SEACFMD EPIDEMIOLOGY NETWORK MEETING

Group exercise Day 2
14 May 2025

*13-15 April 2025,
Qingdao, People's Republic of China*

Exercise steps:

Step 1: Capture outputs to assigned topics

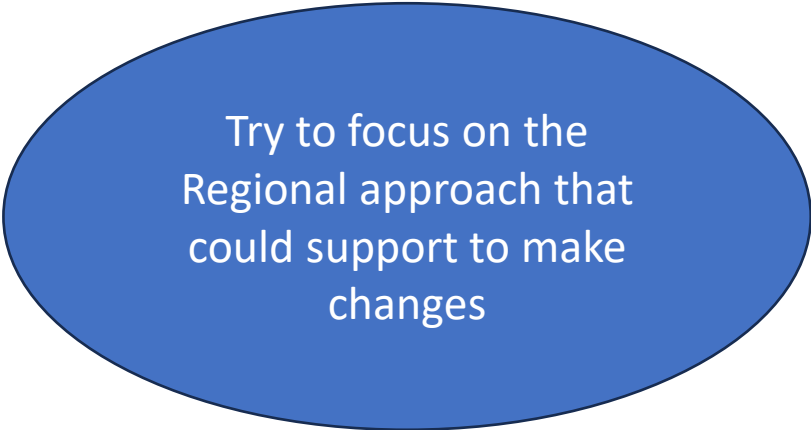   - Brainstorm and discuss in the group

Step 2: Supplementation round-Rotation

- Review other group inputs and ideas,
- Use post -it notes to supplement /add your points

Step 3: Back to the booth and Link to SEACFMD Roadmap

Task:
- ✓ Review the bullet points (challenges) and discuss it in the group (add if needed).
- ✓ Prioritize the bullet points.
- ✓ Identify and overcome challenges .
- ✓ Identify two action points that can be implemented in the next two years.

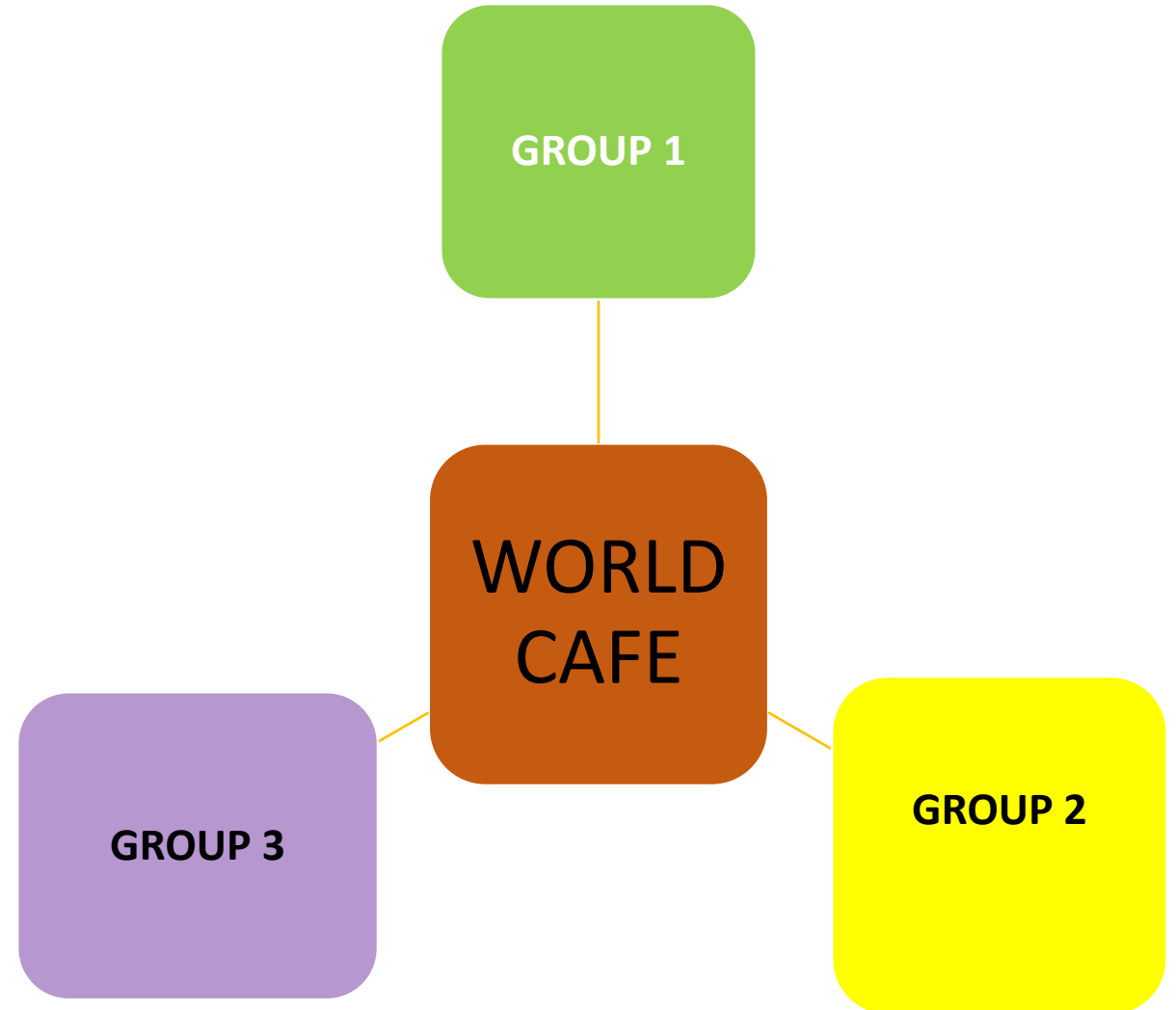Try to focus on the Regional approach that could support to make changes

