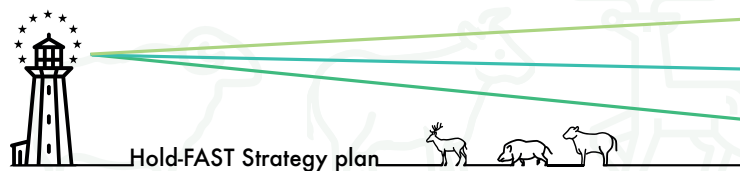




EuFMD WORKPLANS

Phase V

A Europe secure from the threat of
Foot and mouth disease and Similar
Transboundary animal diseases



The EuFMD Work Plans Phase V

Pillar I

The **Strategic Output**, or Pillar I of the Phase V EuFMD workplan (2019-2021) focuses on **Improving preparedness** for management of FMD and similar TADS ('FAST disease') crises by Members and across Europe as a whole.

Co-ordinator: Maria de la Puente Arévalo

Pillar II

The **Strategic Output**, or Pillar II of the Phase V EuFMD workplan (2019-2021) focuses on **Reduced risk** to Members from the FAST disease (FMD and similar TADS) situation in the European neighbourhood.

Co-ordinator: Fabrizio Rosso

Pillar III

The **Strategic Output**, or Pillar, III of the Phase V EuFMD workplan (2019-2021) focuses on **Sustaining and enhancing progress** in the roll out of the GF-TADs Global Strategy for control of FMD, and on increasing security in the supply of effective FMD vaccines.

Co-ordinator: Paolo Motta



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EuFMD Phase V Component Work Plan

Introduction

Foot-and-mouth Disease (FMD) remains the first transboundary animal disease (TAD) threat to European livestock production. A single introduction usually has extremely serious, and frequently catastrophic, impacts. The European Commission for the Control of Foot-and-Mouth Disease (EuFMD), under a framework of co-ordination with EC (DG-SANTE), FAO and OIE, has played a significant role in reducing the risk and ensuring better preparedness. Partly as a result of this, the EU has not had, for the first time it is history, an outbreak of FMD case for an eight-year period, since 2011.

In this time the EuFMD has established an internationally respected capacity for efficient delivery of training and in-country support to FMD Progressive Control Programmes, and most recently, in modelling of FMD control measures to guide emergency planning.

The **HOLD-FAST** strategy continues the focus upon FMD risk reduction but extends the scope of the preparedness and risk reduction activities to similar TADs which pose an immediate threat to the Member Nations (*hereafter* FAST is used for FMD and similar TADs).

Summary of the Pillars

Pillar I

The **Strategic Output**, or Pillar I of the Phase V EuFMD workplan (2019-2021) focuses on **Improving preparedness** for management of FMD and similar TADS ('FAST disease') crises by Members and across Europe as a whole.

Pillar II

The **Strategic Output**, or Pillar II of the Phase V EuFMD workplan (2019-2021) focuses on **Reduced risk** to Members from the FAST disease (FMD and similar TADS) situation in the European neighbourhood.

Pillar III

The **Strategic Output**, or Pillar, III of the Phase V EuFMD workplan (2019-2021) focuses on **Sustaining and enhancing progress** in the roll out of the GF-TADs Global Strategy for control of FMD, and on increasing security in the supply of effective FMD vaccines.

Pillar I

The **Strategic Output**, or **Pillar I** of the Phase V EuFMD workplan (2019-2021) focuses on **improving preparedness for management of FMD and similar TADS ('FAST disease') crises by Members and across Europe as a whole.**

Beneficiaries: The main beneficiaries of Pillar I are the 39 EuFMD members.

Activities under seven interlinked Components will contribute to the achievement of these goals:

Component 1.1 - Training for EuFMD members:

- provide a training programme tailored to the EuFMD members, continuing with the training credits system;
- support the countries to deliver national trainings and cascade to knowledge acquired in EuFMD courses;
- ensure the provision of high quality and high impact training through the implementation of a new Quality Management System.

Component 1.2 - Emergency preparedness:

- develop the GET Prepared toolbox in order to provide countries with tools to assess each component of emergency preparedness (EP) and share good EP practices;
- up-scale EuFMDiS to a pan-European model incorporating new features such as a wildlife component or the livestock movements to pastures;
- facilitate networking among EP experts and between public and private sector.

Component 1.3 - Emergency vaccination:

- increase the understanding of the level of preparedness to use emergency vaccination for FAST diseases in EuFMD members;
- establish a Public and Private Sector Platform (PPSP) for FAST disease vaccination to identify pathways or actions to improve the availability of vaccines suitable for use in disease emergencies;
- establish new mechanism for emergency procurement and supply of FMD vaccines.

Component 1.4 - South-Eastern Europe:

- support the risk-based surveillance activities in Thrace, with the possibility to extend this approach to other diseases and regions;
- support coordination activities at regional and national level in the South-Eastern European countries;
- improve emergency preparedness in the region through trainings, in-country support and simulation exercises;
- establish a diagnostic bank of reagents for FAST diseases available for the countries in the region.

Component 1.5 - Applied research:

- support applied research studies that deliver tools and knowledge addressing technical issues that are considered Europe-wide priorities for national preparedness against FAST diseases;
- facilitate coordination and communication between institutions in the FAST disease surveillance networks through the organization of scientific meetings and working groups.

Component 1.6 - Proficiency Testing Service:

- provide financial support to allow a number of non-EU countries to participate in the annual Proficiency Testing Service (PTS) for National Reference Laboratories (NRLs) for FMD.

Component 1.7 - Disease risk assessment and forecasting

- establish a new system to collect and analyze FAST disease information that will include risk assessment and forecasting;
- support the improvement, updating and use of the PRioritisation of AntiGen MAnagemenT with International Surveillance Tool (PRAGMATIST);
- support the submission of samples to institutes in the Special Committee for Surveillance and Applied Research (SCSAR) CSAR that have the capacity to provide laboratory support to surveillance for FAST diseases.

Pillar II

The **Strategic Output**, or **Pillar II** of the **Phase V** EuFMD workplan (2019-2021) focuses on **Reduced risk** to Members from the FAST disease (FMD and similar TADS) situation in the European neighbourhood.

Geographic scope: the neighbourhood countries which are NOT MN and which either have land borders with EuFMD MN OR are members of the Mediterranean animal health network (REMESA) or whose animal health status provides an early warning for FAST disease spread to the neighbourhood of Europe.

Specifically: *having land-borders with EuFMD-members:* Armenia, Azerbaijan, Iran, Iraq, Syria, Lebanon, Palestine, Jordan, and Egypt. *Non-EU Members of REMESA:* Jordan, Lebanon, Egypt, Libya, Tunisia, Algeria, Morocco, and Mauritania.

Countries significant for epidemic spread of FAST diseases to the above countries: Sudan, Mali, Afghanistan and Pakistan.

Activities under three interlinked Components will contribute to the achievement of these goals:

Component 2.1 Co-ordination and FAST control framework: Enhanced coordination with GF-TADs partners, international agencies and national competent authorities and improved implementation of strategic plans for FAST control at national and regional level.

The activities within this component will contribute to, or ensure:

- Co-ordination with the GF-TADS partners (FAO, OIE), with other international agencies providing technical support to countries (AOAD), achieving a jointly agreed workplan with close daily interaction in the implementation and reporting to the regional steering committees and Joint Planning Committee (JPC, REMESA).
- Improved implementation of strategic plans for FAST control at national level on the basis of PCP principles, availability of resources and results of control strategies already in place.
- Co-ordination of inputs and efforts with the leading technical institutional partners (including CIRAD, EFSA, IZS, ANSES) to achieve improved laboratory and epidemiology networking in the European neighbourhood for better early warning and support to risk-based control strategies.
- Improved engagement with private sector (including private sector veterinarians, education and training providers and vaccine producers) in line with PCP and OIE - PPP principles.

Component 2.2 Improved early warning for FAST diseases: Develop and implement integrated disease surveillance program focused on specific risk hubs, in order to provide updated risk information, optimize the veterinary service resources and improve the effectiveness of control measure implemented.

The activities within this component will:

- Implement a programme of risk-based surveillance for multiple diseases in risk hot-spot locations on a regular or continuous basis for detection of virus circulation and early warning of FAST epidemics.
- Improve the sharing of risk information between countries and between technical expert networks, promote the collaboration between countries for improved surveillance of FMD and similar TADs.

Component 2.3 Capacity development for surveillance and improved control programmes: Develop and implement a program for capacity-building that supports national and regional activities for improved PCP progress and FAST disease control (comp. 2.1) and improved early warning surveillance, notification and early response (comp. 2.2).

The activities within this component will:

- Develop and implement a program of capacity building that will support national and regional activities required for improved PCP progress and FAST disease control (comp.2.1) and implement improved early warning surveillance activities (comp 2.2). As part of this they will:
 - o Develop improved capacity in the network of FAST disease reference laboratories in the neighbourhood to undertake the confirmatory and specialized tests required by the programme;
 - o Develop resources that enable “national cascade” training on progressive control and on recognition and control of FAST diseases;
 - o Develop a body of evidence on vaccine efficacy and vaccination effectiveness for FAST diseases through studies conducted at national level or by regional technical partners and facilitate the sharing of the results to improve decision on vaccination programmes.

Pillar III

The **Strategic Output**, or **Pillar III** of the **Phase V** EuFMD workplan (2019-2021) focuses on **sustaining and enhancing progress in the roll out of the GF-TADs Global Strategy for control of FMD, and on increasing security in the supply of effective FMD vaccines.**

Beneficiaries: support to countries that are working through the PCP-FMD and that are assisted through roadmap meetings and indicated as priorities for PCP-FMD progress in the GF-TADs Global Strategy. Currently, these are circa 80 countries in Asia, the Middle-East and Africa (with the exception of North African countries which are members of REMESA and Southern African countries with FMD free zones).

Activities under four interlinked Components will contribute to the achievement of these goals:

Component 3.1 - Effective implementation of the Progressive Control Pathway (PCP-FMD):

- provide support to the FAO/OIE FMD Working Group (FMD-WG), including in the development of tools and guidance documents to assist in the application of the Progressive Control Pathway for FMD Control (PCP-FMD). This will include provision of support to Regional Roadmap meetings, and to the allied processes for evaluation and assessment of national strategic planning documents. EuFMD will aim to assist the functional efficiency of the FMD WG processes, improving the quality and timing of feedback system to ensure countries receive rapid, timely and helpful feedback to PCP stage submissions;
- provide technical guidance to countries on PCP-FMD implementation. This will be achieved through the further development of the PCP-Support Officer (PSO) system, and by developing capacity development pathways for the PSOs, and through tools to provide improved guidance to countries, such as IT solutions to assist development and implementation of strategic plans;
- work with regional bodies to support regional networks in order to improve capacities for strategy development, and for the implementation of risk-based approaches to surveillance and control.

Component 3.2 - Improvement of global laboratory support:

- Support the co-ordination of the OIE/FAO FMD Reference Laboratory network;
- support diagnostic services, including laboratory typing of FMD samples from the six virus Pools by OIE/FAO Reference Centres, aiming at meeting surveillance targets in each pool required for guidance to Regional Roadmaps and risk managers in each region, as well as global threat forecasting;
- Support system for vaccine performance and matching needed by the Roadmaps, through better uptake and accurate application of test system by OIE/FAO Reference Centres and Regional Support Laboratories (RSL) in Africa and Asia. Progress towards validation of new tests for vaccine matching and measures of protection will be supported in first 24 months with the aim of transfer of these to RSLs and others in the second 24 months;
- Provide online training in FMD laboratory surveillance for the global and regional epidemio-surveillance networks.

Component 3.3 - Better training for progressive control:

- Develop and deliver a range of globally relevant training courses and resources which aim to promote sustained PCP-FMD progress at national level, guided by ongoing consultation with partners in order understand priorities for resource development. Activities will be guided by a Training Quality Management System (TQMS) that will consider both the quality and the impact of the training;
- Support GF-TADs partners and regional institutional bodies in the development of Virtual Learning Centers (VLCs) managed regionally in order to promote cascade of training to national level.

Component 3.4 - Increase of vaccine security:

- Support and inform a Public and Private Sector Platform (PPSP) established under the EuFMD Pillar I workplan which will aim to increase understanding and promote practical solutions to improve the access of FMD endemic countries, particularly in PCP Stage 1 to 3, to quality FMD vaccines in the mid to long term by developing technical and policy study reports, guidance papers and application tools.

Working definition of FAST diseases

FAST: *FMD and Similar Transboundary (FAST) diseases.*

Europe is threatened by a number of these TADs. A prioritization /optimization of activities is needed, as is flexibility and adjustment of work plans in accordance with changes in risk.

A **categorization** of FAST diseases for which decisions on activities will need to be made, and support provided, is proposed as follows:

➤ **Category 1: FMD, and currently PPR, capripoxviruses**

Criteria for inclusion:

- ruminant infections with similar risk factors to FMD;
- currently present in directly bordering neighbourhood countries;
- vaccination is an option.

A decision on whether TADS with **clinical signs** similar to FMD should be in Category 1 is needed. Such as SVD and Seneca Valley virus (SVV: Senecavirus A infection).

➤ **Category 2: Rift Valley Fever, Bovine Ephemeral Fever**

Criteria for inclusion:

- evidence for circulation /disease in one or more neighbourhood countries but NOT directly bordering EU MN;
- vaccination is needed in response;
- ruminants are directly affected with major losses.

Category 1 surveillance for other FAST may provide a cost-efficient means to monitor risk or provide early warning of these and may be justified. The need for contingency plans and effective vaccines for use in both the neighbourhood and potentially in EU-MN is recognized as a priority.

➤ **Category 3: Not included in the above because**

- they currently cause outbreaks in EU-MN and the priority is not therefore for actions in the European neighbourhood (e.g. ASF);
- co-ordination is well established at EU level: e.g. CSF. BT and AHS;
- For these, no specific activities are planned at this point.

Note

A) Outbreaks of a Category 2 FAST disease in countries directly bordering an EU MN would be reason for moving to Category 1 status.

B) Some activities planned for Categories 1 and 2 may also be relevant to stakeholders concerned for Category 3, such as the platform on vaccine security (availability of effective vaccines for emergency application in EU and neighbourhood).

Pillar I (Output I)

Pillar Objective

Improved preparedness for management of FMD and similar TADs ('FAST disease') crises by Members and across Europe as a whole.

Pillar Co-ordinator

Maria de la Puente Arévalo

Component 1.1 (Activity 1)

Training for Member Nations

Component Objective

Increased European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member Nations to cascade training at national level.

Component Manager

TBD

1. Background

As in the previous phase IV, Component 1 will include all training activities under the training credits system. A **training menu** will be developed and offered to the 39 EuFMD Member Nations (MN), to spend their training credits choosing from a range of options. Regular communication with the 39 Training Focal Points (TFP) will take place, in order to ensure that the program is developed correctly and implemented by the end of each biennium (2019-2021 and 2021-2023).

The training menu will include online training courses (multi-country and tailored courses) and face-to-face courses (workshops and Real Time Trainings). Support for **regional initiatives** and assistance with **national training** will also be included and encouraged as options in the training menu. However, this menu will be defined once the training needs have been established. To do so, information from different sources will be collected and analyzed, including feedback surveys from previous courses; expert opinion of component managers and EuFMD consultants working with the MN; questionnaires sent to the Training Focal Points (TFP); workshop to identify the training needs and gaps in emergency preparedness (held in September 2019). The new training menu will include topics related to FAST diseases. It will focus on providing countries with practical knowledge to deal with challenges related to disease detection, control and recovery phase after an outbreak. The new training program will consider the risk that the different FAST diseases pose in the different MN.

In this new phase, an additional effort will be made to support **capacity building** at national level. EuFMD training support services will include training resources and materials that can be used at national level to cascade knowledge by the trainees participating in EuFMD courses and by national education institutions. The number of these **open access resources** and their visibility and accessibility will be raised substantially to increase the number of people making use of material created or referenced by EuFMD.

Together with the open-access resources (training resources and job aids), the online **FMD Emergency Preparedness** course and any other relevant training material, will be made available immediately for EuFMD members in the case of a **FAST disease incursion**, in order to train a large number of veterinarians involved in emergency response in a short time.

In **Phase V**, in order to promote the **engagement of the private sector** in the prevention and control of FAST diseases, a percentage of training for private sector actors at national levels (livestock industries and associated with livestock value chains) will be accounted for by opening training opportunities to the private sector alongside the official veterinary service.

In order to ensure the quality across the training programme and to carry out a continuous evaluation of the impact of our training programme, a **Training Quality Management System (TQMS)** will be established. This system aims to guarantee that EuFMD provides high-quality and high-impact training. It will be established following the recommendations of an independent expert panel (experts in adult education from the MN).

Moreover, during this phase, work will be carried out under component 1 to **achieve accreditation** of EuFMD courses as Continuing Professional Development (CPD) and /or part of a wider, European system for recognition of training for achievement of competencies by veterinary authority personnel.

EuFMD will be part of a working group that, within the framework of a **VetCEE dossier of Competence**, will aim to define the requirements for a postgraduate training programme in the field of Veterinary Public Health (VPH). The identification of a common quality standard for a middle-tier postgraduate specialization program in the field of VPH, will allow for mutual recognition within the EU of the national postgraduate training courses.

To guarantee **co-ordination** with, and engagement of, the relevant partners, regular meetings will be organized during the Phase. The outputs of those meetings will be used to adapt and improve the activities implemented under Component 1.

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Maria de la Puente Arévalo	Pillar I Co-ordinator
Training manager	Jenny Maud	Training Programme Manager
Component manager	TBD	Short Term Placement
Training and networking	Nadia Rumich	Network and Training Support
Member State partners	Training focal Points in each EuFMD MN	n/a
Executive Committee oversight	TBD	Executive Committee member
FAO officer	Eran Raizman	FAO Regional office Europe
OIE	TBD	
EU Commission	TBD	

3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member Nations of EuFMD.

Communication with representatives of the EU initiative *Better Training for Safer Food* (BTSF) will take place to guarantee that the training offer of both projects (EuFMD and BTSF) is complementary.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support
Every two years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support
Website report	Component manager	Written report	Website	Network and Training Support
Workshop/Mission reports	Lead facilitator	Written report if required	EuFMD, AGAH, others if required	Network and Training Support

5. Objective of the component

Increased European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member Nations to cascade training at national level.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.1 Training for Member Nations	Increased European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member Nations to cascade training at national level	Training on FAST diseases, resources, tools and technical assistance is provided to all MN to enable cascade training at national level in order to develop their capacity to respond to FAST disease emergencies	60% of the countries to have implemented national training activities using EuFMD training and/or training support services in four years	Regular collection of information through contacts with TFP. Procedure established in the training quality management system	Two external evaluations to be carried out by month 18 and 38 of Phase V	Assumes commitment from MN to develop and implement national trainings on FAST diseases and demand to use EuFMD training support services

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

- 1.1.1.** Training support services providing training resources, materials and expert guidance to cascade training on FAST diseases:
 - 1.1.1.1. Training infrastructure;
 - 1.1.1.2. Training resources.
- 1.1.2.** Training programme for Member Nations:
 - 1.1.2.1. Implementation of a demand-driven training programme covering identified priority areas in the fields of detection, emergency preparedness, emergency management and recovery for FAST diseases.
- 1.1.3.** Training Quality Management System (TQMS) to ensure the quality across EuFMD training programme and the continuous evaluation of the impact of our training:
 - 1.1.3.1. Quality assurance across the training programme and assessment of its impact;
 - 1.1.3.2. Accreditation of EuFMD training courses.

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.1.1. Training support services	Training support services: Training infrastructure.	Maintenance and improvement of the training infrastructure, including online platform.	EuFMD online platform will be functioning and accessible to users more than 23 months per biennium in phase V.	The development and maintenance of EuFMD online platform to be aligned with Information Technology (IT) FAO rules.
	Training support services: Open access resources.	Availability of the existing open access resources and generation of new training materials and job aids that can be used by MN in their trainings at national level. Development of new open access courses. Whenever possible, the development of new resources will be done using material developed under 1.1.2. Some of the new resources developed under this sub-activity will be linked to the GET Prepared toolbox, as relevant.	a) Open access resources will be accessible to users more than 23 months per biennium during phase V. b) A number of new resources to be defined will be developed per year.	Risk of lack of priority to the development of new resources due to workload: careful planning will be required.
1.1.2. Training programme	1.1.2.1. Implementation of a demand driven training programme covering identified priority areas in the fields of detection, emergency preparedness, emergency management and recovery for FAST diseases.	Evaluation of the training needs and development of a training menu according to these. Each country will receive 10 training credits to choose from a range of options established in the training menu. Implementation of the training programme, delivering the different training courses (online and face-to-face), regional initiatives, missions and tailored in-country assistance. Co-ordination with the TFP including regular on-line and/or face-to-face meetings.	At least 90 % of the training credits spent by the MN by the end of each biennium.	Assumes commitment from MN and active collaboration from TFP.
1.1.3. TQMS	1.1.3.1. Quality assurance across the training programme and assessment of its impact.	Development of a Training Quality Management System in order to ensure the quality across the training programme; carry out regular evaluations of the impact of our training programme to support the design of a training offer that can achieve higher capacity development at country level. This system will guarantee that EuFMD provides high-quality and high impact training.	Development and full implementation of the training quality management system by June 2020.	Relies on proper implementation of the procedures established by the new system in order to apply harmonized procedures and collect adequate information.
	1.1.3.2. Accreditation of EuFMD training courses.	Accreditation of EuFMD training courses as continuing professional development (CPD) and/or part of a wider system for recognition of training for achievement of competences by veterinary authority personnel. Participation in the working group to define requirements for a post graduate training programme in the field of veterinary public health (VPH), within the framework of a VetCEE dossier of Competence.	Accreditation of EuFMD training courses by the end of the first biennium of phase V.	Risk of timetable slipping if the accreditation procedures are long and require a lot of administrative work.

