



Public Health Functions

Public Health Training

2020 report of ECDC CPD training offer

20 February 2021

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Executive Summary

- From January to December 2020, ECDC delivered 10 instructor-led training activities attended by 221 participants from EU/EEA countries and beyond. Those participants were nominated by the National Focal Points to attend the ECDC training activities.
- Many courses (14) initially planned in the [2020 Course Listing](#) had to be cancelled mostly due to the COVID-19 pandemic situation. Four out of the ten instructor-led courses were delivered using the ECDC Virtual Academy (EVA).
- Participants indicated a high level of satisfaction with instructor-led training activities, even with those that, due to pandemic situation, had to be adapted and delivered as distance courses.
- In 2020, ECDC self-paced [5.1.2e](#) increased from 7 to 13 courses attracting 1 360 learners, of which 367 completed the courses.
- In addition, 8 micro-learning activities related to COVID-19 were launched. To facilitate access, they did not require login and 2 370 unique users participated. New approaches to the development of e-learning were developed.
- Approximately 8 600 learning hours were provided to the learners, of which 3 900 hours were instructor-led courses and 4 700 self-paced courses.
- During 2020 ECDC Virtual Academy reached the threshold of 3 000 active users.

Objective of the document

The purpose of this report is to provide an integrated perspective on all ECDC CPD (Continuous Professional Development) training efforts. This report does not include the Fellowship activities.

ECDC CPD targets mainly professionals from EU/EEA countries but is available in open access to any learner. It includes instructor-led training activities and self-paced activities delivered through ECDC Virtual Academy (EVA) in an e-learning format.

There are 3 main parts in this document. The first presents instructor-led activities, the second self-paced courses and the third google analytics data for general information about the use of EVA.

This report is addressed to ECDC senior management and the National Focal Points for Training. The aim is to provide key information for stakeholders with a clear overview of the activities performed during 2020.

1. Instructor-led training activities in 2020

This type of activity includes face-to-face trainings either presential or at distance.

1.1. Instructor-led training activities delivered in 2020

The table below shows the list of courses delivered in 2020.

Table 1. List of courses delivered in 2020 with course name, course duration, participation as well as satisfaction for the courses where such a data is available

| | Name of training activity | Duration (hours) | Planned | Delivery date | EVA link | No. of participants | Feedback/satisfaction | Comments |
|----|--|------------------|---------|---------------------|----------------------|---------------------|------------------------------------|---|
| 1* | Winter Workshop 2020: The science of using science to support policy making | 24 hours | Yes | 28-30 Jan 2020 | Link | 32 | 95% recommend the course to others | Delivered as planned |
| 2* | Control of multidrug-resistant microorganisms (MDRO) in health care settings | 45 hours | Yes | 11 Nov – 4 Dec 2020 | Link | 27 | 95% recommend the course to others | Planned as blended, and due to COVID-19 adapted to distance |
| 3 | Active Tuberculosis (TB) case finding in migrants | 16 hours | Yes | 18-19 Feb 2020 | Link | 16 | Perceived as useful and important | Delivered as planned |

| | Name of training activity | Duration (hours) | Planned | Delivery date | EVA link | No. of participants | Feedback/satisfaction | Comments |
|--------------|--|------------------|------------------|----------------|----------------------|---------------------|--------------------------|---|
| 4 | Active Tuberculosis (TB) case finding in migrants (online) | 16 hours | No | 13-14 Oct 2020 | Link | 11 | Perceived as relevant | Was not planned in the catalogue, a distance course |
| 5** | Design and conduct of an In-action review to consider the response to COVID-19 – Edition 1 | 4 hours | No | 06 Oct 2020 | | 16 | Not available | Distance course |
| 6** | Design and conduct of an in-action review to consider the response to COVID-19 – Edition 2 | 4 hours | No | 07 Oct 2020 | | 10 | Not available | Distance course |
| 7 | Emergency Preparedness Capabilities: Detection and Assessment (Module 2) Q3 | 4 hours | Yes | 20 Oct 2020 | Link | 30 | Not available | Distance course |
| 8 | Emergency Preparedness Capabilities: Health Services | 4 hours | Yes | 22 Oct 2020 | Link | 30 | Not available | Distance course |
| 9 | Methods and tools for evidence-based public health | 26 hours | Yes | 27-30 Jan 2020 | Link | 6 | >90% good to excellent | Delivered as planned |
| 10 | Tuberculosis (TB) large capacity building workshops | 24 hours | Yes | 27-29 Jan 2020 | Link | 43 | Highly positive feedback | Delivered as planned |
| Total hours: | | 167 | Total attendees: | | 221 | | | |

***Organised by CPD group**

****Courses which had participants from WHO Europe and ECDC staff**

From Table 1 we can extract the following observations:

- Total number of participants is 221.
- Total number from WHO Europe and ECDC staff is 24 participants.
- Total number of active learning hours is 3 947 hours (sum[course duration * number of participants]).