CAFÉ BOOTH

Participants will be divided into three groups

Each group will be assigned with one booth during first round (My café)

Thereafter group rotate and will have opportunity to visit each booth before coming back to original booth (My café)

Facilitators will remain at the station and explain for other groups and add additional notes

Back to original boot and Link key actions to SEACFMD Roadmap

GROUP 1

WORLD CAFE

GROUP 3

GROUP 2

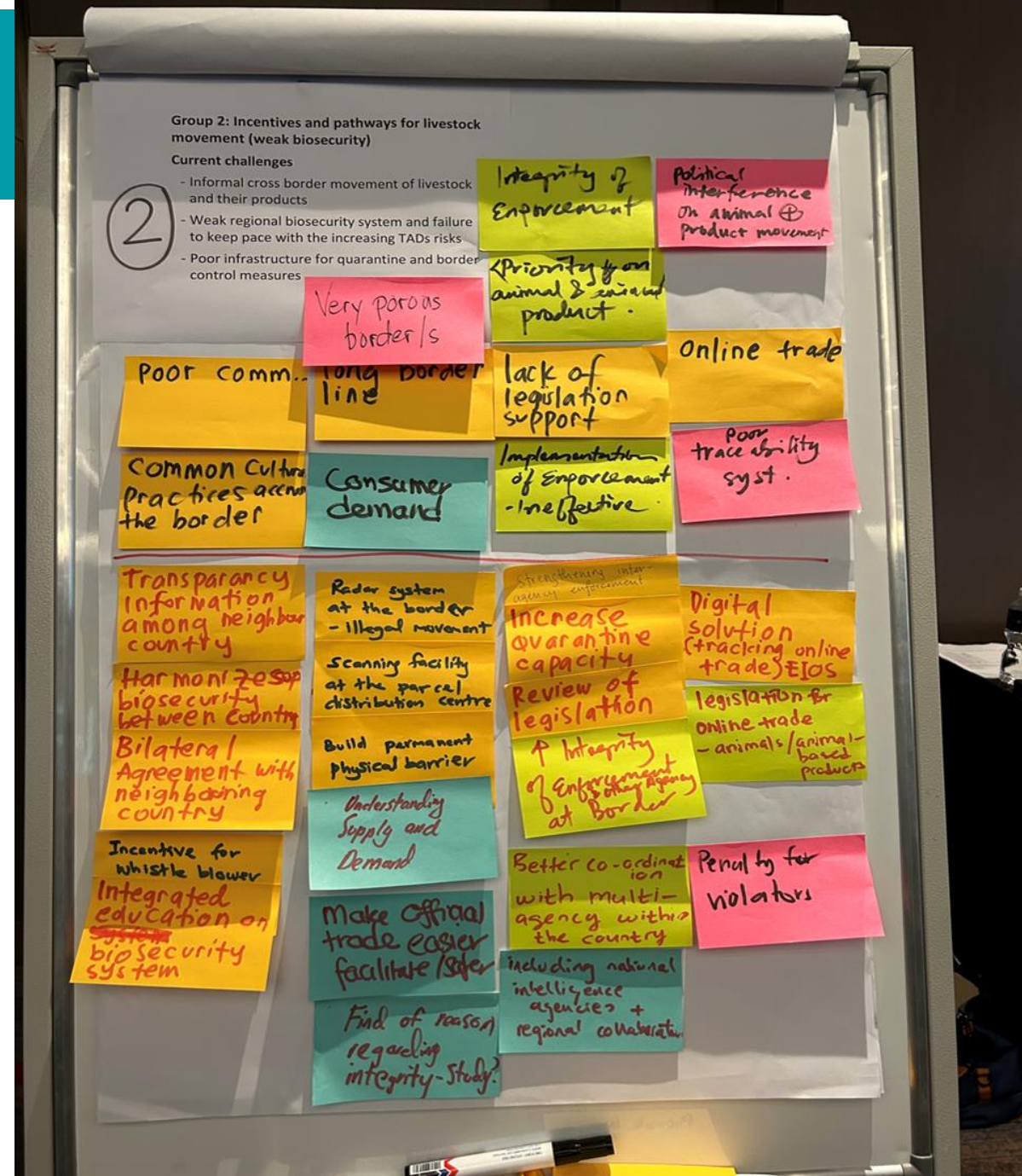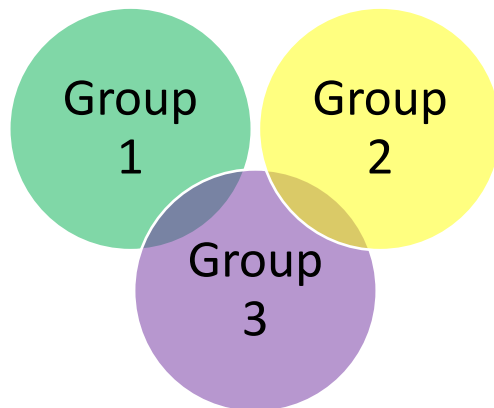# TASK AND TIMELINES