7. Gantt chart

1.1 Training for Member Nations			YEAR 1													YEAR 2												
Sub Activities			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
1.1.1. Training support services	1.1.1.1. Training support services: Training infrastructure	Planning and development	■	■												■	■									■		
		Implementation and application			■	■	■	■	■	■	■	■	■	■	■			■	■	■	■	■			■	■	■	
		Co-ordination/ Meetings		■													■								■			
		Evaluation														■					■	■						
	1.1.1.2. Training support services: Open access resources	Planning and development	■	■						■						■	■					■	■				■	
		Implementation and application			■	■	■				■	■	■	■	■			■	■	■	■	■			■	■	■	
		Co-ordination/ Meetings		■						■						■									■			
		Evaluation							■							■					■	■						
1.1.2. Training programme	1.1.2.1. Implementation of a demand driven training programme covering identified priority areas in the fields of detection, emergency preparedness, emergency management and recovery for FAST diseases	Planning and development	■	■	■											■						■	■			■		
		Implementation and application				■	■	■	■	■	■	■	■	■	■		■	■	■	■	■			■				
		Co-ordination/ Meetings														■										■		
		Evaluation														■					■	■						
1.1.3. TQMS	1.1.3.1. Quality assurance across the training programme and assessment of its impact	Planning and development	■	■	■	■	■									■							■	■			■	
		Implementation and application							■	■	■	■	■	■	■		■	■	■	■	■			■				
		Co-ordination/ Meetings			■				■							■									■			
		Evaluation														■					■	■						
	1.1.3.2. Accreditation of EuFMD training courses	Planning and development							■	■	■					■						■	■					
		Implementation and application										■	■	■	■	■	■	■						■	■	■		
		Co-ordination/ Meetings			■				■			■																
		Evaluation																			■	■						

GANTT CHART NOTES

1.1.1.1	Planning and development	Planning of improvements and changes in the training infrastructure	Implementation and application	Maintenance and implementation of new developments	Co-ordination/ Meetings	Co-ordination meetings as part of the planning: with EuFMD staff and external partners as relevant	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.1.1.2		Definition of priority new resources to be developed; Schedule and assignation of tasks within EuFMD team		Development of new resources		Internal co-ordination and follow-up meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation + first additional evaluation. Reinforcement of evaluations to follow up development of new resources
1.1.2.1		Training needs assessment, definition of the training menu and allocation of training credits; Adaptation to evaluation recommendations; Planning for second biennium.		Implementation of the training programme: Delivery of workshops, RTT, online courses, support missions, etc.		Training Focal Points Meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.1.3.1		Development of guidelines for putting in place the TQMS (LoA University of Nottingham); Planning and adoption of procedures to put in place EuFMD TQMS; Adaptation to evaluation recommendations; Planning for second biennium.		Application of procedures established by the TQMS, including regular collection of information to be evaluated in order to: a) ensure continuous improvement of our training programme b) assess impact of our training		Meeting with experts from University of Nottingham; Internal meeting for communication of new procedures under the TQMS to EuFMD staff involved in training activities; Internal co-ordination meetings after evaluations.		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.1.3.1		Planning and preparation of dossier for course accreditation		Application for course accreditation		VetCEE dossier of Competence working group meetings		Final-biennium (external) evaluation

8. Budget (€) COMP. 1.1

Component 1.1 - "Training for MS"										
	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
Objective: Develop European expertise in FAST disease emergency management and assist national FAST disease preparedness training programmes.	1.1.1. Training support services providing training resources, materials and expert guidance to develop capacity building and cascade training on FAST diseases at national level	2,200	10,000	97,000	5,000	14,000	13,000	0	19,000	160,200
	1.1.2. Training programme	16,138	22,161	35,000	210,000	70,000	0	15,000	40,000	408,299
	1.1.3. Training quality management system	3,600	2,750	48,000	5,000	2,000	10,000	0	6,000	77,350
	TOTAL FOR COMPONENT 1.1 BY BUDGET LINE	21,938	34,911	180,000	220,000	86,000	23,000	15,000	65,000	645,849

Additional contributions to this component (not included in above table):

Description	Contribution	Funding source
Component Manager: Short Term Placement	20% full time equivalent (FTE)	EuFMD Trust Fund (MN contributions)
Chief Learning Officer	20% FTE	EuFMD Trust Fund (MN contributions)
E-learning technologist	20% FTE	EuFMD Trust Fund (MN contributions)

9. Challenges to achieving component objectives

1. Commitment and engagement by national authorities is needed to achieve the component objective. In particular, allocation of training credits and nomination of participants to participate in courses requires active collaboration from the Training Focal Points (TFP). In phase IV, this collaboration was rewarding with the great majority of the countries. However, the lack of response by some TFP could continue in Phase V, affecting EuFMD's impact in these countries preparedness against FAST diseases.
2. National cascade training depends on the engagement of trainees participating in EuFMD courses and on the support they receive from their authorities to organize training at national level.
3. Development of new training resources and materials according to an established timeline, will require careful planning of time and human resources to avoid delays to output delivery.
4. The implementation of the procedures established in the new **Training Quality Management System** will require the training and engagement of all EuFMD staff involved in different training initiatives across the program, to apply harmonized procedures and collect adequate information. This information will need to be centralized, analyzed and lead to continuous improvement of EuFMD training program.
5. Achieving the accreditation of EuFMD training courses within the established timeframe will depend on our capacity of fulfilling the requirements of the accreditation body and the length of the accreditation procedure.

Component 1.2 (Activity 2)

Emergency Preparedness

Objective

Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to test and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement

Component Manager

Koen Mintiens

1. Background

The activities in this component will engage with, and be provided to, each of the 39 Member Nations. Some additional European countries, that are not EuFMD members, might be invited to activities under this component.

GET Prepared

During phase IV of the program, the EuFMD developed the concept for a comprehensive toolbox (“**GET Prepared**”) of resources for contingency planners was developed. It was presented during the 43rd General Session of the EuFMD -GS43 (April 2019) and received great support from the Member Nations (MN). In Phase V, this tool will be populated with guidance documents, assessment tools and best practices. The work will be done in collaboration with the MN contingency planners. A forum will be set up to facilitate sharing of best practices and to identify improvements to the uptake or application of **GET Prepared** Toolbox contents. The identification of these gaps will support the planning of the development of new guidance documents under this component or of new training workshops under component 1.1.

EuFMDiS

The development of the European Foot and Mouth Disease Spread Model, **EuFMDiS**, in the previous phase also received strong support from the MN. A sufficient number of countries will be incorporated into the model during Phase V to enable both national and Europe-scale assessment of the effects of FMD incursions and control measures. New features will be included in **EuFMDiS** in order to meet the priorities agreed by the expert panel under the Standing Technical Committee (STC). These new features will include the capacity of modelling wildlife-domestic animal interactions; the impact of changing biosecurity at animal holdings and during livestock movements; the incorporation of pastoralist system and the inclusion of carcass disposal capacity. EuFMDiS will be adapted to model other FAST diseases, on the basis of priorities identified by the STC and agreed with the Executive Committee. These activities will be accompanied by training initiatives and regular engagement with the user community to ensure adequate use of the model.

Emergency Preparedness Network

An **Emergency Preparedness Network** (EP) will integrate the previous Modelling, Vaccination and Contingency Planning Networks to continue providing up-to-date information on different topics related to FAST disease Emergency Preparedness (EP), act as a forum for EP experts and a database of veterinarians who have been trained in a Real Time Training (RTT) course. This network of EP experts will comprise contingency planners from different countries and experts from international organizations.

The work started during the last biennium to increase **collaboration and engagement of the private sector** in the prevention and control of FAST diseases, and will continue during Phase V. The discussions and activities held with different stakeholders will lead to recommendations to improve future legislation and contingency plans in the MN and to raise awareness among the private sector.

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Maria de la Puente Arévalo	Pillar I Co-ordinator
Component manager	Koen Mintiens	Quantitative Risk Assessor
Training and networking	Nadia Rumich	Training and Networking
EuFMDiS user support	Tiziano Federici	EuFMDiS assistant
Modelling expert	Shankar Yadav	Quantitative Risk Assessor
EuFMDiS developer	Graeme Garner	EuFMD consultant
EuFMDiS developer	Richard Bradhurst	EuFMD consultant
Member State partners	Contingency planning focal points	n/a
GET prepared leader	Sally Gaynor	Emergency Preparedness Expert
ExCom oversight		
FAO officer	Eran Raizman	FAO REU

3. Countries or partner organizations involved

The 39 Member Nations of EuFMD are the direct beneficiaries of this component. As the activities under this component have a strong relevance to Ukraine and Moldova, and other such European countries that are not currently MN, the agreement of the EC for their participation maybe proposed.

The work done under this component will require the collaboration of the MN and different technical partners in the EU Commission, particularly EFSA (EuFMDis) and Directorate F of DG-SANTE (GET Prepared). A continuous cooperation will also be established with the World Organisation for Animal Health (OIE) and the Emergency Management Center (EMC) of FAO to guarantee complementarity of work on emergency preparedness by the different organizations.

4. Reporting

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Website report	Component manager	Written report	Website	Network and Training Support Officer
Mission reports	Leader of the Mission	Written report if required	EuFMD, AGAH, others if required	Network and Training Support Officer

5. Objective of the component

Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to test and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.2 Emergency Preparedness	Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to assess and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement.	Tools to assess and improve MN contingency plans are developed; Mechanism to facilitate discussion fora among experts in emergency preparedness and among private and public sector are established.	80% of the countries to have introduced some improvement in their contingency plans by the end of the phase as a result of the work done under this component.	Regular collection of information through contacts with TFP.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from MN to contribute in the development of the use and to make use of them; Assumes engagement of members of the networks.

6. Planned Component Sub-Activities

The expected results of the component will be achieved through a program of sub-activities:

- 1.2.1.** Tools for contingency planning and decision support for the better management of FAST disease risks:
 - 1.2.1.1. GET Prepared
 - 1.2.1.2. Development of resources
- 1.2.2.** FAST disease modelling for Europe:
 - 1.2.2.1. European Foot and mouth Disease Spread Model (EuFMDiS)
- 1.2.3.** Emergency Preparedness Network for contingency planners and experts in emergency preparedness:
 - 1.2.3.1. Online network
 - 1.2.3.2. Working groups and meetings
- 1.2.4.** Public-private partnerships for the prevention and control of FAST diseases:
 - 1.2.4.1. Public-private partnership discussion forum and initiatives to increase collaboration and engagement of the private sector in the prevention and control of FAST diseases

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.2.1. Tools for Contingency Planning	1.2.1.1 GET Prepared	Development of a comprehensive toolbox (“GET Prepared”) of resources for contingency planners	a) Identification and compilation of examples of good practice in EP during the first year of phase V b) Online GET Prepared tool available by the end of the first biennium c) At least 95% of the components of emergency preparedness (“bricks in the wall”) will contain assessment resources and examples of good practice by the third year of phase V.	Assumes that a large number of useful resources that will be included or referenced in GET Prepared have already been developed by other countries and organizations
	1.2.1.2 Development of resources	Development of resources such as guidance documents or assessment tools whenever is necessary to fill a gap within a ‘brick’ in GET Prepared.	2 new resources will be developed per biennium, if a need is identified.	Assumes that 4 new resources will be enough to cover the existing gaps.
1.2.2. FAST disease modelling	1.2.2.1 EuFMDiS	Incorporation of new countries to EuFMDiS to enable both national and Europe-scale assessment of the effects of FMD incursions and control measures. Addition of new features in EuFMDiS as agreed by the expert panel under the Standing Technical Committee (STC). Adaptation of the model to other FAST diseases. Support to EuFMDiS users to facilitate the use of the model to carry out studies that are useful to test their contingency plan.	a) 10 countries added to EuFMDiS by the 3 rd year of phase V (baseline: 7 countries) b) EuFMDiS adapted to 2 more FAST diseases by the 3 rd year of phase V. c) 8 new features added to the model by the 3 rd year of phase V. d) At least 5 users support activities (trainings, webinars, and meetings) held per year.	Relies on MN commitment to adapt the model to their countries. Risk of countries making poor use of the model, esp. if external factor (e.g. other disease outbreaks).

1.2.3. Emergency Preparedness Network	1.2.3.1. Online network	<p>Development of an online page to host the new Emergency Preparedness Network, integrating the previous Modelling, Vaccination and Contingency Planning networks.</p> <p>Provide opportunities for members to interact and learn through webinars or other resources related to contingency planning, emergency vaccination and disease modelling. Provide a forum to increase the sharing of good practices in emergency preparedness.</p>	<p>a) Online site developed and participants enrolled by the end of 2019</p> <p>b) 12 webinars or other resources (videos, podcasts, papers) presented to the network members during each biennium</p>	Assumes interest by participants of the network to actively contribute to the discussions and exchange of good practices
	1.2.3.2. Working groups and meetings	<p>Organization of working groups and meetings to reinforce the discussion forum provided by the online network. Joint TFP/EP preparedness experts meetings might be considered</p>	At least 1 F2F meeting held per year	Assumes availability of contingency planners and emergency preparedness experts from different organizations
1.2.4. PPP	1.2.4.1. PPP discussion forum and initiatives to increase collaboration and engagement of the private sector in prevention and control of FAST	<p>Establish a discussion forum to work with different stakeholders on a) best practices to increase collaboration and engagement of the private sector in the prevention and control of FAST diseases; b) concerns and challenges of disease control for the private sector; c) better ways to raise awareness on FAST diseases among the private sector.</p>	<p>a) 2 meetings per year (F2F or on-line) with different representatives of the private sector</p> <p>b) 2 simulation exercises involving the private sector organized by the end of the first biennium of phase V</p> <p>c) At least 1 recommendation doc drafted after each simulation exercise.</p>	Assumes interest and active participation of relevant stakeholders to take part in and co-organize these activities.

7. Gantt chart

Sub Activities		YEAR 1													YEAR 2													
		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S			
1.2. Emergency Preparedness	1.2.1. Tools for contingency planning	1.2.1.1. GET Prepared	Planning and development																									
			Implementation and application																									
			Co-ordination/ Meetings																									
			Evaluation																									
	1.2.1.2. Development of resources	Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										
	1.2.2. FAST disease modelling	1.2.2.1. EuFMDIS	Planning and development																									
			Implementation and application																									
			Co-ordination/ Meetings																									
			Evaluation																									
	1.2.3. Emergency Preparedness Network	1.2.3.1. Online network	Planning and development																									
			Implementation and application																									
			Co-ordination/ Meetings																									
			Evaluation																									
1.2.3.2. Working groups and meetings		Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										
1.2.4. PPP	1.2.4.1. Public-private partnership discussion forum to increase collaboration and engagement of the private sector in the prevention and control of FAST disease	Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										

GANTT CHART NOTES

1.2.1.1	Planning and development	Identification and compilation of examples of good practice in EP; Development of online GET Prepared tool; Adaptation to evaluation recommendations; Planning for second biennium.	Implementation and application	Sharing with MN initial compilation of resources done; Availability of the GET Prepared online toolbox with the resources included NOTE: Inclusion of new resources will be an ongoing process.	Co-ordination/ Meetings	Co-ordination meetings as part of the planning and development process: with EuFMD staff and external partners as relevant (DG SANTE-F, EMC, OIE, IT developers and designers).	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.1.2		Development of resources; Planning for second biennium.		Publication of new resources.		Co-ordination with relevant people as part of the developing process		Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.2.1		Planning and development to: include one additional country; add a new disease; include one additional country; add new features; include one additional country.		Additions incorporated in EuFMDiS.		Technical co-ordination meeting; Users group meeting; EuFMDiS advisory group meeting; EuFMDiS advisory group meeting; Users group meeting. *Revision point of the strategy to up-scale EuFMDiS to a pan-European model.		Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.3.1		Online site development and enrolment of participants; Adaptation to evaluation recommendations; Planning for second biennium.		Resources and activities made available for the online network.		Internal co-ordination meetings after evaluations.		Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.3.2		Adaptation to evaluation recommendations.				EP preparedness experts meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.4.1		Preparation for SimEx; drafting Recommendations document; Adaptation to evaluation recommendations.		Simulation exercises; Recommendations documents drafted.		PPP meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation.

8. Budget (€) COMP. 1.2

Component 1.2 - Emergency Preparedness										
Objective: Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to test and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.2.1 Tools for contingency planning and decision support for the better management of FAST disease risks	2,000	5,000	30,000	2,000	0	0	0	10,000	49,000
	1.2.2 FAST disease modelling for Europe	1,000		43,000	33,000	30,000	50,000	0	5,000	162,000
	1.2.3 Emergency Preparedness network for contingency planners and professionals with interests in disease modelling and/or emergency vaccination	6,000	22,161	2,000	20,000	11,500	0	0	1,000	62,661
	1.2.4 Public-private partnership for the prevention and control of FAST disease	2,700	2,750	5,000	5,000	2,000	0	0	5,000	22,450
	TOTAL FOR COMPONENT 1.2 BY BUDGET LINE	11,700	29,911	80,000	60,000	43,500	50,000	0	21,000	296,111

Additional contributions to this component (not included in above table):

<i>Description</i>		<i>Contribution</i>	<i>Funding source</i>			
Component	Manager:	20% full time equivalent (FTE)	EuFMD	Trust	Fund	(MN)
Category A Consultant			contributions)			

9. Challenges to achieving component objectives

1. Member Nation commitment and engagement will be necessary to build-up **GET Prepared** through sharing good practices and the identification of gaps in preparedness. Good practices in one context are not necessarily applicable in another. Therefore, to guarantee that the experience in some countries is useful to others, the EuFMD will need to work in the definition of criteria of good practice to identify what is working well in general term.
2. Scaling-up EuFMDiS to a pan-European model will involve the commitment of engagement of the Member Nations. Adapting the model to a specific country requires that a team of people in that country dedicate a significant amount of time to collect information. Once the model is set up, it should be used on a regular basis to test the contingency plan, but time constraints can be a limitation to do so. Solutions will be needed to fill the gaps left by countries that are not interested to join a pan-European version of EuFMDiS.
3. There are some practical aspects of maintaining and expanding EuFMDiS that the EuFMD will need to consider: such as adequate training and support for EuFMDiS users; updating and refining input data in the model; availability of the model for users (improved installation process and/or placing the model in a server).

Component 1.3 (Activity 3)

Emergency vaccination

Objective

Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new system to increase FMD vaccine security.

Component Manager

TBD

1. Background

The EuFMD organized the Open Session meeting, 29-30 October 2018, on “**Increasing Global Security in the supply of FMD vaccines**” and the theme attracted huge interest, reflecting the degree of concern that lack of availability of vaccines is constraining progress at every level. Some key messages of the meeting were:

- Quality vaccines are not sufficient and the barriers that prevent their availability must be addressed;
- Further work to quantify the un-met demand for vaccines and predict future growth is needed;
- Improving vaccine availability needs urgent attention by both public and private sectors and a new form of partnership is required;
- In endemic settings, livestock keepers should have the right to access effective vaccines to protect their livestock and livelihoods;
- A shift in the vaccine stewardship paradigm is required to:
 - create an enabling environment for investment in vaccine security;
 - continue to support R&D for innovative technologies and partnerships;
 - ensure inclusion of all stakeholders in the value chain.

The creation of a new component to address vaccine security against FAST diseases was outlined during the 43rd General Session of the EuFMD (April 2019) and agreed to by Member Nations, to respond to these concerns, and in particular those affecting Member Nations.

The activities in this component will engage with, and be relevant to, each of the 39 Member Nations. EuFMD will provide **regular guidance** to contingency planners at national and European (EU and GF-TADs) scale on all aspects of vaccine availability and performance for use in emergency vaccination programmes, for the priority FAST diseases. This activity will be linked closely to the work done under **component 7** of Pillar I to update and regularly use the PRAGMATIST to provide information of the FMD risks and the relative value of the antigens available for use in European emergency reserves.

In order to generate some of this information, to improve understanding of issues and to identify pathways or actions to improve the availability of vaccines suitable for use by Member Nations in disease emergencies, a **Public and Private Sector Platform (PPSP)** will be established.

In close collaboration with **components 2 and 4** of Pillar I, EuFMD will **scope the state of preparedness for emergency vaccination** in the plans of the Member Nations and on the issues that constrain them from inclusion of vaccination in their plans. The issues identified may be discussed by the **PPSP** to draft recommendations to address these constraints. Moreover, they may lead to the development of training activities for MN organized under components 1 and/or 4.

New system to improve vaccine quality and availability will be established:

- A **pre-qualified supplier system** for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MN;
- An emergency procurement and supply mechanism for FMD vaccines, operating through FAO procurement procedures through application of the pre-qualification system with or without an assurance (Assured Supply) contracting modality: Assured emergency Supply Options (**AESOP**).

These new system are relevant for Member Nations, and for the Global Strategy for the control of FMD. Therefore, the work will be done in collaboration with Pillars II and III. The pre-qualified supplier and AESOP system may be a model for other FAST diseases. By the end of phase V or in future phases of the program, the extension to other diseases might be considered.

Once these new system are established, there will be a need to **communicate and explain to the Member Nations** and other potential users of these mechanism how to access them. In co-ordination with other components of the workplan, different meetings and fora will be used for this purpose (e.g. Training focal points meetings (1.1); Online emergency Preparedness Network (1.2); Contingency planning focal points meetings (1.2); Management meetings (1.4)).

The new emergency procurement and supply system for FMD vaccines that complements the EU vaccine bank, will be one of the new mechanism of **emergency response** established in this new phase of the programme.

Another new emergency response mechanism will be the diagnostic bank established under component 4 of Pillar I. The diagnostic bank will be established initially for South-Eastern Europe, as this is considered a priority area in term of risks. However, with the agreement of the European Commission and the Member Nations, the bank will be available for other countries or regions in the case of an outbreak. Overall, the EuFMD, through the new workplan, will be flexible to react in a timely manner in case of an emergency, mobilizing funds from different components as necessary (e.g. to deliver an online emergency training, to provide experts to assist in affected countries, etc.).

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Keith Sumption	
Component manager	TBD	
Training and networking	Nadia Rumich	Training and Networking Support officer
Member State partners		n/a
ExCom oversight		
FAO officer	Eran Raizman	FAO REUT
OIE		
EU Commission		

3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member Nations of EuFMD.

Cooperation will be established with the World Organisation for Animal Health (OIE) and the Emergency Management Center (EMC) of FAO, GF-TADS for the development of most of the sub-activities under this component.

4. Reporting

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Website report	Component manager	Written report	Website	Network and Training Support Officer
Mission/Meeting reports	Leader of the Mission/ Main facilitator of the meeting	Written report	EuFMD, AGAH, others if required	Network and Training Support Officer

5. Objective of the component

Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new system to increase FMD vaccine security.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.3 Emergency vaccination	Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new system to increase FMD vaccine security.	Establishment of a public-private platform and scoping work to improve understanding of FAST disease vaccination constraints in MN; Establishment of new system to increase FMD vaccine security.	60% of the countries to have incorporated changes in their contingency plans regarding the use of emergency vaccination against FAST diseases, as a result of the work done under this component, by the end of the phase; 3 million vaccine doses assured under AESOP/assurance programme.	Regular collection of information through contacts with focal points in the MN.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from MN to incorporate the recommendations given by the PPSP or to consider the use of the new system to increase vaccine security

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

- 1.3.1.** Sub-activities to better understand the level of preparedness to use emergency vaccination for FAST diseases in Member Nations:
 - 1.1.3.1. Scoping work to understand the approach to emergency vaccination in MN;
 - 1.1.3.2. Regular reporting and guidance to Member Nations.
- 1.3.2.** Establishment of a public and private sector platform (PPSP) for FAST disease vaccination:
 - 1.3.2.1. PPSP regular meetings;
 - 1.3.2.2. Development of guidance papers and studies.
- 1.3.3.** New system to improve FMD vaccine quality and availability:
 - 1.3.3.1. Pre-qualified supplier system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MN;
 - 1.3.3.2. Assured emergency Supply Options (AESOP) for FMD vaccines.