1.2. Participation per country

The table below shows a list of courses that took place during 2020 with the distribution of the number of participants across EU/EEA and other countries. The table presents as well as the total number of participants per course and the total number per country.

Table 2. Overview of participants per EU/EEA Member States and other countries

| Country | Name of the training activity | | | | | | | | | | Total per county |
|---------|---|--|---|--|--|--|---|---|--|---|------------------|
| | Winter Workshop 2020: The science of using science to support policy making | Control of multidrug-resistant microorganisms (MDRO) in health care settings | Active Tuberculosis (TB) case finding in migrants | Active Tuberculosis (TB) case finding in migrants (online) | Design and conduct of an In-action review to consider the response to COVID-19 | Design and conduct of an In-action review to consider the response to COVID-19 | Emergency Preparedness Capabilities: Detection and Assessment (Module 2) Q3 | Emergency Preparedness Capabilities: Policy development, adaptation, and implementation (Module 1) Q3 | Methods and tools for evidence-based public health, F2F (Q1) | Tuberculosis (TB) large capacity building workshops | |
| AT | | 1 | 1 | | | | | | | | 4 |
| BE | 2 | | 2 | | | 1 | 4 | 4 | | 1 | 14 |
| BG | 2 | 1 | | | | | | | 1 | 1 | 5 |
| CY | | | | | | | | | | 1 | 1 |
| CZ | 2 | | | | | | | | | 1 | 3 |
| DE | 2 | 1 | 2 | | | 1 | 1 | 1 | 1 | 2 | 14 |
| DK | | 1 | | 2 | | | | | | 2 | 5 |
| EE | 1 | | | | 1 | | | | | 2 | 4 |
| ES | | | 2 | | | | | | | 2 | 4 |
| FI | 2 | 1 | | | | | | | | 1 | 4 |
| FR | 2 | | | 2 | | | | 1 | 1 | 2 | 7 |
| GR | 3 | 2 | 2 | | | | | 1 | 1 | 1 | 9 |
| HR | 1 | | 1 | | | 1 | 1 | 1 | | 2 | 7 |
| HU | 2 | 1 | | | | | | | | 1 | 4 |
| IE | 1 | 1 | | 1 | 1 | 1 | 2 | 2 | | 1 | 10 |
| IT | | 1 | 1 | | 3 | 1 | 4 | 4 | | 4 | 18 |
| LT | 2 | | | | 1 | | | | | 1 | 4 |
| LU | | | | 1 | | | | | | | 1 |
| LV | | 2 | | | 1 | | 1 | 1 | | 2 | 7 |
| MT | | 1 | 1 | | 2 | | | | | 1 | 5 |
| NL | | 1 | | 2 | | 1 | 2 | 2 | | | 8 |
| PL | | | | | | | | | | | 0 |
| PT | | 3 | 2 | | 1 | 1 | 1 | 1 | | 2 | 11 |
| RO | 2 | 2 | | | 1 | | 1 | 1 | | 1 | 8 |
| SE | 2 | 3 | | 1 | 1 | | | 2 | | 2 | 11 |
| SI | 2 | 1 | 2 | | | 2 | 1 | 1 | | 1 | 10 |
| SK | 1 | 1 | | | | | | | | 1 | 3 |
| Sum EU | 29 | 24 | 16 | 9 | 15 | 9 | 19 | 19 | 6 | 35 | 181 |
| UK | 1 | 0 | | | | | | | | 5 | 5 |
| Sum UK | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 6 |
| IS | | 2 | | | 1 | | | | | 1 | 4 |
| LI | | | | | | | | | | | 0 |

