

User feedback on NEOH tool applied to *AMR surveillance* in Belgium

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General information

Name of evaluation tool: Network for Evaluation of One Health (NEOH) One Health-ness assessment tool

Reason for choosing evaluation tool: Tool allowing the evaluation of various aspects of a programme, including One-Healthness; prior experience with the tool

Name of surveillance component or programme evaluated in case study: AMR surveillance in Belgium

Country of programme: Belgium

Surveillance component or programme covers (tick one):

- AMU
- AMR
- Both
- Other, please describe:

What is covered by (part of) component or programme evaluated (tick at least one):

- Humans
- Livestock
- Aquaculture
- Bees
- Green environment
- Aquatic environment
- Food chain
- Companion animals
- Equidae
- Camelids and Deer
- Wildlife
- Other, please describe:

Objective(s) of evaluation (tick at least one):

- Performance
- Infrastructure
- Functionality
- Operations
- Collaboration
- One Health-ness / the strength of One Health
- Impact
- Other, please describe:

Main results of evaluation: Since the Belgian NAP is not yet in place, we followed the proposed evaluation framework and assessed Elements 1 and 2 (see overview chart at the end of this document); Element 3 was not able to be filled in, but the initiative itself was scored for its OH-ness. What may be viewed as a weakness of NEOH but it is actually a strength, is the fact that the tool

allows the evaluator to identify and assess expected outcomes based on the theory of change of the initiative. As a result, we assessed the expected outcomes and impacts (long term effects) from this NAP on AMR-Antimicrobial use (AMU). The evaluation showed a moderate degree of *expected* OH implementation with better scores in systemic organisation and sharing (infrastructural aspect) and learning (operational aspect). Moderate to low scores were seen in planning & thinking (operational aspect) and working (infrastructural aspect).

Time period for evaluation: July - October 2019

Name(s) of evaluator(s): Ilias Chantziaras, Maria-Eleni Filippitzi and Nicolas Antoine Moussieaux. Regarding the scoring of Section 4, the evaluators were Ilias Chantziaras and Maria-Eleni Filippitzi.

Affiliation of evaluator(s): Flanders Research Institute for agriculture, fisheries and food (ILVO)/ Veterinary Faculty, Gent University; Dept. Epidemiology and Public Health, Sciensano; Veterinary Faculty, University of Liège

Evaluator(s) relationship with tool (tick at least one):

- Owner
- Developer
- User without involvement in development or ownership of tool
- Other, please describe:

Citation of work, if published: n/a

Scoring of different aspects of the evaluation tool

When answering, please describe in words and use a scale with four levels, where 1 = not satisfactory, 2 = major improvements needed, 3 = some improvements needed, 4 = satisfactory, and provide a short explanation for the score.

1) User friendliness: 3 - It takes some time to familiarise oneself with the theory and the terms used, but the scoring procedure of the OH attributes is quite straightforward

2) Compliance with evaluation needs/requirements: 4 - The evaluation framework provides information and insights necessary for the evaluation of One Health initiatives

3) Efficiency: 3 - It can adequately assess the initiative, but it is not a management-inspired tool. It can be viewed by some as not the best tool in terms of efficiency

4) Use of a step-wise approach to the evaluation: 4 - One of the main aims of this tool is to allow a step-wise approach to be followed

5) Overall appearance: 3 - End results presented as text for the qualitative part and spider diagram for semi-quantitative part (assessment of One Health-ness). Theory of change can also be nicely presented in graphs accompanying the text. This is not a 4 because inevitably there is going to be text.

6) Generation of actionable evaluation outputs: 2 - Depends of evaluator(s) and what is set as the target of the theory of change

7) Evaluation of One Health aspects: 4 - Specifically the evaluation of OH-ness

8) Workability in terms of required data (1: very complex, 4: simple): 3 - Most data are simple to collect but some elements require complex data

9) Workability in terms of required people to include (1: many, 4: few): 2 - NEOH requires specific expertise and formation of a group of people

10) Workability in terms of analysis to be done (1: difficult, 4: simple): 2 - It includes different elements (e.g. theory of change, One Health-ness, answers to evaluation questions etc) to be analysed for a better coverage of the issue

11) Time taken for application of tool (1: > 2 month, 2: 1-2 months, 3: 1 week - 1 month, 4: < 1 week): 1

Strengths, weaknesses, opportunities and threats

- 1) Things that I really liked about this tool:** Allows an in-depth reflection of the case study, based on systems thinking. It covers the One Health dimension very well
- 2) Things I struggled with:** Cumbersome, too long, it requires training/background on social sciences to be used at its best, it requires a specific glossary
- 3) Things people should be aware of when using this tool:** It requires time and the evaluator(s) need(s) considerable expertise especially in systems thinking
- 4) Things that this tool is not covering or not good at covering:** Does not cover the progress of the initiative in real time

Scoring of themes

Score the degree that the themes are covered by the evaluation tool.