	Sub-activity level	Description	Indicators	Assumptions and risks
1.3.1. Preparedness for emergency vaccination	Scoping work to understand the approach to emergency vaccination in MN.	Scoping work for the state of preparedness for emergency vaccination in the plans of the Member Nations and on the issues that constrain them from inclusion of vaccination in their plans. This work will be done in close collaboration with components 2 and 4 of Pillar I and information will be gathered through interviews with focal points from the MN, surveys and/or discussions in different workshops and meetings. EuFMDiS will also be used to assess emergency vaccination needs for FAST diseases.	36 MN to have provided information to EuFMD on the state of preparedness for emergency vaccination in their CP plans and the constraints to consider this option, as relevant, by month 18 phase V.	Assumes collaboration from MN to provide this information.
	Regular reporting and guidance to Member Nations.	Regular reporting to MN on the state of preparedness for emergency vaccination in the contingency plans across Europe and on the issues that constrain MN to include emergency vaccination in their plans. Regular updating to the MN on the work done by the PPSP, including the communication of identified pathways or actions to improve vaccine availability. Regular guidance to contingency planners on aspects of vaccine availability and performance for use in emergency vaccination programmes for the priority FAST diseases.	a) Reporting to the MN during the 44 th General Session. b) PPSP meeting reports to be sent to all MN two months after the meetings c) Annual report provided to MN from the second year of phase V.	Assumes sufficient and quality information available to be provided to the MN.
1.3.2. PPSP	1.3.2.1. PPSP regular meetings	Establishment of a public and private sector platform (PPSP) that will meet regularly to share information and opinions in order to improve understanding of issues and to identify pathways or actions to improve the availability of vaccines suitable for use by Member Nations in disease emergencies.	Two PPSP F2F meetings per annum	Assumes engagement and availability of the members of the platform
	1.3.2.2. Development of guidance papers and studies	Development of guidance papers through the establishment of and support to working groups of experts and/or development of studies on vaccine related issues. Priorities on the guidance papers and studies to develop will be established during the PPSP meetings.	Three guidance papers and/or studies to be available by the end of the first biennium of phase V.	Assumes that priorities established by the PPSP will be within the budget allocated for this sub-activity.

1.3.3 System for vaccine security	1.3.3.1. Pre-qualified supplier system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MN.	Establishment of a pre-qualified supplier system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MN.	<p>a) Quality criteria defined by month 18 of phase V.</p> <p>b) System established by the end first biennium of phase V.</p>	Assumes commitment by all the partners involved in this sub-activity.
	1.3.3.2. Assured emergency Supply Options (AESOP) for FMD vaccines.	<p>Establishment of an emergency procurement and supply mechanism for FMD vaccines, operating through FAO procurement procedures through application of the pre-qualification system with or without an assurance (Assured Supply) contracting modality (AESOP).</p> <p>In a first phase, the system will be defined and the cost of maintaining the AESOP for 3 million FMD vaccine doses will be estimated. In a second phase, the system will be established and the vaccines for emergency response in Member Nations and in neighbouring countries will be available according to the contracts and/ or agreements established with the countries. In a third phase, the extension of the AESOP to other FAST disease might be considered.</p>	<p>a) Characteristics of the new system defined and agreed by month 18 of phase V.</p> <p>b) System established by the third year of phase V.</p>	Assumes commitment by all the partners involved in this sub-activity; Assumes enough budget foreseen for the actual implementation of the AESOP.

7. Gantt chart

1.3 Emergency vaccination			YEAR 1													YEAR 2												
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
1.3.1. Preparedness for emergency vaccination	1.3.1.1. Scoping work to understand the approach to emergency vaccination in MN	Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										
	1.3.1.2. Regular reporting and guidance to Member Nations	Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										
	1.3.2. PPSP	1.3.2.1. PPSP regular meetings	Planning and development																									
			Implementation and application																									
			Co-ordination/Meetings																									
			Evaluation																									
1.3.2.2. Development of guidance papers and studies		Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										
1.3.3. System for vaccine security	1.3.3.1. Pre-qualified supplier system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MN	Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										
	1.3.3.2. Assured emergency Supply Options (AESOP) for FMD vaccines	Planning and development																								*		
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										

GANTT CHART NOTES							
1.3.1.1	Planning and development	Work planning and survey design if necessary; Adaptation to evaluation recommendations; Planning for second biennium	Implementation and application	Contacts with focal points in Member Nations	Co-ordination/ Meetings	Mid-term (internal) evaluation and final-biennium (external) evaluation	
1.3.1.2		Drafting of reports (b) and (c); Adaptation to evaluation recommendations; Planning for second biennium		PPSP meeting reports sent (a); Annual report on vaccine availability and performance (b); Reporting in the 44th GS (c)		Mid-term (internal) evaluation and final-biennium (external) evaluation	
1.3.2.1		Planning for the meetings, Drafting meeting reports; Adaptation to evaluation recommendations; Planning for second biennium.		Meeting reports available		PPSP meetings	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.3.2.2		Definition of priorities for developing guidance papers and studies during the PPSP meetings; Development of guidance papers and studies; Adaptation to evaluation recommendations; Planning for second biennium.		Guidance papers and study results available			Mid-term (internal) evaluation and final-biennium (external) evaluation
1.3.3.1		Drafting of document with the minimum quality requirements for the vaccine suppliers; arrangements to set up the new system; Adaptation to evaluation recommendations; Planning for second biennium.		Publication of finalized and agreed document; Pre-qualified supplier system established		Meetings/workshops to define the quality criteria for the vaccine suppliers	Final-biennium (external) evaluation
1.3.3.2		Drafting of document defining the characteristics of the new emergency procurement and supply mechanism for FMD vaccines; Adaptation to evaluation recommendations; Planning for second biennium. * Budget and/or expected results revision, once the cost of the AESOP system is defined		Publication of finalized and agreed document		Meetings/workshops to establish the characteristic of the new system	Final-biennium (external) evaluation
					Evaluation		

8. Budget (€) COMP. 1.3

Component 1.3 - Emergency vaccination										
Objective: Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new systems to increase FMD vaccine security	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.3.1. Sub-activities to better understand the level of preparedness to use emergency vaccination for FAST diseases in Member States	2,438	10,000	4,000	10,000	5,000	0	0	1,000	32,438
	1.3.2. Establishment of a public and private sector platform (PPSP) for FAST disease vaccination	6,000	22,161	6,000	20,000	10,000	30,000	0	5,000	99,161
	1.3.3. New systems to improve FMD vaccine quality and availability	13,500	2,750	40,000	10,000	10,000	50,000	0	4,000	130,250
	TOTAL FOR COMPONENT 1.3 BY BUDGET LINE	21,938	34,911	50,000	40,000	25,000	80,000	0	10,000	261,849

9. Challenges to achieving component objectives

1. Member State commitment and engagement will be necessary to achieve the expected result of this component.
2. The establishment of the pre-qualified supplier and the AESOP system to improve vaccine quality and availability will require quite a lot of co-ordination and development work due to the novelty of the concepts and the number of stakeholders that will need to be involved in the process.
3. A revision of the budget will be necessary by the end of the first biennium of the phase, when the actual cost of developing the AESOP mechanism has been defined. The further development of this mechanism beyond FMD will depend on its performance for this disease.

Component 1.4 (Activity 4)

South-Eastern Europe

Objective

Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank

Component Manager

TBD

1. Background

Components 1.3. Thrace and 1.4. Balkans of phase IV will be merged into this new component as sharing the current experiences between the two components will be beneficial for all the region. Activities in this component will be provided specifically to the following eight countries: Albania, Bosnia and Herzegovina, Bulgaria, Greece, Montenegro, North Macedonia, Serbia and Turkey. Moldova and Ukraine will be included in activities organized under this component, once their participation has been agreed with the EC.

Historically, the Thrace region of Greece, Bulgaria and Turkey has been a high-risk area for the introduction of FMD and other trans-boundaries diseases into Europe. By coordinating activities and taking a risk-based approach to surveillance during phase IV of the programme, greater confidence has been achieved in the FMD-free status of the region (Bulgaria and Greece are officially free of FMD and the Thrace region of Turkey is officially FMD free with vaccination) and the likelihood of early detection of an incursion is greatly increased. During phase V, this **risk-based surveillance approach** will be adapted to other FAST diseases and applied in other regions and/or countries covered by component (e.g. adaptation to LSD in Balkans countries to facilitate that they regain the LSD-free status).

The work developed in phase IV in the Balkan countries has aimed at improving the quality of contingency planning and operational procedures. In this sense, supporting the organization of **simulation exercises** has been one of the main activities of EuFMD in the region during the last years. In phase V, the work **to improve emergency preparedness** against FAST diseases in the region will continue to be a priority using different tools: GET Prepared, adaptation of EuFMDiS to countries in the region, workshops, simulation exercises, in-country support.

One of the components to improve preparedness in Phase V will be the establishment of a **diagnostic bank** of reagents for FAST diseases available for the countries in the region. This will be accompanied by activities to improve **laboratory proficiency and capacity** for FAST diseases across the region, for example supporting the organization of laboratory simulation exercises.

A key element of this component will continue to be facilitation of the co-ordination between the countries of the region. During phase IV of the programme, regular Management meetings took place under 1.4. (Balkans) and regular Tripartite meetings were organized under 1.3 (Thrace). In the new phase, these meetings will be organized as **joint meetings**. This more cost-efficient approach will facilitate co-ordination among South- Eastern European countries. However, they will be organized in a way to allow smaller parallel meetings to occur to discuss specific topics within the region, as necessary.

In this new phase, support will be given for the establishment of **national networks** to connect veterinary services, laboratories, research institutions and universities in order to guarantee a transfer of knowledge from research institutions to decision-makers and that research is orientated to fill knowledge gaps identified by veterinary services.

Therefore, the research studies done with **EuFMDiS in the region** will be encouraged, as this tool can assist to improve contingency plans by modelling, for example, which control strategies would be more effective in the case of a FMD (or other FAST disease outbreak), resources needed in the case of an outbreak, etc. Currently, Bulgaria is part of EuFMDiS (as are Croatia and Romania), North Macedonia is working in the data collection to be included in the model and Turkey has shown great interest in adapting EuFMDiS to Thrace. Through **component 2** of Pillar I, economic and technical support will be given for the incorporation of new South-Eastern European countries to the model.

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Maria de la Puente Arévalo	Pillar I Co-ordinator
Component manager	Frank Busch	Short Term Professional
Training and networking	Nadia Rumich	Training and Networking
	Kiril Krstevsky	
	Esa Karalliu	
Member State partners	South Eastern Europe focal points	n/a
ExCom oversight		
FAO officer	Eran Raizman	FAO REU

3. Countries or partner organizations involved

The direct beneficiaries of this component are Albania, Bosnia and Herzegovina, Bulgaria, Greece, Montenegro, North Macedonia, Serbia and Turkey. Croatia and Romania will be considered for some of the activities under this component. Additionally, Moldova and Ukraine will be included in activities organized under this component, once their participation has been agreed with the EC.

The work done under this component will require the close collaboration of the MN involved and of FAO REUT.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Website report	Component manager	Written report	Website	Network and Training Support Officer
Workshop/Mission reports	Lead facilitator/Leader of the Mission	Written report if required	EuFMD, AGAH, others if required	Network and Training Support Officer

5. Objective of the component

Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.4 South-Eastern Europe	Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank.	Risk-based surveillance system for FAST diseases are established and supported; Activities to facilitate collaboration and to improve contingency planning in the region are carried out; A diagnostic bank is established.	Confidence of FAST disease freedom over 90 % in Thrace maintained for 48 months; Focal points of eight countries in the region consider that their preparedness against FAST diseases has increase by the end of the phase (assessed in a scale 0 to 7).	Cameron model to calculate regularly level of confidence in absence of disease; Collection of information through surveys done to the focal points at different moments of the phase.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from MN to actively participate in the different activities organized or supported by EuFMD.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

- 1.4.1.** Risk-Based Surveillance (RBS) system to maintain high level of confidence in the absence of FAST diseases in the region and in capacity for early detection of a FAST disease incursion:
 - 1.4.1.1. Support to Greece, Bulgaria and Turkey to maintain and improve or update as necessary the RBS system established in Thrace;
 - 1.4.1.2 Establish new RBS system for FAST diseases in other countries or regions, as considered necessary.
- 1.4.2.** Support co-ordination activities at national and regional level in South-Eastern Europe:
 - 1.4.2.1 Improve regional co-ordination;
 - 1.4.2.2 Establish national networks to connect veterinary services, laboratories, research institutions and universities.
- 1.4.3.** Sub-activities aimed at improving emergency preparedness, contingency plans and standard operating procedures:
 - 1.4.3.1 Training activities;
 - 1.4.3.2 Simulation exercises;
 - 1.4.3.3 In-country assistance.
- 1.4.4.** Diagnostic bank of reagents for FAST diseases available for the countries in the region:
 - 1.4.4.1 Development and maintenance of diagnostic bank of reagents for FAST diseases available for the countries in the region.

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.4.1. RBS	RBS in Thrace	Support to Greece, Bulgaria and Turkey to maintain and improve the RBS system established in Thrace. This will include the revision of the Cameron model, as necessary.	144 country-months surveillance system operational.	Relies on commitment of the countries involved.
	Establishment of new RBS system.	Adaptation of the current RBS system to other countries or regions and to other diseases, as considered necessary, for example to support the exit strategy in the Balkan countries to recover the LSD-free status.	RBS system for FAST diseases established in at least three new Balkan countries during the first biennium of phase V* *The final number of countries and indicators of surveillance for FAST diseases to be defined when the system is established, according to the defined priorities.	Relies on commitment of the countries involved.
1.4.2. Co-ordination activities	1.4.2.1. Improve regional co-ordination.	Management meetings will be regularly organized to define priorities in the region and follow up the outcomes of the activities carried out under this component. Additional multi-country activities such as simulation exercises will also contribute to improve the collaboration between countries in the region.	Two management meetings organized per year.	Relies on availability of representatives from the different countries to actively participate in these meetings.
	1.4.2.2. Establish national networks to connect veterinary services, laboratories, research institutions and universities.	Support for the establishment of national networks to connect veterinary services, laboratories, research institutions and universities in order to guarantee that there is a transfer of knowledge from research institutions to decision makers and that research is orientated to fill knowledge gaps identified by veterinary services. The key stakeholders that should be part of these national networks will be identified by each country and support will be given for these networks to produce studies or to organize activities that aim at improving emergency preparedness and response. Research studies done with EuFMDiS in the region will be encourage, as this tool can assist to improve contingency plans.	a) Eight countries to have established a national network to connect veterinary services, laboratories, research institutions and universities by the end of the four years. b) Three of this networks to have produced studies or organized activities that aim at improving emergency preparedness and response during the first biennium.	Assumes commitment from the different stakeholders involved.

1.4.3. Emergency preparedness	1.4.3.1. Training activities	<p>Specific workshops about topics of interest in the region will be organized or additional seats for participants from South-Eastern Europe will be offered to attend workshops organized under component 1.</p> <p>Specific laboratory training activities will be considered according to the needs of the countries. These might include training to comply with the “Minimum standards for laboratories working with FMDv”, following the guidance given by the Special Committee on Biorisk Management (SCBRM).</p>	At least 2 representatives from each country participating in a workshop per biennium.	Relies on availability of representatives from the different countries to attend the workshops
	1.4.3.2. Simulation exercises	<p>Technical support to organize national simulation exercises (including laboratory simulation exercises) will be offered to the countries from South-Eastern Europe. Economic support will also be given to facilitate that observer from other countries can attend national simulation exercises.</p> <p>Multi-country simulation exercise will be organized for participants from South-Eastern Europe countries. Representatives from different institutions will be invited to participate in these simulation exercises (laboratories, veterinary services, universities, industry...).</p>	<p>a) Eight countries to organize a national simulation exercise receiving some kind of support by EuFMD during the first biennium of phase V.</p> <p>b) One multi-country simulation exercise will be organized per year.</p>	<p>Risk of lack of priority of the countries to organize national simulation exercises due to more urgent matters (e.g. ASF outbreaks).</p> <p>Assumes availability and commitment to participate in the organization and implementation of the simulation exercises.</p>
	1.4.3.3. In-country assistance	In-country assistance to apply GET Prepared toolbox and to improve contingency plans. This support will be given by consultant provided by EuFMD or by experts within the region supported by EuFMD	8 countries to have received specific in-country support to improve their contingency plans during the first biennium of phase V	Assumes availability of the countries to receive this in-country support, considering other more urgent matters (e.g. ASF outbreaks).
1.4.4. Diagnostic Bank	1.4.4.1. Development and maintenance of a diagnostic bank of reagents for FAST diseases available for the countries in the region.	Establishment of a diagnostic bank of reagents for FAST diseases available for the countries in the region.	Diagnostic bank with capacity to respond for 360 months (country-months TADs) e.g. FMD bank for 10 countries for 36 months of the phase.	Assumes the diagnostic bank will be set up during the first year of phase V.

7. Gantt chart

1.4 South-Eastern Europe		Sub Activities	YEAR 1												YEAR 2											
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
1.4.1. Risk-based surveillance	1.4.1.1. Risk-based surveillance in Thrace	Planning and development																								
		Implementation and application																								
		Co-ordination/meetings																								
		Evaluation																								
	1.4.1.2. Establishment of new risk-based surveillance system	Planning and development																								
		Implementation and application																								
		Co-ordination/meetings																								
		Evaluation																								
1.4.2. Support co-ordination	1.4.2.1. Improve regional co-ordination	Planning and development																								
		Implementation and application																								
		Co-ordination/meetings																								
		Evaluation																								
	1.4.2.2. Establish national networks to connect veterinary services, laboratories, research institutions and universities	Planning and development																								
		Implementation and application																								
		Co-ordination/meetings																								
		Evaluation																								
1.4.3. Emergency preparedness	1.4.3.1. Training activities	Planning and development																								
		Implementation and application																								
		Co-ordination/meetings																								
		Evaluation																								
	1.4.3.2. Simulation exercises	Planning and development																								
		Implementation and application																								
		Co-ordination/meetings																								
		Evaluation																								
	1.4.3.3. In-country assistance	Planning and development																								
		Implementation and application																								
		Co-ordination/meetings																								
		Evaluation																								
1.4.4. Dx Bank	1.4.4.1. Development and maintenance of a diagnostic bank of reagents for FAST diseases available for the countries in the region	Planning and development																								
		Implementation and application																								
		Co-ordination																								
		Evaluation																								

GANT CHART NOTES								
1.4.1.1	Planning and development	Revision of Cameron model as necessary; Testing of changes included into the model; Adaptation to evaluation recommendations; Planning for second biennium	Implementation and application	Maintenance and implementation of the current RBS system; Incorporation of improvements and updates into the system	Co-ordination/ Meetings	Meetings to undertake the review of Cameron model; Co-ordination meetings after evaluations.	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.4.1.2		Establishment of RBS system to other countries or regions and to other diseases; Review of RBS system performance after three first months of its establishment; Adaptation to evaluation recommendations; Planning for second biennium		Maintenance and implementation of the current RBS system; Incorporation of improvements and updates into the system		Meetings to set up the RBS system; Co-ordination meeting after final-biennium evaluation		
1.4.2.1		Planning for the management meetings; Planning for second biennium				Management meetings		
1.4.2.2		Planning of initial meeting; Countries to establish their national networks; Studies or other activities under the network framework to be carried out; Adaptation to evaluation recommendations; Planning for second biennium		Meetings of the national networks to take place; Results of the studies and/or activities to be published		Meeting on mechanism to establish the networks; Meeting to follow up situation on the different countries (together with the MM)		
1.4.3.1		Planning and preparation of workshops; Adaptation to evaluation recommendations; Planning for second biennium		Implementation of workshops				
1.4.3.2		Support to countries during the preparation of their SimEx; Planning and preparation of multi-country SimEX; Adaptation to evaluation recommendations; Planning for second biennium		National simulation exercises: Multi-country simulation exercises (*)		On-line meetings to prepare multi-country simulation exercises		
1.4.3.3		Planning and arrangements for in-country support activities; Adaptation to evaluation recommendations; Planning for second biennium		Implementation of in-country support activities		Meeting to scope gaps and good practices on emergency preparedness in the region and to schedule a calendar of in-country support activities; Meeting to evaluate the impact of in-country activities (together with the MM)		
1.4.4.1		Set up of the diagnostic bank, including the procedures and conditions to access it; Adaptation to evaluation recommendations; Planning for second biennium * Initially the diagnostic bank will be set for FMD and during the second biennium of the phase, it will be studied to extend it to other FAST diseases		Availability and management of the diagnostic bank		Co-ordination meeting with relevant stakeholders to set up the diagnostic bank; Meeting (on-line or face-to-face) to present the diagnostic bank to the beneficiaries		

6. Budget (€) COMP. 1.4

Component 1.4 - South-Eastern Europe

Objective: Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.4.1 Risk-based surveillance (RBS) systems to maintain high level of confidence in the absence of FAST diseases in the region and in capacity for early detection of a FAST disease incursion	2,024	10,000	193,000	10,000	0	0	55,000	50,000	320,024
	1.4.2 Support coordination activities at national and regional level in South-Eastern Europe	11,500	22,161	4,000	24,500	13,500	35,000	0	2,000	112,661
	1.4.3 Sub-activities aimed at improving emergency preparedness, contingency plans and standard operating procedures	13,500	2,750	23,000	49,500	74,000	0	10,000	6,000	178,750
	1.4.4 Diagnostic Bank of reagents for FAST diseases available for the countries in the region	0	0	3,600	0	0	0	55,000	0	58,600
	TOTAL FOR COMPONENT 1.4 BY BUDGET LINE	27,024	34,911	223,600	84,000	87,500	35,000	120,000	58,000	670,035

Additional contributions to this component (not included in above table):

	Contribution	Funding source
Component Manager: Short Term Professional	20% full time equivalent (FTE)	EuFMD Trust Fund (MN contributions)
Laboratory expert: Short Term Professional	20% FTE	EuFMD Trust Fund (MN contributions)

9. Challenges to achieving component objectives

Commitment and engagement from the South-Eastern Europe countries will be required to carry out numerous activities organized or supported under this component. Incursions of TADs into the region, and particularly the current situation regarding African Swine Fever might decrease the availability of veterinary services to engage in planned activities that are not seen as urgent or as priorities.

In order to maximize the value of simulation exercises, Standard Operating Procedures (SOPs) need to be in place, all participants need to be aware of them and have a sufficient understanding of the disease chosen for the simulation. Simulation exercises will need to be planned carefully to ensure that all the compliance with all these pre-requisites before the actual simulation exercise takes place.