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| Country | Name of the training activity | | | | | | | | | | |
|--------------------|---|--|---|--|--|--|---|---|--|---|-------------------|
| | Winter Workshop 2020: The science of using science to support policy making | Control of multidrug-resistant microorganisms (MDRO) in health care settings | Active Tuberculosis (TB) case finding in migrants | Active Tuberculosis (TB) case finding in migrants (online) | Design and conduct of an In-action review to consider the response to COVID-19 | Design and conduct of an In-action review to consider the response to COVID-19 | Emergency Preparedness Capabilities: Detection and Assessment (Module 2) Q3 | Emergency Preparedness Capabilities: Policy development, adaptation, and implementation (Module 1) Q3 | Methods and tools for evidence-based public health, FZF (Q1) | Tuberculosis (TB) large capacity building workshops | Total per country |
| NO | 2 | 1 | | 2 | | | | | | 1 | 6 |
| CH | | | | | | | 1 | 1 | | | 2 |
| Sum EEA | 2 | 3 | 0 | 2 | 1 | 0 | 1 | 1 | 0 | 2 | 12 |
| TR | | | | | | | 2 | 2 | | | 4 |
| BA | | | | | | 1 | 5 | 5 | | | 11 |
| KO | | | | | | | 1 | 1 | | | 2 |
| ME | | | | | | | 1 | 1 | | | 2 |
| AL | | | | | | | 1 | 1 | | | 2 |
| IL | | | | | | | | | | 1 | 1 |
| Sum outside EU/EEA | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 1 | 22 |
| Total | 32 | 27 | 16 | 11 | 16 | 10 | 30 | 30 | 6 | 43 | 221 |

From Table 2 above we can extract following findings.

- The EU countries that mostly benefited from ECDC's Instructor Led Trainings were Italy (18 participants) then Belgium and Germany (each 14 participants).
- Almost all EU/EEA countries sent participants to the ECDC courses, with exception of two countries: Poland and Lichtenstein.
- 24 participants to ECDC courses were from WHO Europe and ECDC staff.
- 22 participants to ECDC courses were from countries outside EU/EEA, where Bosnia and Herzegovina sent most (11 participants).

1.3. List of cancelled training activities in 2020

The table below shows a list of courses that were initially planned in the 2020 catalogue, but were cancelled, due to the pandemic situation. Fifty eight percent (14/24) of the initial planned courses in the catalogue were cancelled.

Table 3. Overview cancelled instructor-led training activities

| | Name of training activity |
|---|---|
| 1 | Methods and tools for evidence-based public health |
| 2 | Cross-sectoral biorisk awareness and mitigation training (4 th edition) |
| 3 | ECDC HIV Modelling Portal |
| 4 | ECDC Rapid Risk Assessment Training |
| 5 | ECDC Regional training of trainer's workshop on Legionella and its prevention for hoteliers |
| 6 | Food and Waterborne Diseases Expert Exchange Programme (FWDEEP) |
| 7 | Motivating population to vaccinate – strengthen communication skills for primary healthcare professionals |
| 8 | Public Health Genomics: an introduction |
| 9 | Senior Exchange |

| | |
|----|---|
| 10 | Tuberculosis – small capacity building workshops |
| 11 | Tuberculosis staff exchange visits |
| 12 | VectorNet Training by ECDC and EFSA |
| 13 | Ad hoc training (on need-basis) during emergencies (pandemic clause) – Vaccine Preventable Diseases and Immunisation Programmes |
| 14 | ECDC Laboratory twinning in the area of pertussis |

2. E-Learning activities

By January 2020 there were 7 **5.1.2e** available in EVA for learners to self-enrol.

The information below reflects enrolment in those during 2020 and in the 6 new **5.1.2e** launched in 2020.

Usually **5.1.2e** require that participants log into EVA. This year, in order to facilitate access to trainings linked to COVID-19, some of the trainings were available without having to login. The consequence of not login-in is that we do not have the usual user information. However, it allowed an easier access to the e-learning.

