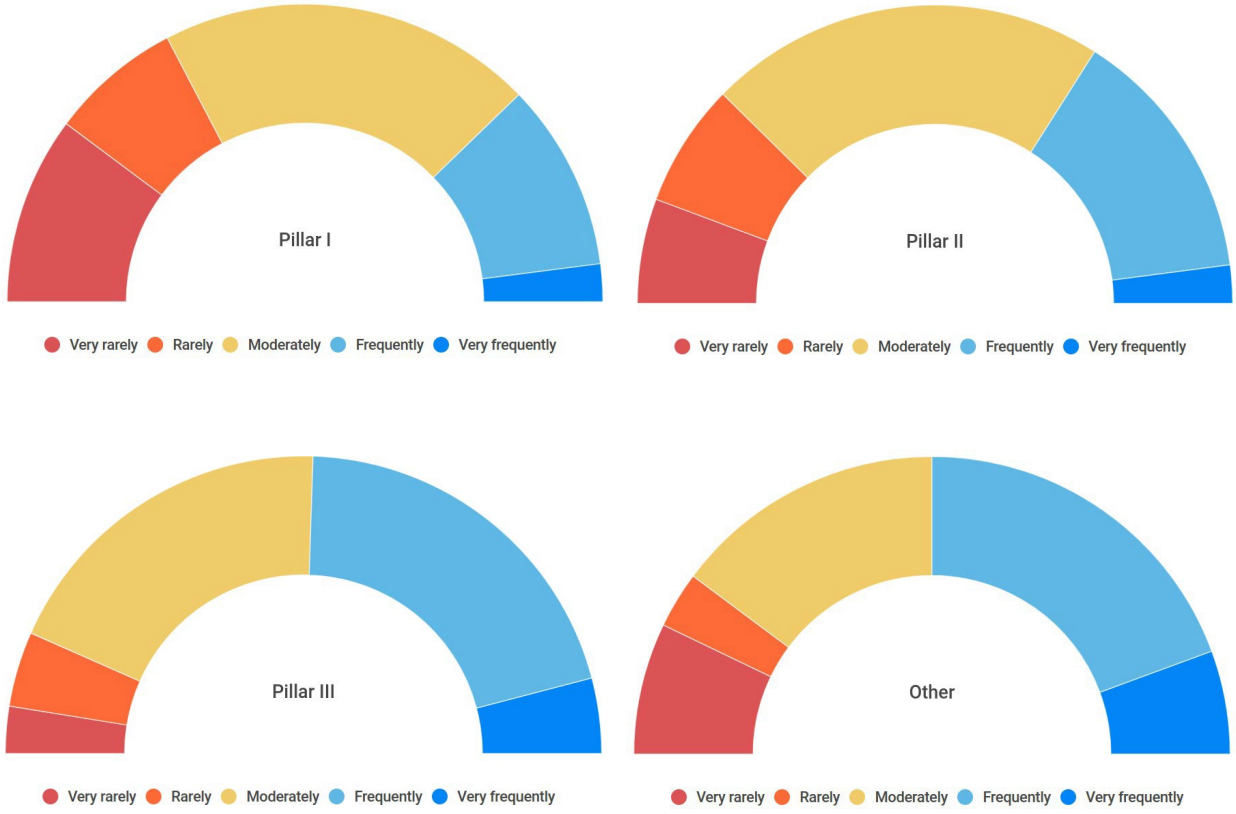


Figure 23: Cascading by course type (summary)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