Component 1.5 (Activity 5)

Applied Research

Objective

Delivery of valuable tools and knowledge addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases through the implementation of an Applied Research Program (ARP)

Component Manager:

TBD

1. Background

The EuFMD has, since 2008, provided support for small applied research projects that are relevant to the priority technical issues of the EuFMD MN. The EuFMD Fund for Applied Research, **EuFMD-FAR**, is placed under Pillar I for management purposes. The priorities for applied research - identified during the 41st EuFMD General Session - are primarily technical and economic issues affecting FMD (and now also other FAST diseases) emergency management in the MN. However, applied research supporting Pillar II and III objectives is also eligible for funding.

The thematic priorities will be identified with the assistance of the Standing Technical Committee (**STC**) and the Special Committee on Surveillance and Applied Research (**SCSAR**) and **two calls per year** will be launched for this research studies to be assigned to the institutions that better fit with the established criteria. The **criteria** established to select the applicants during phase IV will be maintained in the new phase:

- Relevance to strategic objectives or specific components of the EuFMD Strategy;
- Address generic problem identified as common to many Member State veterinary services;
- Likelihood of tangible results or outputs;
- Urgency of need for results/outputs and lack of alternative funding;
- Synergy or complementarity with field based activities relating to FMD;
- Value for money.

Applications are welcome from any source and are not limited by geographical origin and the proposals will be assessed in **two stages**:

First by external referees (Referee Panel);

Then by the STC (acting as the Grant Review Board), a multidisciplinary panel of experts who are familiar with the priorities and scope of the fund and the context of the institutions which are expected to utilise the knowledge, tools and outputs.

Funding will be allocated by the EuFMD through **Letters of Agreement** (LoA) (contracts between the FAO of the UN and not-for-profit institutions). In exceptional circumstances, for instance where LoAs cannot be applied, the funds may also be allocated through direct implementation mechanism by the Secretariat.

Co-ordination and communication between institutions in the FAST disease surveillance networks will be a key element of this component, which will also aim at providing a platform for review of progress and prioritization. Regular meetings will be organized to provide a discussion forum for the members of the STC, the SCSAR and also the Special Committee on Biorisk Management (SCBRM)

The **EuFMD Open Sessions**, organized every two years, will aim to continue to be the largest technical and scientific meeting on FMD to be held on a regular basis, with nearly 300 participants, drawn mainly from the public sector, scientific institutions and regulators, academia and private sector. In the new phase, the Open Sessions will have a broader scope covering FAST diseases.

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Keith Sumption	Executive Secretary
Component manager	TBD	
Training and networking	Nadia Rumich	Training and Networking
Member State partners		n/a
ExCom oversight		
FAO officer	Eran Raizman	FAO REU
OIE		
EU Commission		

3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member Nations of EuFMD. Priority is given to research outputs which will directly benefit EuFMD Member Nations, however neighbourhood countries and countries worldwide are also likely to impact from funded projects with global application.

The STC and SCSAR advise on research priorities and assist in review of applications.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Reports established in the LoAs	LoAs contractees	Written report and a presentation if required	STC, Open Session	Network and Training Support Officer

5. Objective of the component

Delivery of valuable tools and knowledge addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases through the implementation of an Applied Research Program (ARP).

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.5 Applied research	Delivery of valuable tools and knowledge addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases through the implementation of an applied research program (ARP)	Research studies carried out in order to deliver tools and knowledge that address technical issues considered Europe-wide priorities for national preparedness against FAST diseases	20 peer reviewed papers and reports published by the end of the phase; average impact level of these publications 7 (scale 0 to 10) as assessed by external technical panel	Peer reviewed papers and reports published	Two external evaluations to be carried out by month 18 and 38 of phase V	Assumes the generated knowledge and tools will have high impact and MN will make use of them

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

1.5.1. Funded research projects:

1.5.1.1. Call for research proposals

1.5.1.2. Research studies

1.5.2. Meetings for co-ordination and communication:

1.5.2.1. Regular meetings of the STC, SCSAR and SCBRM

1.5.2.2. EuFMD Open Sessions

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.5.1. Funded research projects	Call for research proposals	Following advice received by the STC, the SCSAR, and the SCBRM, a call for research proposals will be released and widely circulated on a regular basis. Research applications will be reviewed in a two stage process, first by external referees (Referee Panel) then by the STC (acting as the Grant Review Board). Successful applications will be contracted through LoAs.	a) Two calls for research proposals released year, starting in 2020 b) Announcement of results to be done one month after the closing date of the call for application c) LoAs signed two months after the announcement of the results	Assumes good number of suitable applications are received; assumes the process to sign the LoAs is not delayed due to reasons beyond EuFMD
	Research studies	Research projects will be carried out according to the signed LoA, completed project will be assessed and results will be made available.	a) Reports and project results to be produced by institutions awarded grants within the deadlines established in the LoA.	Relies upon satisfactory completion of projects by contracted partners
1.5.2. Meetings	1.5.2.1. Regular meetings of the STC, SCSAR and SCBRM	Meeting will be regularly organized for the STC and the SCSAR so they can discuss and produce advice and guidance on research priorities. This includes meeting at the Open Session which is held every two years, and guiding the Secretariat on the format and content of the session. Meetings of the SCBRM will also be regularly organized so they can discuss and provide guidance on laboratory training, including the Minimum Standards and support needs of the FMD Biorisk management community	c) At least two meetings (on-line or face to face) of the STC held each year b) At least one meeting of the SCSAR held each year (one meeting to be held at the EuFMD Open Session which is held every two years) c) At least one meeting of the SCBRM held each year	Relies on availability of the member of the different committees to attend the meetings
	1.5.2.2. EuFMD Open Sessions	The EuFMD Open Session will be organised every two years and the topic of these sessions will be decided following the advice of the STC and the SCSAR.	a) Two Open Sessions organized during phase V	

7. Gantt chart

1.5 Applied research		Sub Activities	YEAR 1													YEAR 2														
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S				
1.5.1. Funded research projects	1.5.1.1. Call for research proposals	Planning and development																												
		Implementation and application				c	c		a					l	c	c		a		l							c	c		
		Co-ordination/ Meetings																												
		Evaluation																												
	1.5.1.2. Research studies	Planning and development																												
		Implementation and application																												
		Co-ordination/ Meetings																												
		Evaluation																										*	*	
1.5.2. Meetings for co-ordination and communication	1.5.2.1. Regular meetings of the STC, SCSAR and SCBRM	Planning and development																												
		Implementation and application																												
		Co-ordination/ Meetings																												
		Evaluation																												
	1.5.2.2. EuFMD Open Sessions	Planning and development																												
		Implementation and application																												
		Co-ordination/ Meetings																												
		Evaluation																												

GANTT CHART NOTES

1.5.1.1	Planning and development	Review of applications; Arrangements to sign LoA; Adaptation to evaluation recommendations; Planning for second biennium.	Implementation and application	Calls for applications (c); Announcement of results (a); LoA signed (l)	Co-ordination/ Meetings	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation	
1.5.1.2		Research projects to take place		Results of the research project published			Evaluation done by an external technical expert panel to measure the impact of the papers and reports published	
1.5.2.1		Arrangements for the meetings; Adaptation to evaluation recommendations; Planning for second biennium.		Meeting reports available			STC meetings (a); SCSAR meetings (b); SCBRM meetings (c)	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.5.2.2		Arrangements to organize the Open Session		Open Session and side meetings reports			Open Session	Final-biennium (external) evaluation

* Considering publication of research studies results by the end of the first biennium, the evaluation of its impact will be done at the beginning of the second biennium

8. Budget (€) COMP. 1.5

Component 1.5 - Applied Research										
Objective: Delivery of valuable tools and knowledge addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases through the implementation of an applied research program (ARP)	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.5.1 Funded research projects	7,282	10,000	0	0	0	200,000	0	0	217,282
	1.5.2. Meetings for coordination and communication	11,000	24,911	0	72,000	40,000	0	0	25,000	172,911
	TOTAL FOR COMPONENT 1.5 BY BUDGET LINE	18,282	34,911	0	72,000	40,000	200,000	0	25,000	390,193

9. Challenges to achieving component objectives

The impact of the peer reviewed papers and reports published as a result of the implementation of the applied research program will depend on a number of factors that are not always under the control of EuFMD, such as the number of suitable applications received after a call and the quality of the work delivered by the contracted partners.

Component 1.6 (Activity 6)

Proficiency Test Services

Objective

Europe-wide participation in Proficiency Test Services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states

Component Manager

TBD

1. Background

During phase IV of the programme, component 1.7 provided financial support to allow a number of non-EU countries to participate in the annual Proficiency Testing Service (PTS) for national FMD reference laboratories (NRLs).

The new **component 6** of Pillar I will continue to have the same objective as in the previous phase. It will still be managed through a Letter of Agreement (LoA) with the EU Reference Laboratory (EU-RL), who will administer the PTS and also will facilitate the participation of representatives from the supported countries involved to the annual EU reference laboratory meetings.

The intention is that the activities of this component will ensure better alignment of neighbourhood NRLs with the EuFMD and EU standard for FMD diagnostic NRLS performance.

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Keith Sumption	
Component manager	TBD	
Training and networking	Nadia Rumich	Training and Networking
Member State partners		n/a
ExCom oversight		
FAO officer	Eran Raizman	FAO REU
OIE		
EU Commission		

3. Countries or partner organizations involved

The activities in this component will be specifically provided to EuFMD Member Nations that are not EU members and those for which the agreement with DG SANTE is that they cover the cost of their participation in the PTS: Albania, Bosnia, Georgia, Israel, Montenegro, North Macedonia, Norway, Serbia, Switzerland and Turkey.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Reports established in the LoAs	LoAs contractee	Written report and presentation if required	STC, Open Session	Network and Training Support Officer

5. Objective of the component

Europe-wide participation in proficiency test services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.6 PTS	Europe-wide participation in proficiency test services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states.	Non-EU countries that are EuFMD MN are able to participate in PTS on an annual basis.	10 eligible countries to participate each year in the PTS and attend the annual EU-RL meeting.	LoA interim and final reports	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from the beneficiary countries to participate in the mentioned activities.

6. Planned Component Sub-Activities

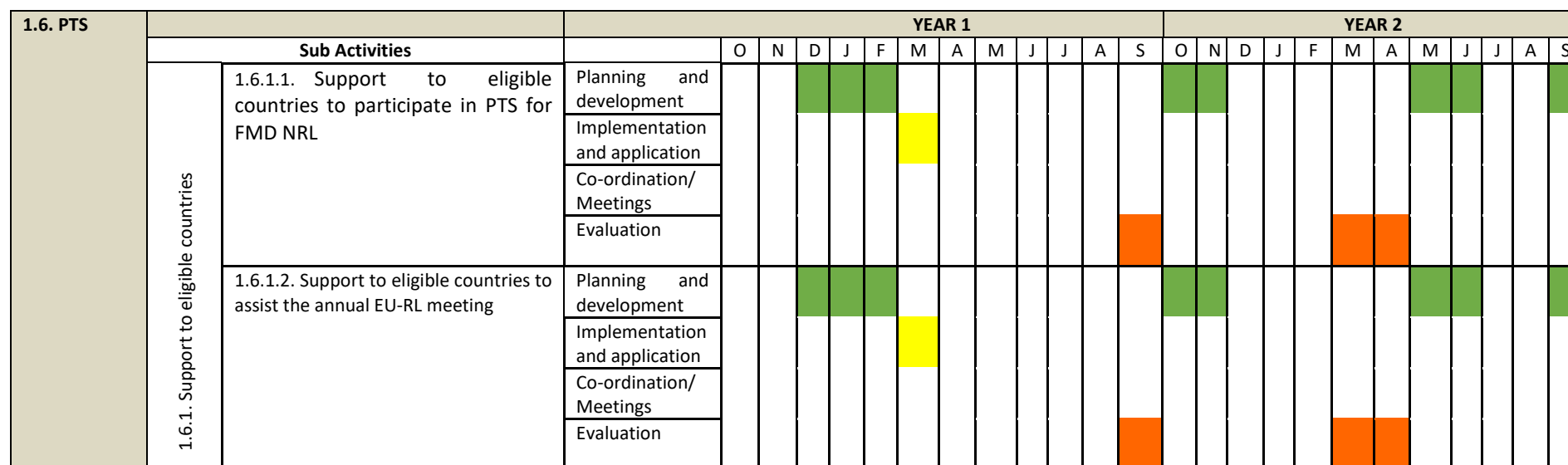
The expected result of the component will be achieved through a program of **sub-activities**:

1.6.1. Support to eligible countries:

- 1.6.1.1. Support to eligible countries to participate in PTS for FMD NRL
- 1.6.1.2. Support to eligible countries to assist the annual EU-RL meeting

	Sub-activity level	Description	Indicators	Assumptions and risks
1.6.1. Support	1.6.1.1. Support to eligible countries to participate in PTS for FMD NRL		10 eligible countries to participate each year in the PTS for FMD NRL	Assumes commitment from the beneficiary countries to participate in the PTS
	1.6.1.2. Support to eligible countries to assist the annual EU-RL meetings		10 eligible countries to participate each year in the annual EU-RL meeting.	Assumes commitment from the beneficiary countries to participate in the annual meeting

7. Gantt chart



GANTT CHART NOTES:

1.6.1.1	Planning and development	Arrangements to sign LoA; Adaptation to evaluation recommendations; Planning for second biennium.	Implementation & application	LoA signed	Co-ordination/ Meetings	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.6.1.2				LoA signed			Mid-term (internal) evaluation and final-biennium (external) evaluation

8. Budget (€) COMP. 1.6

Component 1.6 - Proficiency Test Services										
Objective: Europe-wide participation in proficiency test services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.6.1. Support to eligible countries	2,194	34,911	0	0	0	35,000	0	0	72,105
	TOTAL FOR COMPONENT 1.6 BY BUDGET LINE	2,194	34,911	0	0	0	35,000	0	0	72,105

9. Challenges to achieving component objectives

The success of this component relies on the co-operation of the involved countries, and sufficient capacity within the EU Reference Laboratory

Component 1.7 (Activity 7)

Disease risk assessment and forecasting

Objective

Improved global and neighborhood FAST disease risk assessment and forecasting, with information to Member Nations and the public made available on a regular basis.

Component Manager

TBD

1. Background

The creation of component 1.8 was agreed during the 41st General Session of the EuFMD to ensure the collation and analysis of FMD risk information which would then be communicated to MN to ensure preparedness for possible FMD incursion. The objective of this component was to improve the quality, usefulness and availability of information gathered concerning FMD risk of entry into MN. It should also facilitate the use of this information by risk managers, in order to prepare countries to respond in the event of an incursion.

The activities carried out under component 1.8 will be included in **component 7** of Pillar I. This new component will establish a **system for integration of sources of information** relevant to FAST disease risk forecasting in the European neighborhood region, including support to use and validation of expert opinion forecasting on epidemic trends for FAST diseases in the endemic viral ecosystem.

In phase IV, the FMD Global Monthly Report (**GMR**) collected information from different sources making it available to the public through EuFMD website and through e-mail for those subscribing (over 300 subscribers to date).

In this new phase, the format of the GMR will be transformed into an on-line map-based tool with a user-friendly adaptable **dashboard** that will allow to produce user-tailored reports. The new GMR will better integrate risk information from different sources to provide FAST disease forecasting in the European neighborhood.

The establishment of a network of **Global Intelligence Focal Points** (GIFP) began during the last phase, in order to improve understanding of the FMD situation for the different virus pools. These local focal points have contributed to the most recent GMRs. In phase V, key informants will also be used to obtain inputs such as local interpretation of public data, information on surveillance and control measures carried out in endemic countries or information on market prices.

Whenever a knowledge gap of relevance to assess the risk of introduction of FMD or other FAST diseases in the European neighborhood is identified by the Special Committee on Surveillance and Applied Research (SCSAR), funds will be allocated to **research studies** that can generate that information (e.g. livestock movement studies in priority countries or regions). Funding of this type of studies will be done in co-ordination with component 5 of Pillar I, Pillar II and III, as relevant.

The **PRAGMATIST** tool, developed by EuFMD and the WRL, will continue to be key to provide a clear summary of the risks and the relative value of the antigens available for use in European emergency reserves (antigen banks) and its outputs will be better integrated in the GMR. The PRAGMATIST tool will be further developed during the new phase, as our ability to forecast FMD epidemics improves.

During the new phase, EuFMD will assist countries identified as priorities by the SCSAR to monitor viral circulation of FAST diseases. Active **support will be provided for the submission of samples** to institutes in the SCSAR that have the capacity to provide laboratory support to surveillance for FAST diseases. This activity and the funds allocated to it will be coordinated with those carried out/funded under Pillars II and III.

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Maria de la Puente Arévalo	Pillar I Co-ordinator
	Etienne Chevanne	FMD Risk Management Specialist
	Maria Teresa Scicluna	FMD Laboratory Specialist
	Melissa McLaws	FMD Risk Management Specialist
	David Paton	FMD Laboratory Specialist
Key informants network	Key informants (people/institutions)	n/a
ExCom oversight		
FAO officer		

3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member Nations of EuFMD, including all EU Member Nations.

This component will involve work with countries identified as priorities by the SCSAR.

Involvement of the OIE and FAO will be essential for this component, in particular to share risk information and coordinate efforts to develop efficient reporting and risk communication tools. Greater integration of reporting between the EuFMD and European FMD references centres (EU-RL, and OIE and FAO centres) will be an objective of this component 7.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support Officer
On-line tool	Component manager	On-line tool monthly update	Website	Network and Training Support Officer

5. Objective of the component

Improved global and neighborhood FAST disease risk assessment and forecasting, with information to Member Nations and the public made available on a regular basis.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
Disease risk assessment and forecasting	Improved global and neighbourhood FAST disease risk assessment and forecasting, with information to Member Nations and the public made available on a regular basis	Information on FAST disease risk is collected and analyzed; Risk assessment and forecasting information is made available to European risk managers	Improved information on FAST disease risks and on antigens available to MN 36 months during phase V	Published monthly reports and recording of updates done to tools (online on-line map-based tool and PRAGMATIST)	Two external evaluations to be carried out by month 18 and 38 of phase V	Assumes enough information will be available to assess the risk and forecast important changes in risk and/or disease outbreaks

6. Planned Component Sub-Activities

The expected results of the component will be achieved through a program of **sub-activities**:

1.7.1. System to provide information on FAST disease risk assessment and forecasting:

- 1.7.1.1. Collection and integration of risk information from different sources
- 1.7.1.2. Disease risk assessment and forecasting
- 1.7.1.3. On-line reporting tool
- 1.7.1.4. Generation of information

1.7.2. System to provide information about the risks and the relative value of the antigens available for use in European emergency reserves:

- 1.7.2.1. PRIoritisation of AntiGen MAnagementT with International Surveillance Tool (PRAGMATIST)

1.7.3. Support for submission of samples from countries identified as priorities by the SCSAR to institutes that have the capacity to provide laboratory support to surveillance for FAST diseases:

- 1.7.3.1. Procurement of sampling and/or diagnostic material
- 1.7.3.2. Training for sampling

	Sub-activity level	Description	Indicators	Assumptions and risks
1.7.1. Risk assessment and forecasting	1.7.1.1. Collection and integration of risk information from different sources	Definition of a system for regular collection of specific information from different sources, including information collected through the work developed under Pillars II and III and information provided by key informants. Harmonization and quality check of the collected information	a) Definition on information to be collected and how to collect it by month nine of phase V b) Regular collection of information according to the new system from month ten of phase V	Assumes the information required will be accessible to EuFMD
	1.7.1.2. Disease risk assessment and forecasting	Regular assessment of the collected information in order to understand FAST disease trends and risk factors to be able to provide some forecasting	First assessment of information done by the beginning of the second year of phase V	Assumes the information collected will be enough to carry out risk assessment and forecasting of the expected quality
	1.7.1.3. On-line reporting tool	Development of an on-line map-based tool with an adaptable dashboard for regular reporting to Member Nations on FAST disease risks. Monthly update of the information available through the tool	First version of the on-line map-based tool by the end of the first biennium and full version available by the end of the phase* *Until the on-line tool is available the GMR will be released in the current format	Risk of timetable slipping if the definition of the content and technical development are longer than expected
	1.7.1.4. Generation of information	Research studies to generate information necessary to understand FAST disease risks (e.g. livestock movement studies in priority countries or regions)	At least four studies carried out by the end of the phase	Assumes cooperation from the involved countries and involvement of institutions that are capable of generating this knowledge
1.7.2. Antigens	1.7.2.1. PRioritisation of AntiGen MAnagementT with International Surveillance Tool (PRAGMATIST)	The PRAGMATIST tool will be kept updated and the results of the validation and sensitivity analysis carried out will be incorporated. In co-ordination with Pillars II and III, work might be done to make the PRAGMATIST tool more flexible and increase its availability, adapting it to endemic countries. A "user-guide" will also be developed.	a) PRAGMATIST to be updated on a regular basis during phase V b) PRAGMATIST to be regularly used to inform MN and ExCom representatives	Assumes new risk information will be available to keep the PRAGMATIST tool updated
1.7.3. Submission of samples	1.7.3.1. Procurement of sampling and/or diagnostic material	Provision of sampling and/or diagnostic material to priority countries. Support for the shipping of samples to institutes in the SCSAR that have the capacity to provide laboratory support to surveillance for FAST diseases	Support provided to five priority countries per annum during phase V	Assumes collaboration and commitment from countries identified as priorities for the submission of samples
	1.7.3.2. Training for sampling	Provision of in-country training for proper sampling and submission of samples in priority countries if this type of assistance is necessary	Training provided to two priority countries per annum during phase V	Assumes availability and engagement of the countries to participate in the training activities

7. Gantt chart

1.7 Disease risk assessment and forecasting			YEAR 1													YEAR 2												
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
1.7.1. Risk assessment and forecasting	1.7.1.1. Collection and integration of risk information from different sources	Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										
	1.7.1.2. Disease risk assessment and forecasting	Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										
	1.7.1.3. Online reporting tool	Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										
	1.7.1.4. Generation of information	Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										
1.7.2 Antigens prioritization	1.7.2.1. PRAGMATIST	Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										
1.7.3. Submission of samples	1.7.3.1. Procurement of sampling and/or diagnostic material	Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										
	1.7.3.2. Training for sampling	Planning and development																										
		Implementation and application																										
		Co-ordination/Meetings																										
		Evaluation																										

GANTT CHART NOTES								
1.7.1.1	Planning and development	Establishment of the new system to collect and integrate information; Adaptation to evaluation recommendations; Planning for second biennium	Implementation and application	Monthly collection of information, harmonization and quality check of the data	Co-ordination/ Meetings	Meetings to define the information to be collected and how to collect it	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.1.2		Development of the methodology for risk assessment and forecasting; Adaptation to evaluation recommendations; Planning for second biennium		Monthly assessment of collected information		Meetings to define the methodology to analyse the information		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.1.3		Planning and development work for the on-line tool; Adaptation to evaluation recommendations; Planning for second biennium		On-line map-based tool available		Co-ordination meetings as part of the development process: with EuFMD staff and external partners as relevant (OIE, IT developers and designers)		Final-biennium (external) evaluation
1.7.1.4		Calls for the studies according to priorities defined by the SCSAR (c); Selection of institutions to carry out the studies (a) and arrangements to sign LoA (I); Studies carried out; Adaptation to evaluation recommendations; Planning for second biennium		Results of the studies published				Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.2.1		Regular updating of the PRAGMATIST; Adaptation to evaluation recommendations; Planning for second biennium		PRAGMATIST used to inform MN and ExCom representatives		Co-ordination meetings: EuFMD staff and other partners as relevant		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.3.1		Planning and arrangements with institutions according to priorities defined by the SCSAR; Adaptation to evaluation recommendations; Planning for second biennium		Provision of sampling and/or diagnostic material				Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.3.2		Planning according to priorities defined by the SCSAR; Arrangements for in-country training missions; Adaptation to evaluation recommendations; Planning for second biennium		Implementation of in-country support activities				Mid-term (internal) evaluation and final-biennium (external) evaluation

8. Budget (€) COMP. 1.7

Component 1.7 - Disease risk assessment and forecasting										
	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
Objective: Improved global and neighborhood FAST disease risk assessment and forecasting, with information to Member States and the public made available on a regular basis	1.7.1. System to provide information on FAST disease risk assessment and forecasting	7,970	20,000	40,000	2,000	1,000	24,000	0	8,000	102,970
	1.7.2. System to provide information about the risks and the relative value of the antigens available for use in European emergency reserves	2,000	10,000	10,000	1,000	500	10,000	0	0	33,500
	1.7.3. Support to submission of samples from countries identified as priorities by the SCSAR to institutes that have the capacity to provide laboratory support to surveillance for FAST diseases	1,000	4,911	0	0	0	0	11,000		16,911
		0	0	10,000	23,000	8,500	0	2,000	2,000	45,500
	TOTAL FOR COMPONENT 1.7 BY BUDGET LINE	10,970	34,911	60,000	26,000	10,000	34,000	13,000	10,000	198,881

Additional contributions to this component (not included in above table)

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
Component Manager: Category C consultant	20% full time equivalent (FTE)	EuFMD Trust Fund (MN contributions)

9. Challenges to achieving component objectives

The capacity to forecast FAST disease risk will depend on the amount and quality of information gathered and analyzed. Moreover, it will depend on the identification of knowledge gaps and the capacity to fill them and to support surveillance in key countries where this is poor.