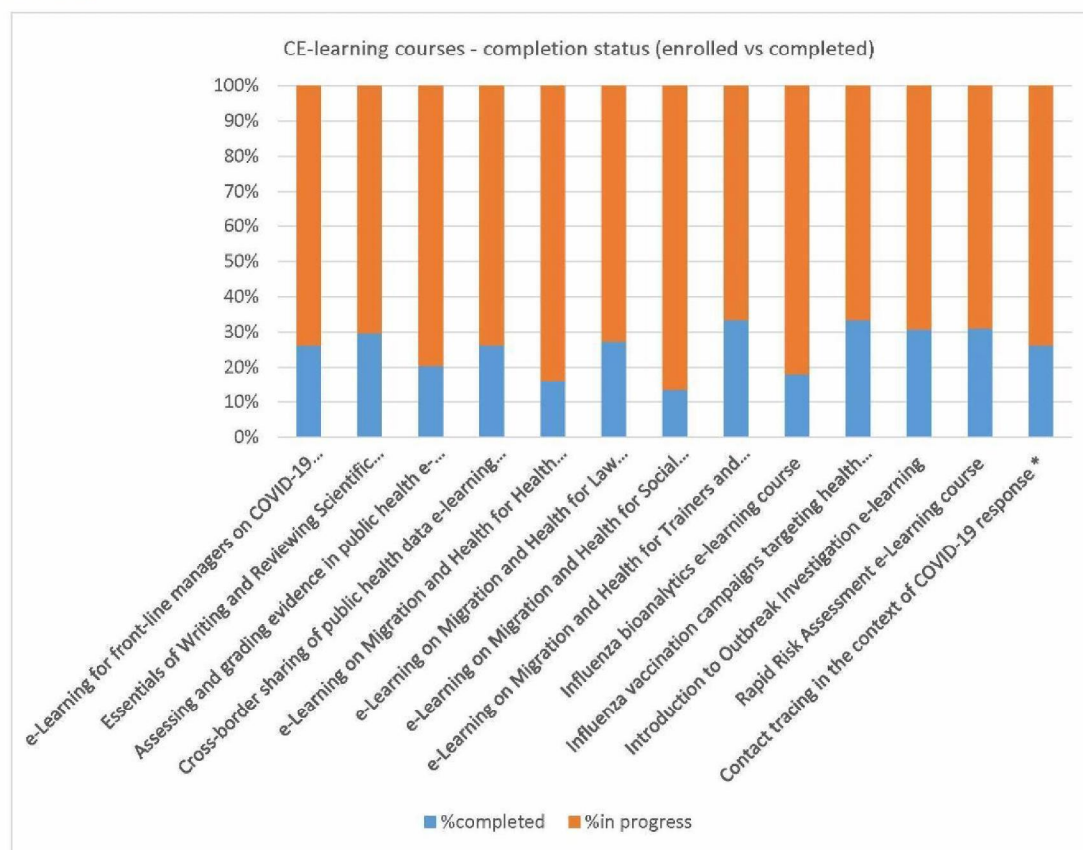
2.1. Online offer of e-learning – requiring login and self-enrolment

The data in the table below show the number of enrolled learners, approximate duration and satisfaction for each course available in EVA at the end of 2020.

Table 4. Overview of **5.1.2e in 2020**

| No | Course Name | Enrolled | Obtained certificate | Duration (hours) | Satisfaction (1–10) | Publication date |
|--------|--|--------------|----------------------|------------------|---------------------|------------------|
| 1 | e-learning for front-line managers on COVID-19 response to vulnerable populations* | 122 | 32 | 1.5 | 8.5 | Nov-20 |
| 2 | Contact tracing in the context of COVID-19 response* | 321 | 84 | 1.5 | 87% would recommend | Aug-20 |
| 3 | e-learning on Migration and Health for Health Professionals* | 50 | 8 | 8 | 8.4 | Mar-20 |
| 4 | e-learning on Migration and Health for Law Enforcement Officers* | 11 | 3 | 8 | 9.2 | Mar-20 |
| 5 | e-learning on Migration and Health for Social Workers* | 15 | 2 | 8 | 10 | Mar-20 |
| 6 | e-learning on Migration and Health for Trainers and Coaches* | 18 | 6 | 8 | 9 | Mar-20 |
| 7 | Cross-border sharing of public health data e-learning course* | 99 | 26 | 3 | 8.3 | Dec-19 |
| 8 | Influenza bioanalytics e-learning course | 61 | 11 | 3 | 8.7 | Sep-19 |
| 9 | Assessing and grading evidence in public health e-learning course (PRECEPT) | 83 | 17 | 2-3 | 8.3 | Apr-19 |
| 10 | Rapid Risk Assessment e-learning course | 151 | 47 | 3-5 | 8.5 | Mar-19 |
| 11 | Introduction to Outbreak Investigation e-learning | 241 | 74 | 6-8 | 8.7 | Oct-18 |
| 12 | Influenza vaccination campaigns targeting health care workers* | 33 | 11 | 2-3 | 8.5 | Oct-18 |
| 13 | Essentials of Writing and Reviewing Scientific Abstracts: a field epidemiology focus | 155 | 46 | 2 | 8.3 | Mar-16 |
| Total: | | 1 360 | 367 | | | |

The chart below gives the overview of the level of engagement of users enrolled in each course, measured by the % of completion of assignments. The total number of potential learning hours provided by self-paced courses is 4 788 (sum[course duration * number of participants that completed]).