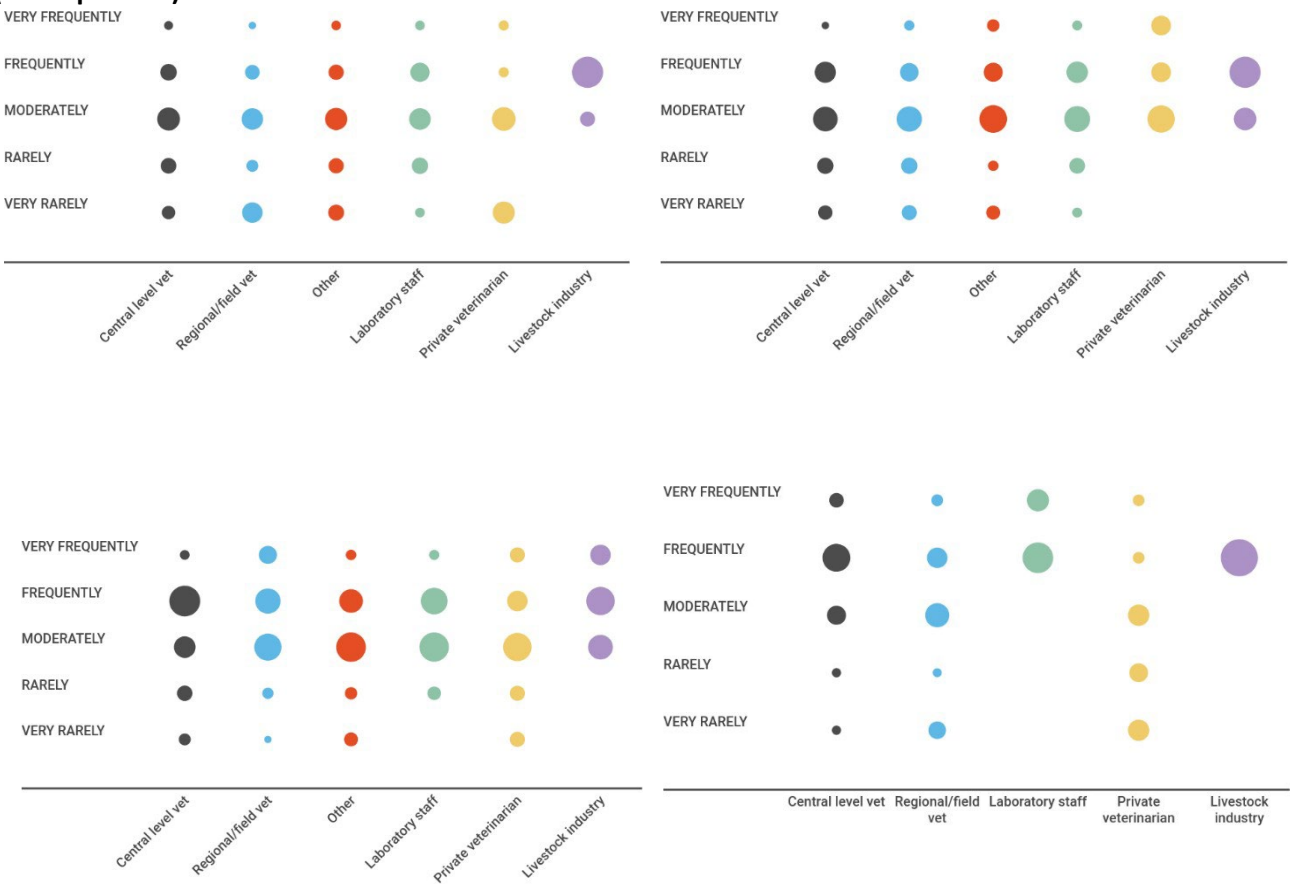
Application – Pillar level

Similarly as done for cascading, an analysis at pillar and course methodology is done for application. Respondents in **Pillar I indicate the lowest score of application (24.79 percent indicate they either frequently or very frequently applied what they learnt), while the same percentage grows for Pillar II (32.30 percent) and for Pillar III (49.31 percent). Countries in 'Other' category achieved the higher score (50.00 percent).**



Figures 24 to 27: Application (Pillars I, II, III, and other)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