Collaboration with other organizations, and in particular with FAO (EMPRES-i) and the OIE, will be essential to share the best information available, to find synergies and avoid unnecessary overlapping when the new online tool is developed.

Commitment and engagement from the countries identified as priorities by the SCSAR will be required to improve the available FAST disease information available, in particular to submit samples to the different laboratories.

Support and collaboration from the competent authorities of priority countries might also be necessary to carry out certain studies that involve cross-border movement of animals or information on meat prices differentials, among others.

Pillar II (Output II)

Pillar Objective

Reduced risk to EuFMD Members from the European neighbourhood
(progressive control of FAST diseases in EU neighbouring regions)

Pillar Co-ordinator

Fabrizio Rosso

Introduction

The presence and regular occurrence of Foot-and-mouth and Similar Transboundary Animal Diseases (**FAST**) in countries neighbouring European borders is a constant risk for introduction and spread into Europe. Actions aimed at **improving the surveillance and control in European neighbourhood** can reduce the probability of FAST spreading towards European borders, improve production and reduce the impact that such diseases have on the economy and livelihoods in European neighbouring countries. Furthermore, the constant monitoring of the epidemiological situation can provide relevant risk information and contribute to increase awareness on major animal disease threats in the regions neighbouring Europe.

Foot-and-mouth disease (FMD) is present in European neighbouring countries with different serotypes and lineages. The increased **animal movements** driven by seasonality, climate, festivities, social and economic factors compound the risk of spreading of FMD towards EU borders. This is proven by the genotyping analysis carried out on isolates sent to the international reference laboratories from different regions. Other transboundary animal diseases such as **Peste des Petits Ruminants (PPR)**, **Sheep and Goat Pox (SGP)**, **Lumpy Skin Disease (LSD)**, **Rift Valley Fever (RVF)**, and **Bovine Ephemeral Fever (BHF)**, which affect the same susceptible species, are also present at various levels in the European neighbouring regions. Considering that these diseases have similar risk factors and/or control measures, the definition and implementation of **integrated controls for multiple diseases** can lead to improved results and better use of resources.

An integrated approach for FAST risk-based surveillance and control in European neighbourhood and the availability of timely risk information to risk managers, can improve the capacity for **early detection and prompt reaction to FAST incursion** and circulation. The regular submission of virus isolates to international reference laboratories improves the understanding of the connection between different disease events and allow to detect new strains, which could threaten the European neighbourhood and beyond. An increase in national and regional capacity for FAST prevention and control, achieved through the development and delivery of **training programme** for national staff, is essential to prevent and control animal diseases. Furthermore, **Public Private Partnerships (PPP)** can contribute to adequate emergency arrangements for vaccine supply in situations where the international vaccine banks would be unable to provide adequately.

The activities included in Pillar II are addressed to the 16 European neighbouring countries (Algeria, Armenia, Azerbaijan, Egypt, Georgia, Iran, Iraq, Jordan, Lebanon, Libya, Mauritania, Morocco, Palestine, Syria, Tunisia, and Turkey) in three sub-regions (1-South East Europe, 2-South-East Mediterranean and 3-North Africa).

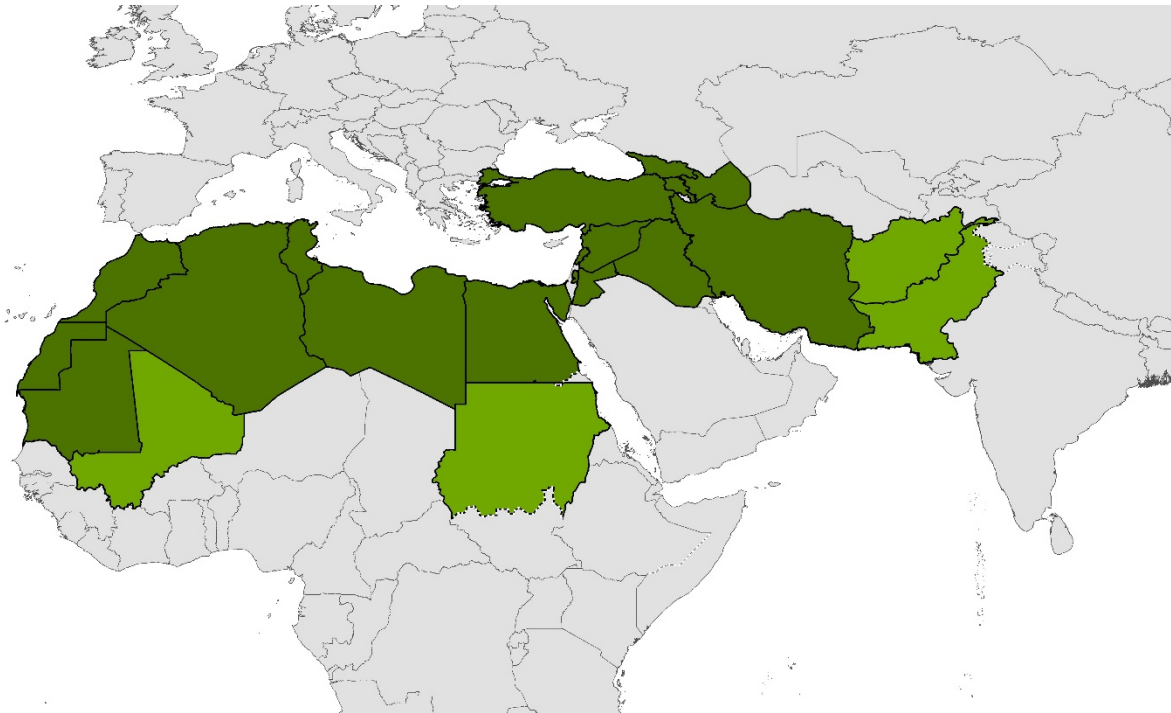
The outputs in the three components of Pillar II, addressed to the three sub-regions to optimize resources, make use of the expertise developed and promote the good results obtained within the EU neighbourhood.

Activities proposed at country level will be adapted to the specific country needs and to the different contexts, in order to improve impact and achieved significant results.

Taking into account the outputs identified, and the cost-benefits of extending the activities planned for the neighbouring counties to other countries according to the indication and guidance of the Executive Committee, the EuFMD could involve West Africa, Sahel, Middle East and West Eurasia in events and training programmes organized within the Pillar II workplan.

The European neighbourhood

The neighbourhood of the current 39 EuFMD Member Nations (MN) is defined as the neighbouring countries which are **not MN** and which EITHER have land borders with EuFMD MN OR are members of the Mediterranean animal health network (REMESA), or whose animal health status provides an early warning for FAST disease spread to the neighbourhood of Europe. The activity of Pillar II includes EuFMD Member Nations in European neighbouring region (Turkey, Georgia).



Specifically:

EuFMD Member Nations in European neighbouring region: Turkey, Georgia.

Having land-borders with EuFMD Member Nations: Armenia, Azerbaijan, Iran, Iraq, Syria, Lebanon, Palestine, Jordan, and Egypt.

Non-EU Members of REMESA: Jordan, Lebanon, Egypt, Libya, Tunisia, Algeria, Morocco, and Mauritania.

Countries significant for epidemic spread of FAST diseases to the above countries: Sudan, Mali, Afghanistan and Pakistan.

Component 2.1 (Activity 2.1)

Co-ordination and FAST control framework

Component Objective

Enhanced co-ordination with GF-TADs partners, international agencies and national competent authorities and improved implementation of strategic plans for FAST control at national and regional level

Component managers

South-East Europe
South-East Mediterranean
North Africa

Carsten Potzsch
Shahin Baiomy
Abdenacer Bakkouri

1. Background

Different national, regional and international organizations are involved in activities in the European neighbourhood aimed at **improving national capacities and capabilities** to prevent and control transboundary animal diseases. The use of training methodologies, tools, experience, networks developed by EuFMD for diseases similar to FMD, is beneficial to improve the prevention and control of other transboundary animal diseases (TADs), without duplicating initiatives already in place and ongoing activities. An **improved co-ordination** with other institutions will allow a **better use of the resources** available and enhance support to countries.

Regular updates on the progress of the EuFMD workplan can allow a better harmonization of the activities implemented in European neighbourhood. The **regular reporting of FAST situation** and control strategies adopted in EU neighbouring countries can lead to a better understanding of the epidemiological situation and **major risks present at the EU borders**.

The Progressive Control Pathway (**PCP**) for FMD control is a tool to assist endemic countries to manage progressively the FMD risks. The value of this approach for national and regional progress has been demonstrated and has stimulated the development of several similar (progressive and “step-wise”) approaches for international action against Rabies, Peste des Petits Ruminants (PPR), and African Trypanosomiasis. The PCP-FMD approach has been applied by the EuFMD in the past years to assist European neighbouring countries to define their national strategy and then monitor its impact.

The **progression along the PCP** remains the main expected achievement within this programme for the EU neighbouring countries in order to improve control of FMD. The co-ordination mechanism is aimed at better identifying the specific needs of the different countries in the neighbourhood to **develop and revise the FMD control strategies** according to the different PCP stages, taking into consideration risks, socio-economic benefits and difficulties in the implementation of control measures. Within this component, the EuFMD will assist countries in progression of PCP, within the roadmaps supported by GF-TADs and will assist the delivery of the programme established by EPINET and LABNET (network established within roadmaps).

The promotion of **Public-Private Partnerships** through the development of new collaboration schemes between public services and private sector in the veterinary domain, is key for improved FAST monitoring and control. The implementation of **new synergies** between public and private sectors can support the achievement of relevant goals, especially with regard to surveillance of diseases, emergency preparedness and availability of vaccines.

2. Team

	South East Europe	South East Mediterranean	North Africa
Management of programme	C. Pötzsch - F. Rosso	S. Baiomy - F. Rosso	A. Bakkouri - F. Rosso
Standing Technical Committee			G. Caceres Garrido
Executive Committee			
FAO	E. Raizman	F. Mayen	M. Bengoumi
OIE	D. Montabord	G. Yehia	R. Bouguedour

3. Countries or partner organizations involved

Direct beneficiaries of this component are the EuFMD Member Nations: Turkey and Georgia and non EuFMD Members of the European neighborhood. Other EuFMD Member Nations will benefit in term of improved risk information and reduced risk from neighbouring countries.

Partners include FAO, OIE (Regional and Sub-regional offices), the EU Commission, regional organizations active in agricultural sector such as the Arab Organization for Agricultural Development, regional economic and trade unions such as the Arab Maghreb Union, the Economic Cooperation Organization (ECO) and others, in addition to networks established under GF-TADs such as REMESA.

The FAO/OIE reference laboratories, international centers of expertise and European reference laboratories will be involved in the activities according to the different expertise available and required.

Training opportunities and other activities developed and delivered might be extended to countries in the regions which are significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan.

4. Reporting

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component managers for the three sub-regions	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component managers for the three sub-regions in co-ordination with oversight board	Written report and presentation	General Session	Network and Training Support Officer
Workshop reports	Lead facilitator	Written report	ExCom, oversight members	Network and Training Support Officer

5. Objective of the component

Enhanced co-ordination with GF-TADs partners, international agencies and national competent authorities and improved implementation of strategic plans for FAST control at national and regional level.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
2.1 Co-ordination and FAST control framework	Enhanced co-ordination with GF-TADs and other partners, and improved implementation of strategic plans for FAST control	Implementation of co-ordination mechanism aimed at better identifying the specific needs of the different countries in the neighbourhood for FAST control and provision of assistance to develop and revise the FMD control strategies according to the different PCP stages	Activities coordinated at regional level with synergies among partners At least 5 countries advancing to PCP stage 3 or above and/or providing FMDV circulation data in PCP stage 2 Reduced risk months where emergency management responses is required against FAST diseases	Six- month progress report and official reported data.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Commitments of GF-TADs and other partners on co-ordination & collaboration Identification of FMD as a priority by national competent authorities and implementation of integrated strategies for FAST diseases

6. Component Sub-Activities

Activities and expected results

The activities within this component will contribute or ensure:

- 1) Co-ordination with the GF-TADs partners (FAO, OIE), with other international agencies providing technical support to countries (e.g. AOAD), achieving a jointly agreed workplan, with close regular interaction in the implementation and reporting to the regional steering committees and Joint Permanent Committee (JPC, REMESA).

This should ensure:

- an agreed basis for delivery of national support to FMD and FAST disease surveillance and control with the National Competent Authorities;
 - an established framework for regular monitoring and reporting of the FAST situation, response to emergency events, and prioritization of efforts to promote surveillance and control in the European neighbourhood.
- 2) Improved implementation of strategic plans for FAST control at national level, on the basis of PCP principles, availability of resources and results of control strategies already in place.
 - 3) Co-ordination of inputs and efforts with the leading technical institutional partners (including CIRAD, EFSA, IZSs, ANSES), to achieve improved laboratory and epidemiology networking in the European neighbourhood for better early warning and support to risk-based control strategies, with increased efficacy and improved guidance to the countries of the sub-regional epidemiology and laboratory networks of the PCP roadmaps.
 - 4) Improved engagement with private sector (including private sector veterinarians, education and training providers and vaccine producers) in line with PCP and PPP principles.

The expected results under this component will mainly be expressed in term of:

- 1) progress in cooperation with regionally coordinated GF-TADs programmes and roadmaps;
- 2) regular reporting to Member Nations and partners of FAST situation and national progression on the PCP in the EU neighbourhood;
- 3) implementation of the epi-lab networks work plans and enhancements of regional networks;
- 4) clear roles and active collaboration between public and private sectors in national control strategies (PCP implementation) in the neighbouring region.

Sub-activities and their indicators

	Sub-activity level	Description	Indicators	Assumptions and risks
2.1.1 Improved national FAST control plans, networks and regular co-ordination with Gf-TADs partners and international agencies	1. Regular monitoring and reporting of FAST situation and control strategies adopted in European neighbourhood and regular co-ordination with Gf-TADs and other partners.	Co-ordination with the GF-TADs partners (FAO, OIE), with other International Agencies providing technical support to countries (e.g. AOAD) and networks established in the regions, achieving a jointly agreed workplan with close daily interaction in the implementation and reporting to the regional steering committees and Joint Permanent Committee (JPC, REMESA).	a) Three monthly reporting of FAST situation and control strategies in EU neighbourhood produced and shared with EuFMD Member Nations and GF-TADs partners b) Co-ordination meeting (online) with partners every three months for planning and evaluation	Partners availability and commitment on collaboration on programme and activities
	2. Revision of national FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results	Provide technical assistance for implementation of strategic plans for FAST control at national level on the basis of PCP principles, availability of resources and results of control strategies already in place. Tools already developed by FAO (LMT, SET, EMAI) and results of their implementation will be regularly considered for enhancing the assistance provided according to the needs. Emergency support for FAST diseases will be provided to countries under this component according to the priorities identified with EC and GF-TADs partners and considering the risks for EuFMD Member Nations identified.	At least 7 FAST strategic plans revised by the end of the biennium (including those currently under revision) according to updated risk assessment, socio-economic analysis, monitoring and evaluation results.	Commitments of national competent authorities to improve national control plans for FAST diseases.
	3. Implementation of laboratory and epidemiology network work plans in the European neighbourhood with development of best practices promoted in Roadmap regions	Co-ordination of inputs and efforts with the leading technical institutional partners (including CIRAD, EFSA, IZSs, ANSES and others) to achieve improved laboratory and epidemiology networking in the European neighbourhood for better early warning and support to risk-based control strategies with increased efficacy and improved guidance to the countries of the sub-regional epidemiology and laboratory networks established in roadmaps.	Laboratory and epidemiology network workplan implemented (2 by the end of biennium) and results reported in respective roadmaps. 2 e-learning courses delivered according to the needs identified.	Definition of work plans within the networks established under road map meetings. Support of Gf-TADs partners for promoting and assisting activities defined within the work plans
	4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new partnerships	Improved engagement with private sector (including private veterinarians, training providers and vaccine producers) in line with PCP and PPP principles	Public-private partnerships promoted for FAST monitoring and control and at least 3 new PPP schemes developed in the EU neighbouring region.	Interest of national competent authorities to engage with private sector and absence of conflict of interest in PPP schemes developed

7. Gantt chart

			YEAR 1												YEAR 2														
Sub Activities			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S			
2.1 Coordination and FAST control framework	2.1.1 Improved national FAST control plans, networks and regular coordination with Gf-TADs partners and international agencies	1.Regular monitoring and reporting of FAST situation and control strategies adopted in EU neighbourhood and regular coordination with GF-TADs and other partners	Planning and development	█	█											█	█												
			Implementation and application			█	█	█	█	█	█	█	█	█	█	█	█			█	█	█	█	█	█	█	█	█	█
			Coordination/ Meetings	█	█			█				█			█				█			█			█			█	
			Evaluation						█							█								█				█	
		2.Revision of FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results	Planning and development	█	█						█						█	█											
			Implementation and application			█	█	█	█	█	█	█	█	█	█	█			█	█	█	█	█	█	█	█	█	█	
			Coordination/ Meetings		█			█				█			█			█			█			█			█		
			Evaluation						█							█								█				█	
		3.Implementation of laboratory and epidemiology network work plans in the European neighbourhood with development of best practices promoted in Roadmap regions	Planning and development	█	█												█	█											
			Implementation and application		█	█	█	█	█	█	█	█	█	█	█	█			█	█	█	█	█	█	█	█	█	█	
			Coordination/ Meetings		█			█				█			█			█			█			█			█		
			Evaluation													█								█				█	
		4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new PPP schemes	Planning and development	█	█												█	█											
			Implementation and application			█	█	█	█	█	█	█	█	█	█	█			█	█	█	█	█	█	█	█	█	█	
			Coordination/ Meetings		█			█				█			█			█			█			█			█		
			Evaluation						█							█								█				█	

GANTT CHART ACTIVITIES:

<p>1. Regular monitoring and reporting of FAST situation and control strategies adopted in EU neighbourhood and regular co-ordination with GF-TADs and other partners</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Planning and development</p>	<p>Definition of jointly agreed workplan with Gf-TADs partners and identification of synergies and complementarity in the different activities promoted.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Implementation and application</p>	<p>Three monthly co-ordination meeting (online) with partners</p> <p>Regular collection and analysis of risk information from countries and networks in the EU neighbourhood</p> <p>Three monthly reporting of FAST situation and control strategies in EU neighbourhood produced and shared with EuFMD Members and GF-TADs partners.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Co-ordination/ Meetings</p>	<p>Three-monthly co-ordination meetings (online) with GF-TADs partners and other international agencies providing technical support to countries.</p> <p>Regular update on progress of workplan to epi-lab network leaders and immediate provision of relevant risk information.</p> <p>Regular Internal co-ordination meetings.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Evaluation</p>	<p>Mid-term (internal) evaluation and final-biennium (external) evaluation</p>
<p>2. Revision of FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results</p>		<p>Definition of jointly agreed workplan with Gf-TADs partners and other international agencies providing technical support to countries.</p>		<p>Workshops and country missions (according to priority agreed with Gf-TADs partners) for assisting development and revision of FAST control plans and support countries with training and studies on risk assessment, socio-economic analysis, contingency planning and monitoring and evaluation of current plans.</p> <p>Multi-country simulation exercises and follow up activities (according to priority agreed with Gf-TADs partners) to improve emergency preparedness capacity for FAST diseases.</p> <p>Availability of emergency funds to provide immediate support according to priority identified by EC and Gf-TADs partners</p>				
<p>3. Implementation of laboratory and epidemiology network work plans in the European neighbourhood with development of best practices promoted in Roadmap regions</p>		<p>Co-ordination and planning with FAO and OIE partners in the FMD Working Group and with epi-lab network leaders in the three sub-region for definition and revision of network work plans</p>		<p>Support to meetings of laboratory and epidemiology networks in the different subregions for the implementation of network work plans.</p> <p>Regular monitoring of FAST surveillance implemented and results obtained and laboratory capacities to support surveillance.</p> <p>E-learning and face-to-face training delivered according to the programme defined within different networks.</p>				
<p>4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new PPP schemes</p>		<p>Definition of jointly agreed workplan with Gf-TADs partners.</p>		<p>Development and implementation of Public-private partnerships training scheme (e-learning + workshop + in-country meetings + assist PPP national partnerships)</p>				

8. Budget (€)

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
2.1 Improved national FAST control plans, networks and regular coordination with Gf-TADs partners and international agencies	1. Regular monitoring and reporting of FAST situation and control strategies adopted in EU neighbourhood and regular coordination with Gf-TADs and other partners	3,755	16,918	10,000	10,000	5,000			5,000	50,673	428,692
	2. Revision of national FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results	3,755	16,918	70,000	30,000	20,000	30,000	20,000	7,000	197,673	
	3. Implementation of laboratory and epidemiology network workplans in the European neighbourhood with development of best practices promoted in Roadmap regions	3,755	16,918	40,000	30,000	20,000	5,000			115,673	
	4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new PPP schemes	3,755	16,918	20,000	10,000	10,000			4,000	64,673	
TOTAL FOR ACTIVITY 2.1		15,020	67,672	140,000	80,000	55,000	35,000	20,000	16,000	428,692	

Additional contributions to this component (not included in above table):

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
Support for training (webinars, e-learning, training material), improved awareness of stakeholders, mapping and risk analysis, surveillance and assistance to the French-speaking networks (REMESA)	200.000 € The contribution is in support of activities of comp. 2.1-2.2-2.3	French Ministry of Agriculture, Agri-Food and Forestry (MAAF)

9. Challenges to achieving component objectives

This component is focused on enhancements of integrated control measures for FAST disease through improvement of national capacities, networking and collaboration with private sector in the European neighbourhood.