Chart 1. Self-paced courses – level of completion 2020

*Blue bars depict the proportion of enrolled users who completed the e-learning, among the total number of users enrolled

The results of the completion rates are in line with overall rates for e-learning found in the literature, where approximately one in every five participants complete a course¹. An older study specific for MOOCs found results varying from 0.7% to 52.1%, with a median value of 12.6%².

2.2. Online offer without login due to COVID-19

Table 5 shows the list of e-learnings that were offered to everyone interested to take them, not requiring users' login to EVA. Consequently, the only user information available is the number of users that visited the course. The rationale behind this exceptional choice was that we needed to ensure access without any barriers. Furthermore, the approach to the development of trainings had to be adapted as the development in a pandemic situation is not the same as in normal time.

Our main challenge was to identify an approach that would best support our capacity to develop training activities in which our target audiences had multiple and unknown needs, little time to invest in training, the need for distance training, unclear/moving priorities and limited content matter expertise in-house with sufficient time to invest on training.

¹ R. F. Kizilceca, J. Reichb, M. Yeomansc, C. Dannd, E. Brunskille, G. Lopez *et al*, [Scaling up behavioral science interventions in online education](#), PNAS, June 30, 2020; vol. 117, no. 26.

² K. Jordan, Massive Open Online Course Completion Rates Revisited: Assessment, Length and Attrition, *International Review of Research in Open and Distributed Learning*, vol. 16, no. 3.

The agile approach was the most suitable as its core principles take into consideration those challenges in order to be more reactive to change, to improve collaboration, to produce faster.

With this need of speed, flexibility and collaboration we tackled the development of the micro-learning for COVID-19. The team used rapid authoring tools just acquired. The course design was reduced to 2-3 weeks. We produced as well standard templates for creation of courses to accelerate the process. This allowed rapid prototyping and sample deliverables were developed relatively easily.

Table 5. Overview of 5.1.2e **available without login due to COVID-19**

| No. | Course Name | Participants |
|--------|--|--------------|
| 1 | Micro learning – 1. What are non-pharmaceutical countermeasures for COVID-19? | 573 |
| 2 | Micro learning – 2. Which are the non-pharmaceutical countermeasures linked to Personal Protection? | 246 |
| 3 | Micro learning – 3. Which are the environmental non-pharmaceutical countermeasures to mitigate the impact of COVID-19? | 400 |
| 4 | Micro learning – 4. Physical distancing measures aimed at control of COVID-19: evidence and implementation | 365 |
| 5 | Micro learning – 5. COVID-19 infection prevention and control in the household | 245 |
| 6 | Micro learning – 6. Which are the travel related countermeasures to mitigate the impact of COVID-19? | 307 |
| 7 | Micro learning – 7. Mother-infant health in the context of COVID-19 | 76 |
| 8 | Video-tutorial on how to report COVID-19 cases to ECDC via TESSy | 158 |
| Total: | | 2 370 |

3. General analysis of user behaviour and geographic data

3.1. Statistic of learners' behaviour

The total number of users signed up on EVA is approximately 3 000. Below is presented the frequency of logins on EVA for the period 1 January 2020 – 31 December 2020.

