RISKSUR Symposium: Roundtable discussions

Question 2

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Question: There is a substantial variability in the level of expertise within veterinary health services in EU countries. How may this influence the uptake of tools such as the surveillance design framework and the EVA tool? What can be done in order to facilitate uptake? Drivers? Constraints?

Feedback

All tables agreed with the statement that substantial variability exists between EU MS in the level of expertise and that this heterogeneity will impact the uptake of the tool in different countries.

Feedback on potential constraints for the uptake of the framework

- No legal requirement.
- Lack of human resources:
    - In recent years, cost saving resulted in understaffing: Remaining staff has very little time left.
    - The framework targets the advisor of the decision maker such as the advisor of the CVO. However, staff has sometimes been cut down so much that the decision maker has no advisor anymore (e.g. no epidemiology unit). Therefore, the decision maker has to make decisions without additional input or authorities may outsource the job to external institutes.
- Lack of knowledge: Many countries lack basic epidemiology knowledge.
- Time requirement: It takes considerable time to apply the framework.
- Lack of data:
    - Output of the framework depends on the input. Some countries would not have suitable information available.
    - Data are the problem: e.g. missing data, out-of-date data, data not easily accessible; another problem is also that a lot of data is collected without specific purpose.
- Complexity: If people have the feeling that concepts are difficult to understand, they won't use it. The tool has to be sufficiently simple for the lowest level, but at the same time include sufficiently advanced features to suit more advanced countries (countries with highly advanced resources may not need it or want it).
- Perceived lack of necessity for such a tool: Paper records do work. Some countries may not see the benefit of using a tool instead?
- Training / dissemination:
    - If people are not trained in how to apply the tool, they may not make the effort to learn by themselves.

- o Countries with poor expertise cannot be reached e.g. by conferences, as they don't have resources to send their staff.
- Need for having the framework in different languages.

General conclusion: Just presenting the framework on the web is insufficient.

Proposed drivers to facilitate uptake

- Countries with lower expertise are more likely to use the tool (low resource countries are happy to follow a recipe).
- Only reason for following OIE guidelines is that country wants to trade; otherwise they wouldn't make effort of recording the requested info (part of the benefit).
- The new EU animal health law provides an incentive to do something different as it promotes a stronger shift to output-based standards. This requires better documentation and transparency to achieve comparability.
- Promote the need to:
  - o Standardize design and documentation of surveillance to enhance transparency.
  - o Define minimum data requirement e.g. target population (it is not acceptable to use 10 year old data).
- Transparency and clear documentation are essential outputs of the tool.
- Up-to-date information on EU legislation (guidelines, good practices, manuals) is also essential. Wiki is an important component of the framework to keep it alive.
- Framework needs to be flexible: Allow different depth of use. Therefore, ensure input from users with different level of expertise during pilot testing phase.
- Demonstrate monetary and non-monetary benefits:
  - o Why you need such a tool in the first place (e.g. as opposed to paper based records).
  - o The benefits as compared to other tools.
  - o The benefits for various scenarios.
- Dissemination:
  - o Present the tool as much as possible (conferences, workshops, publications).
  - o Laszlo Kuster (DG–SANCO) suggested the option of sharing the framework as part of DG officer forums, write letters to DG officers, put it on the web page of DG -SANCO (http://ec.europa.eu/dgs/health_food-safety/index_en.htm);
- Educate people on what they are doing: they know the outputs, but not the inputs;
- Training:
  - o The following options were not considered feasible:
    - Specific training for the framework was not perceived as a good option as it is heavy and resource intense.
    - Cannot be incorporated as part of "Better training for safer food (BTSF)" course as the framework is not part of the EU legislation.
  - o However, the framework could be incorporated into:
    - Projects of veterinary students (applying the framework for surveillance design).
    - Basic epidemiology training (educational tool) during epidemiology courses.
- Could the tool be recommended by EU institutions?
  - o By EFSA: Explore possibility of mandate.

- o Possibly EU-FMD.
- o EU reference laboratories.
  - Try to win at least one reference laboratory to recommend the framework as standard tool. Once the framework is well established for one disease, others will follow.
- o Label from OIE or EFSA to say that it is recommended standard to use a tool to help with design and documentation (surveillance framework however only an option).
- Experience in NZ: Biosecurity surveillance tool; different expertise and level of interest existed at the time. Solutions:
  - o Accommodate different level of user skills.
  - o Important: Raise awareness; establish industry agreements.
  - o Do not force people to use it.