The challenges for this activities are:

Definition of agreed and effective procedures for co-ordination with partners;

Capacity to identify synergies and use results of activities implemented by different organizations and agencies in the regions;

Proper commitments and resources of national competent authorities in European neighbourhood to improve surveillance and control for FAST diseases;

Capacity to assist multiple countries in the neighbouring regions with different social, political, epidemiological situation;

Interest and commitments of countries to actively participate in epidemiology and laboratory networks and definition of clear and agreed work plans within those networks.

Component 2.2 (Activity 2.2)

Improved early warning for FAST diseases

Component Objective

Develop and implement integrated disease surveillance program focused on specific risk hubs, in order to provide updated risk information, optimize the veterinary service resources and improve the effectiveness of control measures implemented.

Component managers:

South-East Europe
South East Mediterranean
North Africa

Carsten Potzsch
Shahin Baiomy
Abdenacer Bakkouri

1. Background

The European neighbouring sub-regions of the Maghreb, South East Mediterranean and South East Europe are key areas for a number of emerging risks for Europe. A better knowledge of the **livestock flows** in these regions would be a major advantage in forecasting dangers threatening Europe. It would also be useful information for the national veterinary services in designing more **effective national disease surveillance and control program**.

The implementation of specific surveys and the **monitoring of proxy indicators** of animal movements, especially in areas with a general lack of national animal identification system and movement monitoring (e.g. North Africa or Near East), are key elements for tailoring a risk-based approach for surveillance and for the development of early warning system. The combination of **qualitative risk analysis and risk mapping** can contribute to assess the risk of introducing and disseminating FMD and similar TADs within the EU neighbouring countries and across their borders. The resulting risk maps will be useful to develop **disease surveillance** program focused **on specific risk hubs**, in order to optimize the veterinary service resources deployed in the field and improve the effectiveness of control measures implemented.

2. Team

	South East Europe	South East Mediterranean	North Africa
Management of programme	C. Pöttsch - F. Rosso	S. Baiomy - F. Rosso	A. Bakkouri - F. Rosso
Standing technical Committee			G. Caceres Garrido
Executive Committee			
FAO	E.Raizman	F.Mayen	M.Bengoumi
OIE	D.Montabord	G.Yehia	R.Bouguedour

3. Countries or partner organizations involved

Direct beneficiaries of this component are the EuFMD Member Nations Turkey and Georgia and non EuFMD Members of the European neighborhood. Other EuFMD Member Nations will benefit in term of improved risk information and reduced risk from neighbouring countries.

Partners include FAO, OIE (Regional and Sub-regional offices) and EU Commission, regional organization active in agricultural sector such as Arab Organization for Agricultural Development, as well as regional economic and trade unions such as Union Maghreb Arab (UMA), Economic Cooperation Organization (ECO) and others and networks established under GF-TADs such as REMESA.

FAO/OIE reference laboratories, international centers of expertise and European reference laboratories will be involved in the activities according to the different expertise available and required.

Training opportunities and other activities developed and delivered might be extended to countries in the regions significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan.

3. Reporting

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component managers for the three sub-regions	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component managers for the three sub-regions in co-ordination with oversight board	Written report and presentation	General Session	Network and Training Support Officer
Workshop reports	Lead facilitator	Written report	ExCom, oversight members	Network and Training Support Officer

5. Objective of the component

Develop disease surveillance program focused on specific risk hubs, in order to provide timely risk information, optimize the veterinary service resources deployed in the field and improve the effectiveness of control measures implemented.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
2.2 Improved early warning for FAST diseases	Develop integrated disease surveillance program focused on specific risk hubs	Identification of risk hotspots in the European neighbourhood and develop disease surveillance program focused on specific risk hubs, in order to improve availability of updated risk information, optimize the veterinary service resources deployed in the field and improve the effectiveness of control measures implemented.	Risk hot-spots for FAST diseases identified in at least 6 EU neighbouring countries and risk maps regularly updated Regular risk-based surveillance for multiple diseases implemented for 12 months in 2 in the EU neighbourhood hot spot locations At least 7 countries regularly participating in multi-country risk information sharing system	6 months progress report and official reported data.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Country commitments and interest on implementing regular integrated surveillance in risk hotspots and sharing of information

6. Component Sub-Activities

Activities and expected results

The activities will implement mainly the work plans agreed at the co-ordination level (comp 2.1) and take place at the national level, and with the advanced technical institutions and reference centres providing support services to surveillance.

The activities within this component will contribute to or ensure:

- 2- Identification of risk hot spots for FAST diseases taking into consideration animal movements, presence and circulation of animal diseases, efficacy of control programmes, socio-economic aspects and other risk factors;
- 3- Implement a programme of risk-based surveillance for multiple diseases in risk hot-spot locations on a regular or continuous basis for detection of virus circulation and early warning of FAST unusual epidemiological events;
- 4- Improve the sharing of risk information between countries and between technical expert networks, promote the collaboration between countries for improved surveillance of FMD and similar TADs.

The expected results under this component will mainly be expressed in term of quantifiable indicators for improved communication of surveillance results. This includes the number of neighbouring countries which have identified risk hot-spots for FAST diseases and utilize the risk maps based on animal mobility in surveillance and control plans; the number of countries which conduct regular risk-based surveillance implemented for multiple diseases in hot spot locations able to provide valuable risk information; the number of countries regularly participating in multi-country risk information sharing practice for FAST diseases similar to the THRACE and Trans-Caucasus “statement of intentions” agreements.

Sub-activities and their indicators:

	Sub-activity level	Description	Indicators	Assumptions and risks
2.2.1 Identification of risk hot spots for FAST diseases and implementation of regular risk-based surveillance	1. Identification risk hot-spots for FAST diseases and development of updated risk maps based on animal mobility and other risk factors	Identification of risk hot spots for FAST diseases taking into consideration animal movements, wildlife, presence and circulation of animal diseases, efficacy of control programmes, socio-economic situation and other risk factors	At least 6 countries with identified risk hot-spots for FAST diseases and updated risk maps based on animal mobility and other risk factors	Willingness of National Competent Authorities to invest in animal mobility surveillance and to share risk information and results of risk assessment conducted
	2. Implementation of regular risk-based surveillance (RBS) for multiple diseases in hot spot locations	Implementation of risk-based surveillance for multiple diseases in risk hot-spot locations of neighbouring region on a regular or continuous basis for detection of FAST virus circulation and early warning of FAST unusual epidemiological events.	Regular risk-based surveillance implemented for multiple diseases in hot spot locations in at least 3 countries.	Commitment of countries to implement surveillance for multiple diseases and sharing results Activities assisted by partners, international reference laboratories and centres of expertise for different diseases
	3. Regular participation of countries in multi-country risk information sharing system for FAST diseases.	Improve the sharing of risk information between countries and among technical networks, and promote the collaboration between countries for improved surveillance of FMD and similar TADs.	At least 7 countries regularly participating in multi-country risk information sharing models for FAST diseases.	Interest and readiness of countries to progressively share risk information in regular and transparent manner.

7. Gantt chart

		Sub Activities	YEAR 1												YEAR 2											
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
2.2. Improved early warning for FAST diseases	2.2 Identification of risk hot spots for FAST diseases and development of updated risk maps based on animal mobility	Planning and development	█	█																					█	
		Implementation and application			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
		Coordination/ Meetings	█	█			█			█				█			█				█				█	
		Evaluation						█						█					█					█	█	
	2.2.1 Identification of risk hot spots for FAST diseases and development of updated risk maps based on animal mobility	Planning and development	█	█	█				█							█									█	
		Implementation and application			█	█	█	█		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
		Coordination/ Meetings	█	█			█			█				█			█				█				█	
		Evaluation												█					█					█	█	
2.2.1 Identification of risk hot spots for FAST diseases and development of updated risk maps based on animal mobility	Regular participation of countries in multi-country risk information sharing models for FAST diseases	Planning and development	█	█	█										█					█	█			█		
	Implementation and application			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█		
	Coordination/ Meetings	█	█			█			█				█			█				█				█		
	Evaluation						█						█					█					█	█		

GANTT CHART NOTES:							
<p>1. Identification risk hot-spots for FAST diseases and development of updated risk maps based on animal mobility</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Planning and development</p>	<p>Definition of jointly agreed workplan with Gf-TADs partners and other international agencies and reference laboratories providing technical support to countries.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Implementation and application</p>	<p>Workshops and applied training scheme developed and delivered to countries on risk mapping system development. Remote support for development of risk maps. Support for organization of national meetings on results of risk mapping and for implementation of risk-based surveillance.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Co-ordination/ Meetings</p>	<p>Three-monthly co-ordination meetings (online) with Gf-TADs partners and other international agencies and laboratories providing technical support to countries</p>	<p>Mid-term evaluation (internal) and final-biennium evaluation (external)</p>
<p>2. Implementation of regular risk-based surveillance (RBS) for multiple diseases in hot spot locations</p>		<p>Meetings with Special committee on Surveillance and Applied Research members and with international reference laboratories and centres of expertise for risk analysis, FAST surveillance and diagnosis. Workplan shared and discussed at Regional network meetings and Joint Permanent Committee meetings (REMESA, Statement of intention)</p>		<p>Workshops and applied training scheme on risk-based surveillance (clinical and serological) for multiple diseases In country missions for RBS logistics and support for implementation of surveillance in high risk locations. Support current surveillance (clinical/serological, active/passive, domestic/wildlife) for collection of information on multiple FAST.</p>		<p>Regular participation and support to Joint Permanent Committee meetings organized in the regions and organization of back-to-back meetings on FAST surveillance and early detection (REMESA, Statement of intention agreements) Regular Internal co-ordination meetings</p>	
<p>3. Regular participation of countries in multi-country risk information sharing models for FAST diseases</p>		<p>Promotion of bilateral and multilateral agreements for facilitate exchange of risk information and mutual support on surveillance and control of FAST. Support to risk information sharing system (data collection, database, data analysis, co-ordination meetings). Sub-regional meetings on risk information sharing and results of integrated surveillance.</p>		<p>Evaluation</p>			

8. Budget (€)

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
2.2 Identification of risk hot spots for FAST diseases and availability of risk maps based on animal mobility and other risk factors	1. Identification risk hot-spots for FAST diseases and development of updated risk maps based on animal mobility and other risk factors	4,166		30,000	30,000	20,000	70,000	5,000	5,000	164,166	480,170
	2. Implementation of regular risk based surveillance (RBS) for multiple diseases in hot spot locations	4,166	33,836	50,000	30,000	15,000	50,000	20,000		203,002	
	3. Regular participation of countries in multi-country risk information sharing models for FAST diseases	4,166	33,836	20,000	25,000	10,000	10,000	10,000		113,002	
TOTAL FOR ACTIVITY 2.2		12,498	67,672	100,000	85,000	45,000	130,000	35,000	5,000	480,170	

9. Challenges to achieving component objectives

This component is focused on improved capacity to identify risk hotspot locations, to design and implement regular risk-based surveillance and to share risk information with neighbouring countries.

The challenges for this activities are:

Involvement of all stakeholders necessary for collecting risk information, including animal movements within countries and across borders;

Capacity to design and implement risk-based surveillance for multiple disease to be implemented in different countries with different situation, resources, priorities, and capacities;

Capacity to harmonize the delivery of activities and to obtain risk information in the three sub-regions;

Definition of agreements between countries and identification of suitable system for risk information sharing;

Capacity to develop integrated information sharing system composed by different modules that can be adapted and adopted by different regions.

Component 2.3 (Activity 2.3)

Capacity development for surveillance and improved control programmes

Component Objective:

Develop and implement a program for capacity building that supports national and regional activities for improved PCP progress and FAST disease control (comp.2.1) and improved early warning surveillance, notification and early response (comp 2.2)

Component managers:

South-East Europe
South East Mediterranean
North Africa

Carsten Potzsch
Shahin Baiomy
Abdenacer Bakkouri

1. Background

The **capacity development opportunities** offered to the European neighbouring regions by the EuFMD in the past years, have been intense and focused on assisting countries in improving their national FMD control plans and monitoring their effectiveness. Specific attention has been given for the development and delivery of various training courses (e.g. FMD outbreak investigation, post-vaccination monitoring, risk assessment along the value chain, FMD socio-economic impact assessment, laboratory diagnosis, safe trade, progressive control) in order to improve knowledge on FMD surveillance and control, and guarantee sustainability of the achievement reached in different countries.

Face-to-face training and **e-learning** has allowed the national veterinary services to gain a more sustainable and long-term capacity to investigate outbreaks and collect samples of good quality, implement risk-based control measures, better understand FAST impact and identify options to reduce risk associated with trade. **Socio-economic** and **cost benefit analysis** for FAST control can be promoted through specific training opportunities aimed at assisting policy makers in defining best integrated control strategies with proper engagement of stakeholders.

Laboratory capacity to confirm, and investigate, suspicions and epidemiological skills to adapt surveillance according to the risk, are necessary to implement an early detection system with a good level of sensitivity. Regular training and **networking between centres of expertise** can contribute to build capacities in Europe and neighbouring countries.

Component 2.3 will use the EuFMD training platform to cover the specificities of other TADS or other learning priorities to improve preparedness for the threats identified. The training programme of Pillar II will be based on the concept of '**progressive applied training**' with the purpose to combine training events at sub-regional and national level with practical implementation (field activities and studies) of the subjects taught. Specific attention will be also dedicated to the improved regional and national capacity to "**cascade**" training as well as to the **induction courses** before the events organized within Pillar II.

2. Team

	South East Europe	South East Mediterranean	North Africa
Management of programme	C. Pötzsch - F. Rosso	S. Baiomy - F. Rosso	A. Bakkouri - F. Rosso
Standing technical Committee	G. Caceres Garrido		
Executive Committee			
FAO	E.Raizman	F.Mayen	M.Bengoumi
OIE	D.Montabord	G.Yehia	R.Bouguedour

3. Countries or partner organizations involved

Direct beneficiaries of this component are the EuFMD Member Nations Turkey and Georgia and non EuFMD Members of the European neighborhood. Other EuFMD Member Nations will benefit in term of improved risk information and reduced risk from neighbouring countries.

Partners include FAO, OIE (Regional and Sub-regional offices) and EU Commission, regional organization active in agricultural sector such as Arab Organization for Agricultural Development, as well as regional economic and trade unions such as Union Maghreb Arab (UMA), Economic Cooperation Organization (ECO) and others and networks established under GF-TADs such as REMESA.

FAO/OIE reference laboratories, international centers of expertise and European reference laboratories will be involved in the activities according to the different expertise available and required.

Training opportunities and other activities developed and delivered might be extended to countries in the regions significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component managers for the three sub-regions	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component managers for the three sub-regions in co-ordination with oversight board	Written report and presentation	General Session	Network and Training Support Officer
Workshop reports	Lead facilitator	Written report	ExCom, oversight members	Network and Training Support Officer

5. Objective of the component

Support the capacity development needed to develop and implement control strategies and surveillance for FAST diseases (comp 2.1) and early warning system (comp 2.2).

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
2.3 Capacity development for surveillance and improved control programmes	Improved capacity to develop and implement control strategies and surveillance for FAST diseases	Develop and implement a program for capacity building that supports national and regional activities for improved PCP progress and FAST disease control (comp.2.1), improved early warning surveillance, notification and early response to FAST diseases (comp 2.2)	Evidence of improved capacities of national laboratories on FAST diagnosis in 3 countries, and 2 new training course scheme developed to assist FAST control and early warning system	6 months progress report and official reported data.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Identification of participants to training with active role in control and surveillance programmes and interest in the topics proposed.

6. Component Sub-Activities

Activities and expected results

The activities will implement mainly the capacity development work plans agreed at the co-ordination level (component 2.1). The 16 neighbouring countries plus four or five of the most significant neighbours for risk and early warning will be direct beneficiaries. Experienced technical institutions and reference centers will be supported to ensure capacity in the European partners as well neighbourhood reference centers.

The activities within this component will contribute to or ensure:

1. Develop and implement a program of capacity building that will support national and regional activities required for improved PCP progress and FAST disease control (comp.2.1) and implement improved early warning surveillance, notification and early response activities (comp 2.2). As part of this, they will:
 - Develop improved capacity in the network of FAST disease reference laboratories in the neighbourhood to undertake the confirmatory and specialized tests required by the programme;
 - Develop resources that enable “national cascade” training on progressive control and on recognition and control of FAST diseases;
 - Develop a body of evidence on vaccine efficacy and vaccination effectiveness for FAST diseases through studies conducted at national level or by regional technical partners and facilitate the sharing of the results to improve decision on vaccination programmes (including the scheduling of FAST vaccination).
2. Build international awareness and understanding among public and private veterinarians and para-professionals in the EU neighbouring region on FAST disease recognition, surveillance and control through e-learning courses and online events.

In order to ensure that EuFMD’s courses are of world-leading standard, educational quality will be maintained through a quality assurance system, co-ordinated across the three Pillars of the EuFMD work programme (see components 1.1 and 3.3). Focus will be on developing training which will have lasting impact, and this will be guided by an impact evaluation system in line with guidance of an external international panel of adult-learning experts, and again co-ordinated across the three pillars.

The expected results under this component will be evaluated at the mid-term stage, and mainly be expressed in term of number of national laboratories with improved capacity for FAST diagnosis; number of studies on vaccine efficacy and vaccination effectiveness implemented and results shared; number of training course schemes developed and delivered to assist FAST control and surveillance; number of trainees completing e-learning courses and the impact of the course measured by their recall and subsequent application.

Sub-activities and their indicators:

	Sub-activity level	Description	Indicators	Assumptions and risks
2.3.1 Develop and implement a program of capacity building that supports national improved PCP progress and early warning	1. Training infrastructure and quality assurance system across the training programme	Maintenance and improvement of the training infrastructure, including online platform. Development of Training Quality Management System (TQMN) in order to assure high quality across the training programme (this sub-activity is coordinated with Pillar I and III)	EuFMD online platform functioning and accessible to users more than 23 months per biennium during phase V. TQMN by June 2020	Development of the platform in line with IT FAO rules. Proper implementation of harmonized procedures established by the quality system
	2. Imprvt of national laboratories capacity for FAST diagnosis.	Definition of training programme according to the outcomes of Laboratory Mapping Tool exercise and PTSs results. Support and facilitate the implementation of PTSs in the neighbouring regions.	3 national laboratories with improved capacity for FAST diagnosis (baseline: Laboratory Mapping Tool - exercise 2019).	Willingness of laboratories to participate to the assessment of capacities and capabilities and joint efforts with partners to identify best support.
	3. Implementation of studies on vaccine efficacy and vaccination effectiveness and sharing of results	Assistance further implementation of PVM studies in North Africa, Transcaucasus and new studies in Iran, Iraq and Middle East countries. Build and assist vaccination advisory groups within epi-lab networks in different FMD roadmaps.	3 studies on vaccine efficacy and vaccination effectiveness implemented and results shared (including those currently implemented TCC).	Interest of countries to carry out vaccine quality and other PVM studies and include results of studies in the procedure for purchase vaccines and revise vaccination program.
	4. Development and delivery of training course schemes to assist FAST control and Early Warning System.	Organization of e-learning, workshops and in-country meetings on topics which have been identified as a priority to assist progressive control of FAST diseases, surveillance and early warning system. This may include, but is not limited to topics such as PPP, socio economic analysis, serosurveillance design, early detection and exercises to assess FAST emergency preparedness. Delivery of training material and courses in local languages and assist implementation of cascade training and related field studies and activities. Develop a track training system to map trainings for vets.	2 new training course schemes developed in the biennium to assist FAST control and early warning system with 50% of participants from targeted regions completing training.	Capacity of national Competent Authorities to identify proper participants to the training and facilitate the follow up with national activities and field studies.
	5. Delivery of learning courses to audience of vets and para-professionals to promote awareness of FAST diseases and national cascade of training and resources.	Development and delivery of online courses and resources for wide dissemination of training which aim to raise awareness of FAST diseases, their clinical signs, diagnosis, reporting mechanism and control. This will include adaptation of existing EuFMD online courses together with the creation of new courses and resources. Courses will be made available in local languages, and support provided to enable the cascade of these courses and resources at national level.	Number of elearning courses delivered to large audience of veterinarians and para-professionals with 2000 participants completing the courses.	Involvement of para-professional and private veterinary associations in the e-learning proposed

7.Gantt chart

		YEAR 1												YEAR 2												
		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
2.3 Capacity development for surveillance and improved control programmes	2.3.1 Develop and implement a program of capacity building that supports national improved PCP progress and early warning surveillance	Planning and development	■	■											■										■	
		Implementation and application		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
		Coordination/ Meetings	■	■												■									■	
		Evaluation						■							■					■				■	■	
	Improvement of national laboratories capacity for FAST diagnosis	Planning and development	■	■											■										■	
		Implementation and application		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
		Coordination/ Meetings	■	■			■			■			■		■	■		■			■			■		
		Evaluation						■							■					■				■	■	
	Implementation of studies on vaccine efficacy and vaccination effectiveness and sharing of results	Planning and development	■	■											■										■	
		Implementation and application		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
		Coordination/ Meetings		■			■			■			■		■	■		■			■			■		
		Evaluation						■							■					■				■	■	
	Development and delivery of training course schemes to assist FAST control and Early Warning System	Planning and development	■	■											■											
		Implementation and application		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
		Coordination/ Meetings		■			■			■			■		■	■		■			■			■		
		Evaluation						■							■					■				■	■	
	2.3.1 Delivery of elearning courses to large audience of veterinarians and para-professionals	Planning and development	■	■											■										■	
		Implementation and application		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
		Coordination/ Meetings		■			■			■			■		■	■		■			■			■		
		Evaluation						■							■					■				■	■	