Chart 2. Number of logins on EVA site for 2020

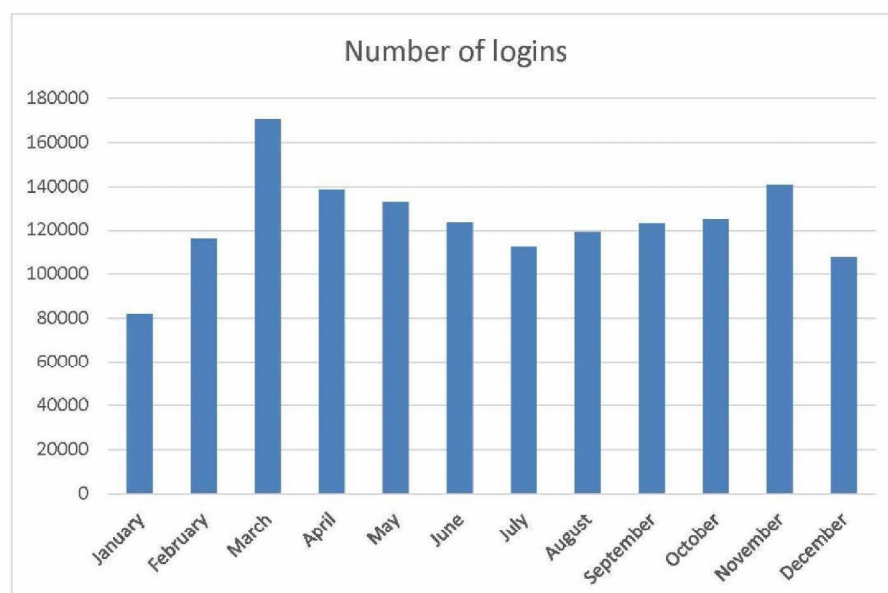
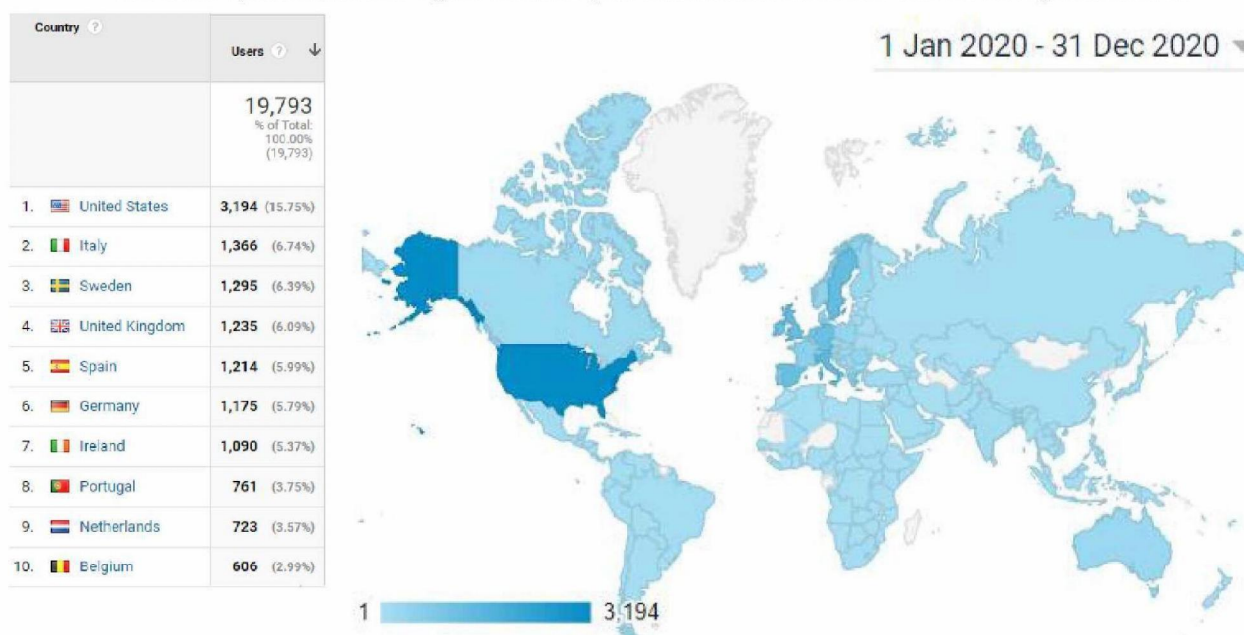


Chart 2 shows the frequency of logins on EVA during 2020 per month. March and November are months where there are most visits on the site, while January, December as well as summer months July and August are those where there are the least logins on the system.