❑ Brainstorm, task completion round :
Step 1 :30 minutes

❑ Supplementation round:
Step 2 : 10 minutes each 30 minutes- Bring your sticky note

❑ Back to the original group

Step 3: Linking key actions to SEACFMD Roadmap

Group 1

Group 2

Group 3

Group 1 Reporting barriers

- **Underreporting** at multiple levels, including all stakeholders and lack of awareness from grassroots to central veterinary services

- **Fear of trade barriers** , import and export ban, economic losses, reputation, price fluctuation

- **Inadequate infrastructure,** no efficient systems in place for timely information flow

- **Limited diagnostic capacity**, leading to delays in disease confirmation and response

- **Bureaucratic delays** due to the need for high-level approvals before information can be released

- **Shortage of trained personnel** for effective outbreak investigation and response

- Any other relevant, please add:

Group 2 Use of technologies in epidemiology

- **Lack of infrastructure**, including limited internet access, which hinders real-time reporting and communication.

- **High costs of technologies**, which are often unaffordable

- **Insufficient resources** for effective data analysis and interpretation.

- **Limited technical capacity**, including a shortage of trained staff, lack of proficiency with specialised software, and low capacity to interpret epidemiological models.

- **Incomplete or inaccurate data**, often resulting from underreporting or the absence of robust surveillance systems.

- **Data sharing challenges** between agencies or across borders, due to concerns over privacy, security, or restrictive policies and trade barriers

- Any other relevant, please add:

Group 3 Surveillance

- **Insufficient laboratory capacity**, affecting the accuracy and speed of disease confirmation

- **Lack of the sensitivity** of the existing surveillance system (early detection)

- **Low stakeholder engagement**, including farmers, private veterinarians, and local authorities

- **Limited technical capacity,** including a shortage of trained staff on epidemiology, designing surveillance programme and interpreting the result

- **Inconsistent funding**, resulting in interrupted surveillance activities and limited long-term planning

- Any other relevant, please add:

Thank You