Considering the differences per role within the same pillar, the data visualization indicates that in Pillar I **the application rate is higher (considering again those who reply very frequently or frequently in frequency of cascading) for laboratory personnel (35.29 percent). The percentage is almost equal among the roles in Pillar II (considering only those roles with an high amount of replies). In countries in Pillar III the highest scores are from Central, Regional and field veterinarians, all above 50 percent. Those countries in category 'Other' indicated the highest score for Central veterinarians (67.39 percent).**



Figures 28 to 31: Application by position (Pillars I, II, III, and other)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

Application by type of course

Analysis for the application for course type indicate that those training programmes focusing a limited audience and interactive modalities resulted in an higher application rate: **virtual workshop participants report either a frequent or very frequent application (68.18 percent) rather than tutored courses (33.67 percent), in-depth courses (40.00 percent). Similarly as per cascading, also for application rate the Risk-Based Strategic plan open access course result in a high score (50.00 percent)**.

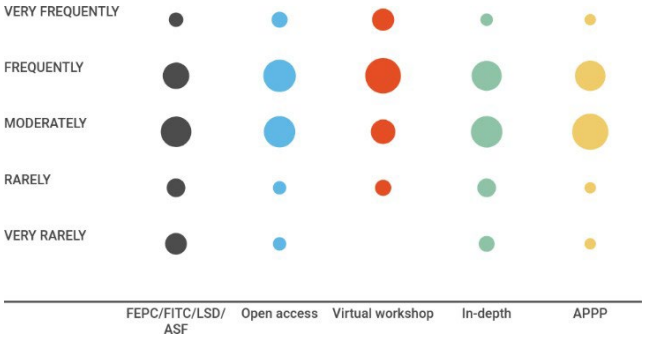


Figure 32: Application by course type (summary)
SurveyMonkey - *Impact survey - Foot-and-Mouth Disease Risk Analysis along the Value Chain Course*. https://infogram.com/

Conclusions

The Training Impact Sep2019-Dec2020 report focuses on the identification of two key drivers of impact, application of the training following the course and cascading to others of what attendees of EuFMD training programmes learnt. The data analysis indicates some trends that could be a relevant driver for proving the impact of EuFMD's training programmes and identifying further adjustments for improving it in the long term:

- Application and cascading vary across the countries. EuFMD's courses have a different impact in terms whether the countries are focusing in preparedness against FAST diseases, risk monitoring or investigation;
- methodologies for delivering training programmes have an impact on the application and training. More interactive methodologies usually improve the cascading and application rates. This should be considered along with considerations on how work intensive and demanding in terms of cost virtual workshops are and balancing them with expected impact.

Recommendations

This impact analysis report should be contextualized within an analysis of the Pillar objectives' expected impact and the overall impact of the Phase V first biennium.

A simplified process for Impact analysis will be put in place and this should allow linking the application and impact scores with the progress of Pillar's objectives.

This Impact report will be produced twice a year.

References

Kirpatrick, D.L. 2006. *Evaluation Training Programs*. San Francisco, CA, Berrett-Koehler Publishers, Inc.
Phillips, P. P., Phillips J. J. 1997. *Handbook of Training Evaluation and Measurement Methods*. Taylor & Francis

Annex 1

Impact survey template

Impact Survey

Following your participation in the XXXX (name of the course) in dd/mm/yyyy (date), we would like your feedback on how our training programme may have benefitted you and if you have shared what you learnt. You will be asked to answer 6 questions. Your feedback will be important for EuFMD to further identify new courses for you and others.

By completing this questionnaire, you give consent to participate in the survey. Data collected will be treated in the strictest confidence and will only be reported in anonymized form.

General information

1. Your Country:

2. What is your current role:

	Central level official veterinarian
	Regional level/field veterinarian
	Private veterinarian
	Laboratory staff
	Livestock industry
	Student
	Other

Impact

3. Have you disseminated what you learnt during this training with others? This might include presenting the topic in front of colleagues, sharing training resources or informally sharing your increased knowledge.

Can you indicate how you shared, if applicable?