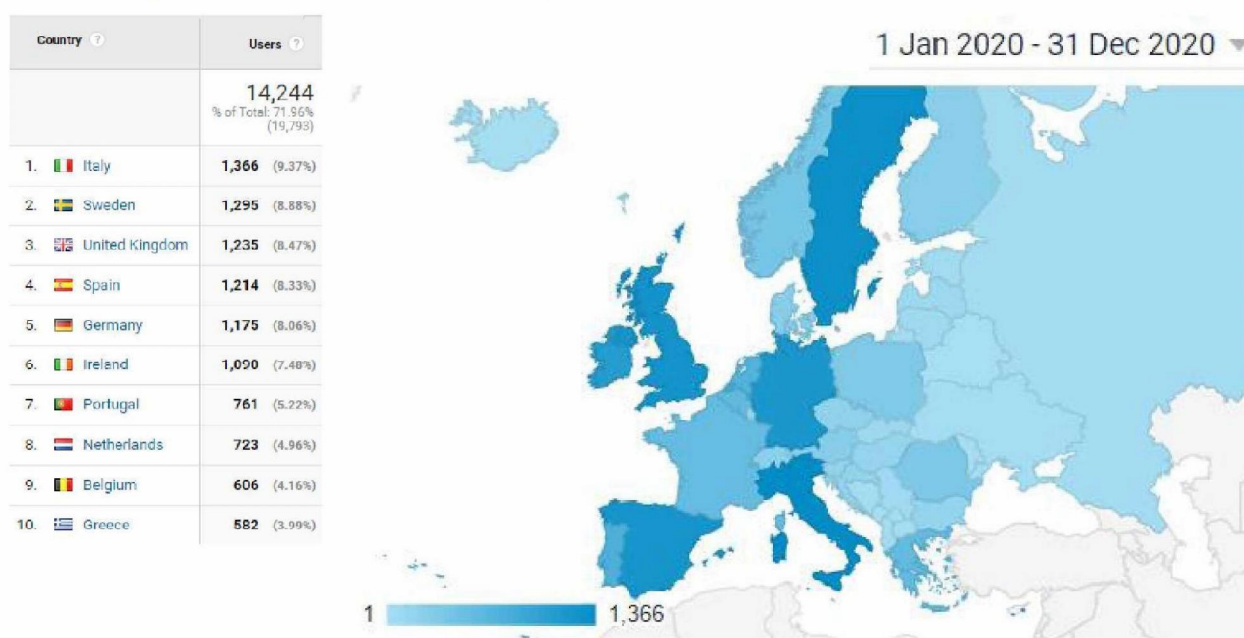
As presented in Table 5 *Overview of e-learning courses available without login*, ECDC offers courses to Guests which don't need to login to EVA. This means that the number of visits on the site is greater than number of logins shown in Chart 2 above.

3.2. Geographic distribution of learners

The two maps below show the global and European continent distribution of users accessing EVA in 2020.



Map 1. Distribution of users accessing EVA – Global



Map 2. Distribution of users accessing EVA – Europe

Note: These maps are based on Google analytics and may overestimate the number of users because they consider a new user every new access from a different IP address, i.e. the same person, accessing from the work and personal computer would be counting as two users.

Analysis and conclusions

In 2020, for instructor-led courses:

- 10 were delivered out of which 7 were initially planned in the catalogue and 3 were delivered based on needs that occurred during the year. From all 10 courses delivered, 4 were delivered using ECDC Virtual Academy (EVA).
- For all courses delivered in EVA only a fraction of participants (62%-89%) finished all activities of the course. Participants usually complete 100% of face time activities and drop of on pre/post course self-paced activities.
- For the courses in which a feedback was collected, general satisfaction levels of participants were high, and participants said they would recommend the courses to their colleagues. This last indicator is a very good proxy for satisfaction.
- Five of the courses conducted were adapted and delivered as synchronous on-line courses due to the COVID-19 situation. The shift to online or distance learning was one of the biggest challenges both for the facilitators and the participants.
- Majority of the instructor-led courses were delivered out of EVA. It would be a big advantage for administration, reliability of data, user experience, for visibility and for reporting that all instructor-led courses were delivered via EVA.

Concerning 5.1.2e:

- ECDC offered 13 courses that required authentication and self-enrolment. The strategy of non-enrolment was implemented for the COVID-19 micro-learning in order to allow a maximum number of participants to benefit without having to take a few more minutes to register in the platform.
- Most of the courses were launched during 2020, but there are few courses already available in EVA as of 2018 and 2019. Generally, satisfaction level was high with average 8.7 (10 being the highest to 1 being the lowest).
- According to literature only one of five participants complete online trainings, thus the level of completion observed is acceptable compared to other e-learning products.

The top 5 countries in the European Continent regarding number of sessions on EVA in 2020 are Italy, Sweden, UK, Spain and Germany. Globally, USA takes the lead due to the announcement of ECDC 5.1.2e in international online platforms.