Scoring scale: Well covered, More or less covered, Not well covered, Not covered at all

Themes used in decision-support tool, defined here .	Tool: NEOH	
	Score	The reasoning for the score
AMU/AMR	More or less covered	Not <i>per se</i> but these questions (occurrence, prevention, response to AMR or recording and management of AMU) are expected to be included in the evaluator's list. When looking at the NEOH evaluation framework most -if not all- of these questions are expected to be included as part of Elements 2 and 3
Collaboration	Well covered	Collaboration is a fundamental value that is already highlighted in Element 1 of the NEOH's proposed framework
Resources	More or less covered	Not <i>per se</i> in the One Health-ness assessment tool, but in the NEOH handbook and wider framework there is a specific chapter that deals with the economic evaluation on One Health. The evaluator and the preparatory work can result in covering financial aspects adequately by including various topics (e.g. quantitative human, physical and financial resources and budget for training).
Output and use of information	More or less covered	The description and definition of outcomes and impacts are dependent on the problem the One Health initiative is addressing and the associated boundaries of the system, objective, rationale, and consequently the resulting Theory of Change. Thus, it is upon the evaluator to take into account the appropriate parameters (data, disciplinary paradigms).
Integration	Well covered	Integration is included in all aspects of the OH-ness evaluation
Adaptivity	More or less covered	Not the focus of this tool if used as a part of an impact evaluation. If a dedicated process evaluation is done, then the progress can be studied. The evaluator and the framework design are the key.
Technical operations	Not well covered	This information is addressed as part of the operations assessment of One Health-ness. The extent of this lies upon the evaluator and the framework followed.

Open comments

The AMU/AMR is not well covered in this tool. Not the focus of this tool. Yet, it is up to the evaluator to decide if he/she wants to deal with this aspect.

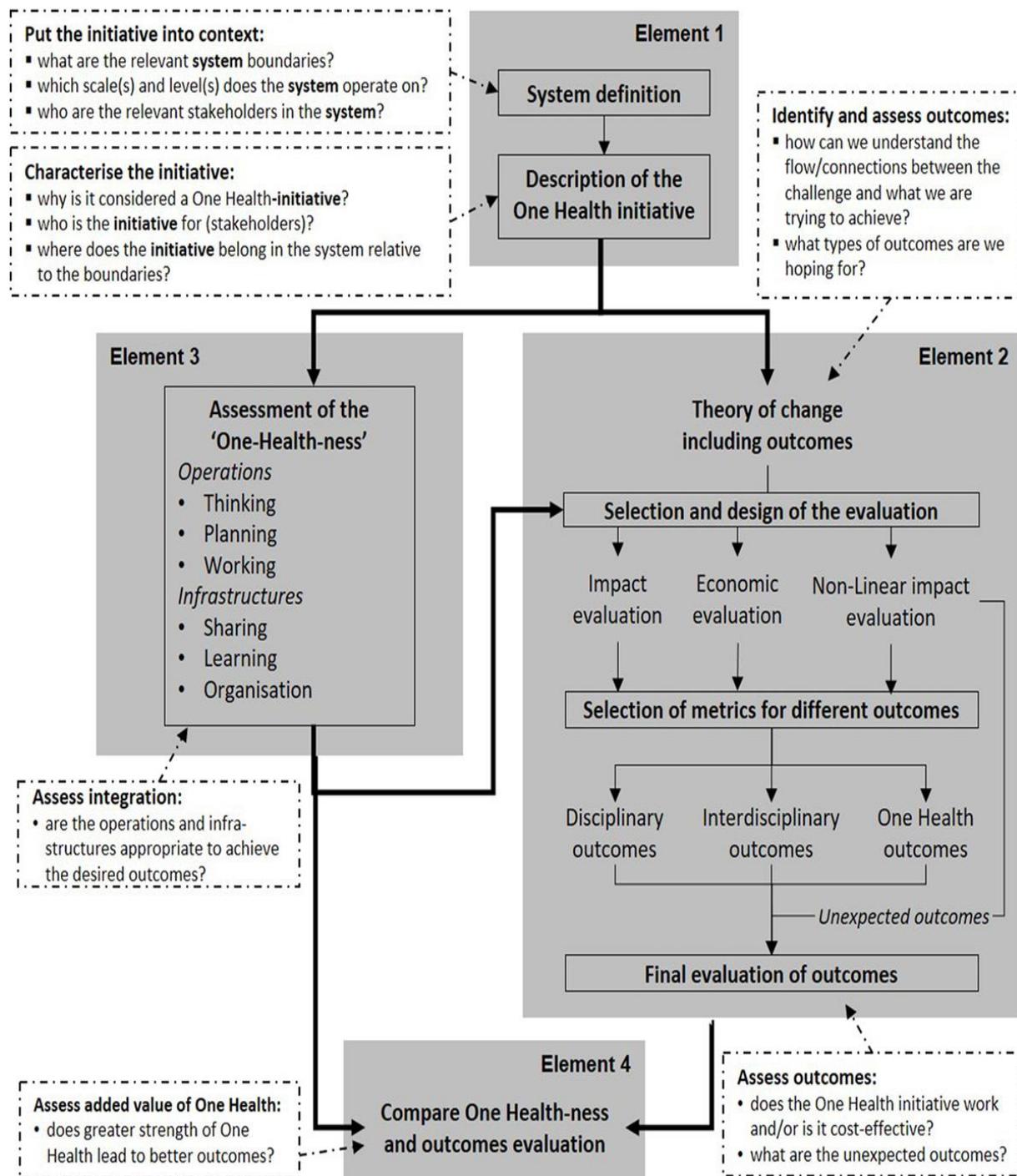
Source: [NEOH handbook](#), Wageningen Academic Publisher

Element 1: defining and describing the OH initiative and its context (i.e., the system, its boundaries, and the OH initiative as a subsystem), providing information for the further Elements;

Element 2: assessing expected outcomes based on the theory of change (TOC) of the initiative, and collecting unexpected outcomes emerging in the context of the initiative;

Element 3: assessing the “OH-ness”, i.e., the implementation of operations and infrastructure contributing to the OH initiative; and

Element 4: comparing the degree of “OH-ness” and the outcomes produced.





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- Yes**
- No**

Name and date: Filippitzi M., Chantziaras I.– 08/05/2020