GANTT CHART NOTES:							
1. Training infrastructure and quality assurance system across the training programme	Planning and development	Planning of implementation and changes in the training infrastructure Development of TQMN guidelines and procedures <hr/> Definition of jointly agreed workplan with Gf-TADs partners and other international agencies and reference laboratories providing technical support to countries. <hr/> Meetings and agreements with different international and national training providers.	Implementation and application	Co-ordination/ Meetings	Evaluation		
2. Improvement of national laboratories capacity for FAST diagnosis						Maintenance and implementation of new developments Application of TQMN procedures <hr/> Definition of training programme according to the outcomes of Laboratory Mapping Tool exercise and results of PTS. Organization of training events on priorities identified through laboratory networks. Support and facilitate the implementation of PTS Assist development of specific laboratory capacities in specific risk areas (e.g. Iran, Pakistan)	Meeting with experts form University of Nottingham and internal meetings <hr/> Three-monthly co-ordination meetings (online) with Gf-TADs partners and other international agencies providing technical support to countries Regular reporting to Joint Permanent Committees (REMESA, Statement of intention agreements)
3. Implementation of studies on vaccine efficacy and vaccination effectiveness and sharing of results						Development and assistance to vaccination advisory groups in the three sub-region Training, meetings and support for continue implementation of PVM studies	Regular Internal co-ordination meetings.
4. Development and delivery of training course schemes to assist FAST control and Early Warning System	Applied training schemes developed and implemented on: Public-private partnership, socio economic analysis, risk mapping, serosurveillance design. Test in one country a track training system to assist national authorities to monitor trainings and competencies of vets.						
5. Delivery of elearning courses to large audience of veterinarians and para-professionals	FAST-ATC (Awareness Training Course: clinical signs, notification, control measures, sampling) TC in local languages (TK, EN, FR) + additional modules on PPR, LSD, RVF, BEF Development of initiatives targeted to communities at risk areas to improve early detection. Use and adapt modules of elearning courses already developed for induction training to activities proposed under 2.1 and 2.2						
Mid-term (internal) evaluation and final-biennium (external) evaluation							

8. Budget (€)

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
2.3 Develop and implement a program of capacity building that supports national improved PCP progress and early warning surveillance	1. Training infrastructure and quality assurance system across the training programme		0							0	440,170
	2. Improvement of national laboratories capacity for FAST diagnosis	5,249	16,918	50,000	25,000	20,000	35,000	15,000		167,167	
	3. Implementation of studies on vaccine efficacy and vaccination effectiveness and sharing of results	5,249	16,918	35,000	10,000	5,000	10,000	10,000		92,167	
	4. Development and delivery of training course schemes to assist FAST control and Early Warning Systems		16,918	40,000	20,000	25,000	10,000		5,000	116,918	
	5. Delivery of e-learning courses to large audience of veterinarians and para-professionals and use modules of courses already developed as induction training for field and face-to-face activities.		16,918	30,000			10,000		7,000	63,918	
	TOTAL FOR ACTIVITY 2.3	<i>10,498</i>	<i>67,672</i>	<i>155,000</i>	<i>55,000</i>	<i>50,000</i>	<i>65,000</i>	<i>25,000</i>	<i>12,000</i>	<i>440,170</i>	

9. Challenges to achieving component objectives

This component is focused on capacity building to support the control strategies to control FAST diseases and for surveillance and early detection

The challenges envisage for this activities are:

Develop new training according to the needs and capacity of countries to use knowledge acquired;

Engagement of professionals and paraprofessionals and use training opportunities to improve networks within and between countries;

Possibility to cascade trainings at national level and capacity to use and adapt material and expertise across the different regions;

Engagement of all EuFMD experts and Co-ordinators of different training opportunities to implement the procedures established within the Quality Management System.

Pillar III (Output III)

Pillar Objective

Sustained progress of the GF-TADs Global Strategy against FMD and the improved security of supply of effective vaccines.

Pillar Co-ordinator

Paolo Motta

Component 3.1 (Activity 3.1)

Global Strategy Implementation

Component Objective

Sustained and effective implementation of the FMD Global Strategy achieved through improved technical guidance to countries and assistance to GF-TADs Regional Roadmaps meetings.

Component Manager

Etienne Chevanne

1. Background

Throughout the EuFMD 2017-19 work plan, Components 3.1 and 3.2 supported the GF-TADs FMD Working Group by improving the system for data collection from countries not free of FMD and the management system to assist regional Roadmaps and related reporting procedures, and by strengthening the support to national and regional progress mechanism. The overall aim of this component for Phase V is to sustain further the effective implementation of the GF-TADs FMD Global Strategy and to promote and assist the progress of the Global Strategy, by providing continued support to the FMD Working Group.

The activities carried out under Component 3.1 will offer a range of direct **supporting initiatives to the FAO/OIE Working Group** on FMD control for regionally-coordinated and targeted national assistance to countries for the effective implementation of the Progressive Control Pathway (**PCP-FMD**). The achievement of the GF-TADs Working Group action plan at global and regional levels will also be supported also taking into account the requests from the Working Group. Cooperation will also be co-ordinated with the FAO/OIE PPR Global Eradication Programme (GEP) Secretariat.

Tailored **PCP application tools** and guidance documents will be developed to improve quality and timing of the review of national control plans and the effectiveness of the assistance to countries of the GF-TADs Working Group.

Support will be provided to the **GF-TADs Regional Roadmaps** meetings for FMD control, and to improve the assessment and evaluation mechanism of countries. Support to **Regional Networks** and co-ordination with Regional institutional bodies will be established to improve capacities for strategy development and PCP progress at national levels, and for the implementation of risk-based approaches for FAST diseases surveillance and control.

Technical guidance to PCP-FMD implementation by countries will be improved through the management and development of the **PCP-Support Officer (PSO) system** and by the further roll-out of its' implementation. This will include PSO training and capacity development, and support to PSOs to improve guidance to countries, including informatics and web applications. Appropriate guidance documents will be improved to better assist the development and implementation of strategies at national level.

The visibility and impact of these activities will be promoted also through support to improved communication and improved online presence (GF-TADs website on FMD Global Strategy).

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Paolo Motta	Pillar III co-ordinator
Component manager	Etienne Chevanne	FMD Risk Management Specialist
Training and networking	Nadia Rumich	Training and Networking
GF-TADs-FMD WG	The members of the GF-TADs-FMD WG are key partners in the activities of this component.	n/a
ExCom oversight	TBD	Executive Committee

3. Countries or partner organizations involved

This component involves collection of data at global level from countries working through the PCP-FMD and benefitting from support through roadmap meetings, and which are indicated as priorities for PCP-FMD progress in the GF-TADs Global Strategy. Currently, these are about 80 countries in continental countries of Asia, the Middle-East and Africa (with the exception of North African countries which are members of REMESA and Southern African countries with FMD free zones).

Activities under this component are carried out in order to assist the activities of the GF-TADs FMD Working Group and co-operation is foreseen with the World Organisation for Animal Health (OIE), and with FAO/OIE PPR GEP Secretariat.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component manager in co-ordination with FAO colleagues GF-TADsFMD Working Group	Written report and presentation	General Session	Network and Training Support Officer
Workshop reports	Lead facilitator	Written report	ExCom, oversight members	Network and Training Support Officer

5. Objective of the component

Sustained and effective implementation of the FMD Global Strategy achieved through improved technical guidance to countries and assistance to GF-TADs Regional Roadmaps meetings.

This will involve continued support to the GF-TADs Working Group and assistance to the achievement of the action plan at global and regional levels, in consistency with the requests from the WG for support from EuFMD.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
3.1 Global Strategy Implementation	Sustained and effective implementation of the FMD Global Strategy achieved through improved technical guidance to countries and assistance to GF-TADs Regional Roadmaps meetings.	Significant improvement in quality, rate of approval and national implementation of FMD Control plans is supported by the enhancement of the PCP-support officer (PSO) system, support of regional technical networks, assistance to GF-TADs Regional Roadmaps meetings and engagement with Regional institutional bodies	Increase to 25 in certified PCP support officers by the end of Phase V; Increase to 15 the submission by countries and processing by GF-TADs WG of strategic plans (risk assessment, risk-based surveillance and/or control plans) every two years.	GF-TADs Steering Report; Regular collection of info through procedure established through the PSO system.	Two external evaluations to be carried out by month 18 and 38 of phase V	Assumes collaboration and request for EuFMD support from target countries Risk that institutional procedures (FAO/OIE) change the scope or do not accept EuFMD expertise and inputs.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

- 3.1.1 Improved technical guidance and support to PCP-FMD implementation by countries, through the management and development of the PCP-support officer (PSO) system:
 - 3.1.1.1. PCP Support Officer (PSO) Network co-ordination and development for improving guidance to countries;
 - 3.1.1.2. Collaborate with FAO and OIE to support expert team missions in assisting countries.

- 3.1.2 GF-TADs Regional Roadmaps meetings for FMD control supported and regional technical networks of experts on disciplines related to PCP progress strengthened through Regional institutional bodies engagement:
 - 3.1.2.1. Ensure roll-out and follow-up of GF-TADs Regional Roadmaps meetings for FMD control;
 - 3.1.2.2. Support Regional Networks and coordinate with Regional institutional bodies to improve capacities for national strategy development and PCP progress, and for implementation of risk-based approaches for FAST diseases surveillance and control.

- 3.1.3 Development of tailored PCP application tools to (i) improve the functional efficiency of the Secretariat GF-TADSWG, and (ii) increase visibility and impact through support to improved communication and online presence (GF-TADs website on FMD Global Strategy):
 - 3.1.3.1. Support the GF-TADs Working Group in improving the timing and efficiency of review of national control plans;
 - 3.1.3.2. Support the improvement of communication and online presence to enhance visibility and impact.

Sub-activities and their indicators

	Sub-activity level	Description	Indicators	Assumptions and risks
3.1.1. Improved technical guidance and support to PCP-FMD implementation	3.1.1.1. PSO Network co-ordination and development for improving guidance to countries	Ensure support to countries in provisional and full stages of the PCP, by establishing a mechanism to assist and develop capacity of the PSOs (training and mentoring scheme) and by improving the guidance for progressive control programmes	a) Training and mentorship scheme for PSOs fully implemented by Sept 2020, and at least 15 new PSOs certified by Sept 2021 b) Increase to 10 the submission by countries and processing by GF-TADSWG of strategic plans (risk assessment, risk-based surveillance and/or control plans) by Sept 2021.	Risk that institutional arrangements (FAO/OIE) change the scope or do not accept EuFMD expertise and inputs
	3.1.1.2. Collaborate with FAO and OIE to support expert team missions in assisting countries in consistency with the requests from WG.	Provide technical assistance and support EuFMD experts to respond to emerging FMD, and FAST diseases situations, for progressive control at regional or national levels.	a) At least three EuFMD experts participate in team missions by Sept 2021.	
3.1.2. Support GF-TADSRegional Roadmaps, regional networks and bodies	3.1.2.1. Ensure roll-out and follow-up of GF-TADS Regional Roadmaps meetings for FMD control.	Organization and facilitation of regional Roadmap Meetings (MENA, West Eurasian, Eastern Africa, Central Africa, West Africa, SADC, SAARC) including the support in technical assessment and follow-up actions; Co-ordination with the Working Group including regular on-line and/or face-to-face meetings.	a) Support the organization in co-ordination with the FMD WG of at least two Roadmap Meetings by Sept 2021.	Risk that the tracking mechanism is not fully implemented by GF-TADs WG - Assumes collaboration and commitment by GF-TADs WG.
	3.1.2.2. Support Regional Networks and coordinate with Regional institutional bodies to improve capacities for national strategy development and PCP progress, and implementation of risk-based approaches for FAST diseases surveillance and control	Strengthen technical capacities and the network of PSOs to providing tailored national support to countries on epidemiological and laboratory issues relevant for FMD PCP progress in target regions. This will be achieved through: (i) the support of the relevant Regional Epidemiology and Laboratory Networks and (ii) the engagement and collaboration with Regional institutional bodies (e.g. AU-IBAR, IGAD, SADEC, SARC, SACIDS). The activities of the PSO mentoring and training network to be linked to the training development and delivery under component 3.3.	a) Support and co-ordination mechanism developed and established in at least 2 Roadmap regions by Sept 2021 b) Collaboration agreement achieved and implemented with regional bodies in at least 1 Roadmap regional PSOs and by Sept 2021	

3.1.3. Application tools to improve the efficiency and visibility	3.1.3.1. Support the GF-TADs Working Group in improving the timing and efficiency of review of national control plans	Provision and improvement of tools and guidance documents to (i) facilitate and assist the country's ability to develop national strategic plans for PCP progression and (ii) assist the GF-TADs Working Group documents assessment and review mechanism	a) Improved and uniformed guidance documents and tool to assist the development and review process of national strategic plans by Sept 2020 b) Time between submission of strategic plan by a country and final acceptance not to exceed 6 months by Sept 2021	
	3.1.3.2. Support the improvement of communication and online presence to enhance visibility and impact	Development of an interactive online dashboard for the integration and communication of relevant information on the PCP-FMD stage, progress activities and objectives, and to display the planning of related events	a) Interactive online dashboard developed by Sept 2021 b) Websites updated on monthly basis	Assumes collaboration and demand to use EuFMD support from target countries

7. Gantt chart

Sub Activities		YEAR 1												YEAR 2												
		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
3.1 Sustained and effective implementation of the Global Strategy	3.1.1. Improved technical guidance and support to	3.1.1.1. PSO Network co-ordination and development for improving guidance to countries	Planning and development																							
		Implementation and application																								
		Co-ordination/ Meetings																								
		Evaluation																								
	3.1.1.2. Collaborate with FAO and OIE to support expert team missions in assisting countries in consistency with the requests from the WG	3.1.1.2. Collaborate with FAO and OIE to support expert team missions in assisting countries in consistency with the requests from the WG	Planning and development																							
		Implementation and application																								
		Co-ordination/ Meetings																								
		Evaluation																								
	3.1.2. Support GF-TADs Regional Roadmaps, regional networks and	3.1.2.1. Ensure roll-out and follow-up of GF-TADs Regional Roadmaps meetings for FMD control	Planning and development																							
		Implementation and application																								
		Co-ordination/ Meetings																								
		Evaluation																								
	3.1.2.2. Support Regional Networks and coordinate with Regional institutional bodies to improve capacities for national strategy development and PCP progress, and implementation of risk-based approaches for FAST diseases surveillance and control	3.1.2.2. Support Regional Networks and coordinate with Regional institutional bodies to improve capacities for national strategy development and PCP progress, and implementation of risk-based approaches for FAST diseases surveillance and control	Planning and development																							
		Implementation and application																								
		Co-ordination/ Meetings																								
		Evaluation																								
	3.1.3. Application tools to improve the efficiency and	3.1.3.1. Support the GF-TADs Working Group in improving the timing and efficiency of review of national control plans	3.1.3.1. Support the GF-TADs Working Group in improving the timing and efficiency of review of national control plans	Planning and development																						
			Implementation and application																							
			Co-ordination/ Meetings																							
			Evaluation																							
3.1.3.2. Support the improvement of communication and online presence to enhance visibility and impact		3.1.3.2. Support the improvement of communication and online presence to enhance visibility and impact	Planning and development																							
		Implementation and application																								
		Co-ordination/ Meetings																								
		Evaluation																								

Gantt Chart notes								
3.1.1.1	Planning and development	Assessing needs, planning improvements to the PSO system co-ordination and development system, and development of framework/guidelines (consultation and co-ordination with the PSO Network and the GF-TADs WG)	Implementation and application	Coordinate and maintain the PSO system; develop a training and mentoring scheme for PSOs and roll-out the system; further develop/refine guiding documents (e.g. socio-economics, risk assessment, etc.) Conduct PCP FMD training in co-ordination with the WG	Co-ordination/ Meetings	Co-ordination meetings as part of the planning: with EuFMD staff and the GF-TADs Working Group; Online PSO Network meetings; Co-ordination with the GF-TADs Working Group including regular on-line and/or face-to-face meetings.	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.1.2		Communication and planning with FAO and OIE partners in the GF-TADs Working Group		Provide technical assistance and support EuFMD experts to respond to emerging FMD and FAST diseases situations at regional and national levels		Co-ordination with the GF-TADs Working Group including regular on-line and/or face-to-face meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.2.1		Co-ordination and planning with FAO and OIE partners in the GF-TADs WG		Organization and facilitation of regional Roadmap Meetings (including reporting); provide support in technical assessment and follow-up actions and responding to specific requests from the WG		Co-ordination with the GF-TADs WG including regular on-line and/or face-to-face meetings. Internal co-ordination and follow-up meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.2.2		Consultation and definition of procedures to support and coordinate with Regional Networks and institutional bodies in at least 1 Roadmap region; identify how to support regional multilateral bodies within the context of PCP capacity building		Establishment of collaboration agreement with the Regional Body in the selected Roadmap region and adoption and application of mechanism to: i) implement capacity development and strategy development activities (support regional meetings, delivery of workshops, online courses, support missions, etc.); ii) ensure support and co-ordination with Regional Networks and institutional bodies		Co-ordination meetings as part of the planning: with EuFMD staff and external partners as relevant. Internal co-ordination meetings after evaluations.		6-month and mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.3.1		Mapping and assessment of the latest strategy documents guidelines and their approval state (and online availabilities on different websites), and discuss the current reviewing process of strategic documents. Define the updating and development approach (EuFMD staff and the PSO Network; co-ordination with GF-TADs WG).		Enhance guidance documents and currently available assessment tools and support and improve the reviewing process/mechanism of official documentation submitted by countries. Roll-out, application and regular review of the tools and guidance documents through the PSO system and network		Co-ordination meetings as part of the planning: with EuFMD staff and the GF-TADs WG; Online PSO Network meetings; Co-ordination with the GF-TADs WG including regular on-line and/or face-to-face meetings.		6-month and mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.3.2		Consultation, needs assessment and planning with EuFMD staff, the PSO Network and GF-TADs WG; Identification of suitable technical partners for the development and implementation of online communication tools		Improvements of online communication products and development of interactive online dashboard for the integration of relevant information on the PCP-FMD progress, activities and events		Co-ordination meetings as part of the planning: with EuFMD staff and the GF-TADs WG;		Mid-term (internal) evaluation and final-biennium (external) evaluation

8. Budget (€) COMP. 3.1

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
3.1 Sustained and effective implementation of the FMD Global Strategy achieved through improved technical guidance to countries and assistance to GF-TADS Regional Roadmaps meetings	3.1.1 Improved technical guidance and support to PCP-FMD implementation by countries, through the management and development of the PCP-support officer (PSO) system	1,100	14,180	47,000	35,000	16,000	10,000	0	5,000	128,280	348,932
	3.1.2 GF-TADS Regional Roadmaps meetings for FMD control supported and regional technical networks of experts on disciplines related to PCP progress strengthened through Regional institutional bodies engagement	1,100	15,000	53,000	30,000	25,000	20,000	0	5,000	149,100	
	3.1.3 Development of tailored PCP application tools to (i) improve the functional efficiency of the Secretariat GF-TADS WG, and (ii) increase visibility and impact through support to improved communication and online presence (GF-TADS website on FMD Global Strategy)	2,552	19,000	30,000	5,000	5,000	0	0	10,000	71,552	
TOTAL FOR ACTIVITY 3.1		4,752	48,180	130,000	70,000	46,000	30,000	0	20,000	348,932	

9. Challenges to achieving component objectives

This component is centered on the functioning of the FAO/OIE FMD Working Group. The expected growth in workload for the WG resulting from the recent Roadmap Meetings and the increasing number of countries aiming at progressing along the PCP-FMD and developing strategic plans, might provide further challenges for the timely and effective functionality of the WG. Improved co-ordination mechanism might be required to face the upcoming changes foreseen.

1. Institutional arrangements (FAO/OIE) need to be kept and are necessary for achieving the component objective. Also the scope of these arrangements needs to be continued and institutional partners accept EuFMD expertise and inputs.
2. Establishment of collaboration and partnership with regional networks and institutional bodies depends on the engagement of these stakeholders and the support that can be provided
3. The overall activities assume collaboration and demand to use EuFMD support from target countries, regional authorities and the FAO/OIE FMD Working Group.

Component 3.2 (Activity 3.2)

Improved Global Laboratory Support

Component Objective

Strengthened global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementation of the GF-TADs Strategy

Component Manager

Kees VanMaanen

1. Background

Under the EuFMD Phase IV workplan Component 3.3, support to the global FMD laboratory network was implemented as part of the joint FAO/OIE Global FMD Control Strategy to improve regional laboratory networks and ensure better technical expertise development at regional levels. The core of the international surveillance required was supported through a contract with The Pirbright Institute (TPI) to provide services globally, including diagnostic service, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns, and provision of laboratory proficiency test (PTS) ring trials to FMD laboratories in non-EU states and internationally.

The strategy for Phase V builds on this experience, adding further emphasis in increasing the level and quality of support to Regional Laboratories and the OIE/FAO Laboratory Network, including associated surveillance and training for all the Roadmap regions (mainly through online programmes). This Component will aim at improving FMD virus intelligence to guide GF-TADs and Regional and National Risk managers. It will also support progress towards the targets required for regional Roadmap vaccine priority and provide a global surveillance information base relevant to EuFMD MN and to all countries which are not officially free of FMD.

The activities under this Component will provide direct support to the co-ordination and activities of the annual workplan of the **OIE/FAO FMD Reference Laboratory network** to ensure better technical expertise development and networking at regional levels. Global and regional epidemio-surveillance networks will also be supported through online and virtual **training in FMD laboratory surveillance** for all Roadmap regions.

The role of the TPI in providing the core of the international surveillance required will be supported by a contract, to provide the services described above and to continue as Secretariat of the OIE/FAO FMD lab network. It will also continue to support a set of Regional Support Laboratories in pools 4 and 5 to screen samples from their regions as part of the need to achieve Pool level surveillance targets. To improve the sample collection and typing, and address surveillance gaps in regions identified by the OIE and FAO Reference Centres as priorities, support will be tailored for **diagnostic services**, including laboratory typing of FMD samples from the six virus Pools by OIE/FAO Reference Centres, aiming at the attainment of surveillance targets in each pool required for guidance to Regional Roadmaps and risk managers in each region, as well as for global threat forecasting.

To sustain a shift in emphasis towards **regional vaccine selection and performance**, system for vaccine performance and matching needed by the Roadmaps will be supported. A specific focus will be placed on better uptake and accurate application of test system by OIE/FAO Reference Centres and Regional Support Laboratories (RSLs) in Africa and Asia, including the associated work to validate tests and identify correlates of protection. Progress towards validation of new tests for vaccine matching and measures of protection will be supported during the first 24 months with the aim of transfer to RSLs and others in the second 24 months.