4. How often have you applied what you learnt during this EuFMD training?

VERY RARELY	RARELY	OCCASIONALLY	FREQUENTLY	VERY FREQUENTLY

Please explain:

5. Has completing the EuFMD training enabled you to improve the control programme of your country (national control programme) to prevent and/or control animal disease?

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE

Please explain:

6. Did your organization benefit from your participation in the EuFMD training? If so, can you tell us how?
Y/N [RESPONDENT MIGHT SKIP]
Please indicate how below:
7. Do you have any further comment? [RESPONDENT MIGHT SKIP]
Please indicate how below:
You have completed the survey. Thank you very much for taking part, your input is greatly appreciated. If you have any questions, please contact us on eufmd-training@fao.org

Courses and number of respondents

Course start date	Course end date	Event name	Recipients	Number of feedbacks	Response rate (%)
26/Feb/2020	26/Feb/2020	PVM	255	16	6.27
24/Mar/2020	27/Mar/2020	Improving surveillance and early detection of FMD and similar TADs in the Middle East	31	4	12.90
16/Apr/2020	13/May/2020	FITC SADC	300	70	23.33
27/Apr/2020	30/Apr/2020	Improving surveillance and early detection of FAST animal diseases in the SEEN countries	33	5	15.15
28/May/2020	28/Jun/2020	FEPC SP	195	64	32.82
05/May/2020	19/Jun/2020	FEPC Canada FR			
05/May/2020	19/Jun/2020	FEPC Canada EN/FR	182	27	14.84
20/May/2020	27/Jun/2020	FITC TU4	358	90	25.14
15/Jun/2020	19/Jun/2020	Risk Analysis Safe Trade workshop	9	9	100
23/Jun/2020	21/Jul/2020	APPP	227	32	14.10
09/Jul/2020	20/Aug/2020	LSD pilot course	340	99	29.12
14/Jul/2020	25/Aug/2020	RAVC	186	33	17.74
18/Aug/2020	20/Sep/2020	ASF LAC	451	81	17.96
		RBSP	98	37	37.76
08/Sep/2020	01/Oct/2020	FEPC EN 10	160	25	15.63
17/Sep/2020	15/Oct/2020	FITC RU4	194	34	17.53
20/Oct/2020	03/Dec/2020	SE Impact EN	121	29	23.97
20/Oct/2020	03/Dec/2020	SE Impact FR	84	25	29.76
		Improved FMDV detection and typing using molecular techniques	20	6	30.00
19/Nov/2020	21/Dec/2020	FEPC Serbia	103	30	29.13
04/Nov/2020	15/Nov/2020	EuFMDiS SP workshop	5	2	40.00
		RVF entomological workshop		8	
		TOTAL	**3352**	**727**	**21.69**

EuFMD Committees

Executive Committee, Standing Technical Committee (STC), Special Committee for Surveillance and Applied Research (SCSAR), Special Committee on Biorisk Management (SCBRM), Tripartite Groups.

Hold-FAST tools

AESOP. Assured emergency supply options; **EuFMDiS**, FMD spread model; **GET PREPARED** toolbox. Emergency preparedness; **GVS**. Global Vaccine Security; **Online Simulation Exercises**; **Outbreak Investigation application**; **Pragmatist**. Prioritization of antigen management with international surveillance management tool; **PCP-FMD**. Progressive Control Pathway for foot-and-mouth disease; **PCP-Support Officers**; **SAT**. PCP Self-Assessment Tool; **RTT**. Real Time Training; **SMS Disease reporting**; **SQRA toolkit**. A method for spatial qualitative risk analysis applied to FMD; **Telegram**; **TOM**. EuFMD training management system; **Global Monthly reports**; **VADEMOS**. Vaccine Demand Estimation Model; **VLC**. Virtual Learning Center. **Microlearning**.

United Nations Sustainable Development Goals (UN-SDGs)

EuFMD's programme has a main focus on

Thinking of the environmental footprint

Together against wasting resources, think twice before printing.

Animal Production and Health Division, NSHA / European Commission for the Control of Foot-and-Mouth Disease (EuFMD)

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