2. Team

Role	Name	Status
Component supervisor	Paolo Motta	Pillar III Co-ordinator
Component manager	Kees VanMaanen	
Training and networking	Nadia Rumich	Training and Networking
Partner organisations	FAO/OIE Reference Laboratory Network are key technical partners. The OIE a funding partner through funding of twinning programmes	
ExCom oversight	TBC	
FAO	TBC	
OIE	TBC	
EU Commission	TBC	

3. Countries or partner organizations involved

A close collaboration is foreseen with OIE/FAO Reference Centres and Regional Support Laboratories (**RSLS**) in Africa and Asia, and work will be implemented also in support of the global OIE/FAO FMD Reference Laboratory network.

Activities in this component are in support of the implementation of the Global Strategy for FMD Control, particularly in West Africa, East and Southern Africa and South Asia during the first 24 months, and may be expanded in South-East Asia in months 25-48 after review of progress.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Head of WRL	Written report and presentation	ExCom, STC	Network and Training Support Officer
Yearly	WRL	Annual network report from head of the WRL	ExCom, STC	Network and Training Support Officer
Every two years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Report on workshop or e-learning course	Component manager or lead facilitator	Written report		Network and Training Support Officer

5. Objective of the component

The overarching objective of this component is

Strengthened global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementation of the GF-TADs Strategy.

This will involve continued support to the OIE/FAO FMD Reference Laboratory network to support progress of regional diagnostic services and vaccine selection and performance, in consistency with the needs of the OIE/FAO FMD Reference Laboratory network.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
3.2 Improvement of global laboratory support	Strengthened global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementation of the GF-TADs Strategy.	Attainment of surv. targets by OIE/FAO FMD RLN and Regional Support Labs for each pool required for guidance to Regional Roadmaps will be supported through improved diagnostic services and system for vaccine performance and matching.	Enhanced level and quality of surveillance information FMD Reference Laboratory network with an increase in the virus Pools achieving sampling targets for laboratory surveillance (from 1 to 4 out of 6).	Annual Reports of the global OIE/FAO FMD Reference Laboratory network. Regular collection of information through procedure established and Global Monthly reports of the EuFMD.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Relies on the functioning and commitment of global OIE/FAO FMD Reference Laboratory network, and the engagement of countries to attain surveillance targets in each pool.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

3.2.1 Strengthened co-ordination of the OIE/FAO FMD Reference Laboratory network

- 3.2.1.1 Co-ordination support for the OIE/FAO FMD Reference Laboratory network
- 3.2.1.2 Delivery of FMD laboratory surveillance training in all Roadmap regions

3.2.2 International surveillance and guidance to Regional Roadmaps and risk managers enhanced in each pool

- 3.2.2.1 Support diagnostic services by OIE/FAO Reference Centres, including laboratory typing of FMD samples from the 6 virus Pools
- 3.2.2.2 Improve the sample collection and typing from regions identified by the OIE/FAO Reference Centres as priorities

3.2.3 Vaccine selection and performance supported, including sustenance for improved methods for matching and protection measures

- 3.2.3.1. Improve uptake and accurate application of test system by OIE/FAO Reference Centres and Regional Support Laboratories in Africa and Asia
- 3.2.3.2. Progressively support advancement towards validation of new tests for vaccine matching and measures of protection

The activities under this Component will provide direct support to the annual workplan co-ordination and activities of the **OIE/FAO FMD Reference Laboratory network** to ensure better technical expertise development and networking at regional levels.

	Sub-activity level	Description	Indicators	Assumptions and risks
3.2.1 OIE/FAO FMD Laboratory network	3.2.1.1 Co-ordination support for the OIE/FAO FMD Reference Laboratory network	Provide direct support to the annual workplan co-ordination and activities of the OIE/FAO FMD Reference Laboratory network to ensure better technical expertise development and networking at regional levels, including support in the organization of the annual workplan co-ordination meeting.	a) One annual meeting organized per year and the number of invited representatives attending from regional laboratories is at least equal to the number of attendees supported in Phase IV	Relies on the functioning and commitment of global OIE/FAO FMD Reference Laboratory network.
	3.2.1.2 Delivery of FMD laboratory surveillance training in all Roadmap regions	Develop and conduct at least an annual, global (online) training in FMD laboratory surveillance in English and in French languages.	a) Online one global training organized and delivered in English and in French and attended by 250 trainees by Sept 2021	Relies on the functioning and commitment of global OIE/FAO FMD Reference Laboratory network, and the engagement of countries to attain surveillance targets in each pool.
3.2.2. International surveillance and guidance	3.2.2.1 Support diagnostic services by OIE/FAO Reference Centres, including laboratory typing of FMD samples from the 6 virus Pools	Support diagnostic services for samples submitted to the WRL, as well as testing that can be delegated to leading laboratories in the OIE/FAO FMD Reference Laboratory network with WRL support and supervision.	a) 1500 samples submitted for antigen detection and serotyping, and 200 samples for vaccine matching by Sept 2021; b) 200 samples for P1 sequencing by Sept 2021	Relies on engagement of countries to attain surveillance targets in each pool.
	3.2.2.2 Improve the sample collection and typing from regions identified by the OIE/FAO Reference Centres as priorities	Support sampling from outbreaks and testing, including procurement of reagents and kits, and assist sample shipment mechanism from National Labs in Pools 3, 4, and 5 to the Regional and International Reference Laboratories.	a) Adequate number of antigen ELISA kits and PCR reagents provided for surveillance	Relies on engagement of countries to attain surveillance targets in each pool.
3.2.3 Vaccine selection and performance support*	3.2.3.1 Improve uptake and accurate application of test system by OIE/FAO Reference Centers and Regional Support Laboratories in Africa and Asia	Support sample screening at laboratories in Pools 3, 4 and 5 and shipment from these and other areas of high strategic importance to International Ref Labs. Support vaccine matching tests or complete genome sequencing (where appropriate), virus neutralization tests (VNTs) in the context of PVM studies and vaccine quality studies.	a) Characterization of FMDV from at least 30 different outbreaks across six different countries, and 100 FMD viruses per pool by the Sept 2021	Assumes functioning and commitment of global OIE/FAO FMD Reference Laboratory network, and the engagement of countries to attain surveillance targets in each pool.
	3.2.3.2 Progressively support advancement towards validation of new tests for vaccine matching and measures of protection *	Review and assist the development of improved vaccine matching methods, for prioritizing development and implementation of tests to cover a wider range of reference viruses and vaccine strains.	a) Outcomes of ongoing studies for novel methods reviewed and assessed by Sept 2020; b) Collaboration with Regional Laboratories at least 2 Pools to cover reference viruses and vaccine strains established by Sept 2021;	Assumes that ongoing studies will demonstrate advancement and applicability of the novel ELISA methods, and their potential for the dev. of tests to cover a wider range of reference viruses and vaccine strains.
	* The validation and implementation of improved vaccine matching methods will be progressively supported through the workplan and may be expanded in months 25-48 after review of progress.			

7. Gantt chart

3.2	Improvement of global laboratory support	Sub Activities	YEAR 1												YEAR 2											
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
3.2.1 OIE/FAO FMD Laboratory network	3.2.1.1 Co-ordination support for the OIE/FAO FMD Reference Laboratory network	Planning and development	■	■										■	■										■	
		Implementation and application			■	■	■	■	■	■	■	■	■	■			■	■	■	■			■	■	■	■
		Co-ordination/ Meetings		■	■											■	■						■			
		Evaluation													■				■	■						
	3.2.1.2 Delivery of FMD laboratory surveillance training in all Roadmap regions	Planning and development	■	■											■	■									■	
		Implementation and application						■	■	■	■								■	■	■					
		Co-ordination/ Meetings				■	■									■	■						■			
		Evaluation													■											■
3.2.2. International surveillance	3.2.2.1 Support diagnostic services by OIE/FAO Reference Centres, including laboratory typing of FMD samples from the 6 virus Pools	Planning and development	■	■											■					■	■			■		
		Implementation and application				■	■	■	■	■	■	■	■			■	■	■	■	■			■			
		Co-ordination/ Meetings		■	■											■									■	
		Evaluation													■				■	■					■	
	3.2.2.2 Improve the sample collection and typing from regions identified by the OIE/FAO Reference Centres as priorities	Planning and development	■	■												■					■	■			■	
		Implementation and application				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
		Co-ordination/ Meetings		■	■											■									■	
		Evaluation													■				■	■					■	
3.2.3 Vaccine selection and performance support	3.2.3.1 Improve uptake and accurate application of test system by OIE/FAO Reference Centers and Regional Support Laboratories in Africa and Asia	Planning and development	■	■											■	■								■		
		Implementation and application			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
		Co-ordination/ Meetings						■								■					■				■	
		Evaluation													■				■	■					■	
	3.2.3.2 Progressively support advancement towards validation of new tests for vaccine matching and measures of protection*	Planning and development	■	■	■			■							■										■	
		Implementation and application						■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
		Co-ordination/ Meetings			■			■								■				■					■	
		Evaluation													■				■	■					■	

3.2.1.1	Planning and development	Planning of improvements and changes in the co-ordination mechanism	Implementation and application	Support the organization of the annual OIE/FAO Ref. Lab. Meeting, including support to Regional Support Reference Labs (e.g. PD-FMD (India), Embakasi (Kenya), NAHDIC (Ethiopia), NVRI (Nigeria), LNERV (Senegal) and SAP (Turkey) to attend the meeting (managed by the WRL). Harmonization of communication and data sharing between Laboratories of the network, including online meetings and webinars.	Co-ordination/ Meetings	Co-ordination meetings as part of the planning: with EuFMD staff and external partners as relevant (e.g. for the organization of the annual OIE/FAO Ref. Lab. Network Meeting); Internal co-ordination meetings after evaluations.	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation; Annual report on global FMD status; Reports of each annual meeting;
3.2.1.2		Planning of mechanism for consultation on training priorities and for delivery of e-learning courses		Development of training material and delivery of training for all relevant FMD laboratory tests, biosafety, sample archiving, laboratory management, and quality system (contracted to the WRL a t TPI). Includes refinement, maintenance, translation and delivery of FMD Laboratory Investigation Training courses (FLITc)		Meeting with experts from TPI and internationally; Internal meeting for communication of new procedures to EuFMD staff involved in training activities; Internal co-ordination meetings after evaluations.		Mid-term (internal) evaluation and final-biennium (external) evaluation; 6 monthly ExCom report
3.2.2.1		Refinement of mechanism co-ordination and support in consultation with the TPI		Optimize the support for diagnostic services for samples submitted to the WRL, as well as to leading laboratories in the OIE/FAO FMD Reference Laboratory network with WRL support and supervision.		Co-ordination meetings as part of the planning: with EuFMD staff and TPI experts; Annual OIE/FAO Ref. Lab. Network Meeting		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.2.2.2		Refinement of mechanism of support, in consultation with the OIE/FAO FMD Reference Laboratory network and the TPI		Implementation of support mechanism to improve sampling and testing, including procurement of reagents and kits, and assist sample shipment mechanism from National Labs in Pools 3, 4, and 5 to the Regional and International Reference Laboratories.		Co-ordination meetings as part of the planning: with EuFMD staff and TPI experts; Annual OIE/FAO Ref. Lab. Network Meeting; Internal co-ordinaton meetings.		Evaluation of courses developed through the TQMN
3.2.3.1		Communication and planning with OIE/FAO Ref. Lab Network and refinement of co-ordination mechanism to assist and support the delivery of diagnostic services to regional Ref. Labs		Support sample screening at laboratories in Pools 3, 4 and 5 and shipment to International Ref Labs. Support vaccine matching tests, VP1, P1 or complete genome sequencing (where appropriate), virus neutralization tests (VNTs) in the context of PVM studies and vaccine quality studies (ELISA tests will probably be conducted in the NRL of the country where the PVM is run, with VNT testing against vaccine strains, if available, and the relevant field viruses performed by the WRLFMD).		Co-ordination meetings as part of the planning: with EuFMD staff and TPI experts; Internal co-ordinaton meetings.		Evaluation of courses developed through the TQMN
3.2.3.2		Communication and consultation with OIE/FAO Ref. Lab Network and relevant stakeholders		Review the development of new vaccine-matching approaches to prioritize the development of tests to cover a wider range of reference viruses and vaccine strains		Co-ordination meetings as part of the planning: with EuFMD staff and TPI experts; Relevant International Conferences and Meetings		Evaluation of the activities of the VLC through the TQMN

8. Budget (€) COMP. 3.2.

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
3.2 Strengthened global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementation of the GF-TADS Strategy	3.2.1 Strengthened co-ordination of the OIE/FAO FMD Reference Laboratory network	2,300	14,180	12,000	14,000	12,500	0	0	12,000	66,980	544,124
	3.2.2 International surveillance and guidance to Regional Roadmaps and risk managers enhanced in each pool	2,300	15,000	0	0	0	350,000	0	0	367,300	
	3.2.3 Vaccine selection and performance supported, including sustenance for improved methods for matching and protection measures	4,344	19,000	4,000	3,000	1,500	50,000	18,000	10,000	109,844	
TOTAL FOR ACTIVITY 3.2		8,944	48,180	16,000	17,000	14,000	400,000	18,000	22,000	544,124	

9. Challenges to achieving component objectives

This component is centered on co-ordination with OIE/FAO Reference Centres and Regional Support Laboratories (RSLs) in Africa and Asia, and work will be implemented in support of the global OIE/FAO FMD Reference Laboratory network. Hence the functioning and commitment of global OIE/FAO FMD Reference Laboratory network is essential for the implementation of sub-activities. The collection of samples for Pools 4 and 5 requires also cooperation at national levels.

The process of partnership with the TPI involves FAO procedures and might require administrative time to be accounted for.

Component 3.3 (Activity 3.3)

Better training for Progressive Control

Component Objective

Improved national and regional capacity for progressive control of FMD through delivery of high impact training in at least six roadmap regions

Component Manager

Jenny Maud

1. Background

Under Components 2.4 and 3.4 of the EuFMD Phase IV workplan (2015-19) a series of e-learning courses were developed in support of the roll out of the Global Strategy for FMD Control. These included open access training courses on the PCP, FMD investigation, a series of three in-depth training courses on risk-based FMD control strategies, and initiatives exploring novel modalities for online networking, including through mobile phone communication tools such as Whatsapp™. These courses have been delivered to veterinarians in countries across the European neighborhood and additionally from five “Pillar III” roadmap regions (West, Central, East and Southern Africa, South Asia) and have been delivered in regional languages including English, French, Arabic and Russian.

The strategy for Phase V builds on this experience, adding further emphasis on mechanism to decentralize delivery and to cascade training to national level, and to link the training provided to real-world outcomes in the development and implementation of FMD control strategies through links with the PSO system and regional partnerships. The activities in this component will provide globally relevant training resources to all countries which are not officially free of FMD, and those working with such countries to implement progressive control and will be guided by the findings of the PCP-support officer (PSO) system and the Regional Advisory groups (RAGs) for each Roadmap. The activities of this component will also involve close liaison with GF-TADs partners, and alignment with the availability of resources in partner (GF-TADS) regional offices that can effectively deliver the training at regional or national levels.

The overall aim of this Component will be to **strengthen the training resources available and develop a series of new e-learning courses** based on the needs and priorities identified by the stakeholders and partners listed above, ensuring relevance across multiple countries and regions. The focus is providing training resources relevant to all countries that are not free of FMD in West and Central Africa, East Africa, Southern Africa and South Asia during the first 24 months of the programme. Additional regions (South East Asia may be added in months 24-48 after review of progress, and other regions deprioritized.

In order to ensure that EuFMD’s courses are of world-leading standard, that the quality is maintained across the training programme and a continuous evaluation of the impact of the training programme is conducted, a **Training Quality Management System** will be established in co-ordination with the three Pillars of the EuFMD work programme (see Components 1.1 and 2.3). Focus will be on developing training which will have lasting impact, and this will be guided by an impact evaluation system in line with guidance of an external international panel of adult-learning experts coordinated across the three pillars.

A key focus for this component will be the **cascade of training to national level**; assisting countries to deliver national level training to their veterinary service staff, together with key wider audiences including in the private sector and veterinary para-professionals (VPPs). To promote this cascade at national level, EuFMD will support regional GF-TADs partners, technical networks and institutional bodies in the development of **virtual learning centres (VLCs)**. These VLCs will be managed regionally (e.g. in GF-TADs regional offices) with the support of EuFMD and will aim at:

- link to the activities of the Regional Roadmap and the regional PSO support system to prioritize, co-ordinate and deliver tailored training at regional level;
- catalyze and better tailor training resources already available, and attract and assess the regional needs for development of new training resources;
- provide virtual support to regional epidemiological and laboratory networking;
- support national cascade of training in the region;
- leverage contribution of resources from other providers and additional funding such that the VLC hosts multiple courses relevant to control of FAST diseases and becomes financially and technically self-sustaining;
- develop system allowing national veterinary services and individual training participants to record and monitor the training undertaken, promoting continuing professional development;
- increase the understanding of the policy issues affecting the effective implementation of control measures

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Paolo Motta	Pillar III Co-ordinator
Component manager	Jenny Maud	Training Programme
Training and networking	Nadia Rumich	Training and Networking
Partner organisations	Training activities carried out in collaboration with regional partners and organizations in support of the GF-TADs Global Strategy for FMD control.	
ExCom oversight	TBC	
FAO	TBC	
OIE	TBC	
EU Commission	TBC	

3. Countries or partner organizations involved

A close collaboration is foreseen with regional FAO or OIE offices. Additionally roll-out may make use of collaborations with regional multilateral organizations and bodies, non-governmental organizations (NGOs), academic institutions, especially where such partnerships might bring sources of additional funding or resources. Activities in this component are in support of the implementation of the Global Strategy for FMD Control, particularly in West Africa, East and Southern Africa and South Asia during the first 24 months, and may be expanded in South-East Asia in months 25-48 after review of progress.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
6 monthly report to ExCom	Component manager/supervisor	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every 2 years report to MN	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Report on workshop or e-learning course	Component manager or lead facilitator	Written report		Network and Training Support Officer
Report on training quality and impact		Written report		Network and Training Support Officer

5. Objective of the component

Improved national and regional capacity and expertise for progressive control of FMD through delivery of high impact training in at least six roadmap regions.

<i>Component (Activity)</i>	<i>Objective</i>	<i>Narrative</i>	<i>Expected result</i>	<i>Monitoring</i>	<i>Evaluation</i>	<i>Assumptions and risks</i>
3.3 Better training for progressive control	Improved national and regional capacity and expertize for progressive control of FMD through delivery of high impact training in at least six roadmap regions.	The training provided will link to real-world outcomes in the development and implementation of FMD control strategies. This will be achieved through synergy with the PSO system and regional partnerships in order to strengthen the available training and develop new resources, ensuring quality management and cascading to national level.	At least 2500 individuals from the target countries* have completed at least one EuFMD e-learning course.	Regular collection of data through EuFMD e-Learning platform and procedure established in the training quality management system	Two external evaluations to be carried out by month 18 and 38 of phase V.	Relies on the commitment of national veterinary services and individuals to participate in and complete e-learning courses.

* Target countries for 2019-21 are those in West, Central, East and Southern Africa and South Asia. Training courses developed should also be relevant to regions included under Pillar II activities.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

3.3.1 Training infrastructure: maintenance and improvement of online platform

3.3.2 Development of a Training Quality Management System (TQM) to ensure the quality and the continuous evaluation of the impact of training

3.3.3 Development and delivery of e-learning courses in support of progressive control

3.3.3.1 Consultation and prioritisation for training development

3.3.3.2 Development of new training courses

3.3.3.3 Delivery of training courses

3.3.4 Implementation of system for cascade training

3.3.4.1 Support the development of virtual learning centres (VLCs)

3.3.4.2 Development of resources for cascade training, including for veterinary paraprofessionals

3.3.4.3 Develop system for monitoring of national training of veterinary service staff

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
3.3.1 Training infrastructures	3.3.1.1 Training infrastructure	Maintenance and improvement of the training infrastructure, including online platform. This sub-activity is co-ordinated with sub-activities 1.1.1.1 and 2.3.1.1.	a) EuFMD online platform will be functioning and accessible to users more than 23 months per biennium during phase V	The dev. and maintenance of EuFMD online platform to be aligned with IT FAO rules
3.3.2. TQMN	3.3.2.1 Quality assurance across the training programme and assessment of its impact	Development of a TQMN in order to ensure quality across the training programme; carry out regular evaluations of the impact of the training prog in order to inform the design of a training offer that can achieve higher capacity development at country level. This system will guarantee that EuFMD provides high-quality and high impact training. This sub-activity is co-ordinated with sub-activities 1.1.1.1 and 2.3.1.1.	a) Development and full implementation of the TQMN by June 2020	Relies on proper implementation of the procedures established by the new system in order to apply harmonized procedures and collect adequate information
3.3.3 Development and delivery of training	3.3.3.1 Consultation and prioritization for training development and delivery	Priorities for the new training to be developed, and for delivery of existing training will be guided by the findings of the PSO system, the Regional Advisory groups (RAGs) for each Roadmap, by GF-TADS partners and EuFMD's consultations with national and regional partners.	a) Update on training development and delivery prioritization available for EuFMD Executive Committee and GF-TADS partners every six months.	Assumes good co-ordination with partners.
	3.3.3.2 Development of new courses	Based on the priorities identified in 3.3.3.1, new courses will be developed, suitable for delivery in multiple regions and translation into regional languages.	a) Four new courses developed and delivered by Sept 2023.	Relies on suitable expertise to guide course dev. and sufficient capacity within the EuFMD e-learning team for course dev.
	3.3.3.3 Delivery of courses	Courses will be delivered at global, regional or national level, including delivery of training in appropriate regional languages (including English, French, Russian and Arabic).	a) At least 2500 individuals from the target countries* have completed at least one EuFMD course by Sept 2021.	Relies on the commitment of NVS and individuals to participate in and complete e-learning courses.

3.3.4 Implementation of system for cascade training	3.3.4.1 Support the development of virtual learning centres (VLCs)	Support GF-TADs regional partners in the development of VLCs which will provide regionally tailored online courses, support virtual networking, promote national cascade of training courses and resources and attract the specific needs of the region. Support regional partners to transition these VLC's to independent sustainability in the long term.	a) At least two regions with VLCs established and supported by EuFMD by Sept 2021. b) An additional region with a VLC established and supported by EuFMD by Sept 2023, at least two VLCs managed sustainably (independent of regular ongoing EuFMD support) by Sept 2023.	Relies on strong support from partner organizations in order to establish VLC and then seek to manage it in an autonomous and sustainable manner.
	3.3.4.2 Development of resources for cascade training, including for veterinary paraprofessionals	Based on the priorities identified in 3.3.3.1, resources and tools suitable for countries to provide training at national level will be developed. Resources will be developed in a variety of modalities including those suitable for provision of training by mobile phone, and those suitable for training of VPPs.	At least 15 of the target countries using EuFMD resources or courses for training of national staff by Sept 2021. At least 40 of the target countries using EuFMD resources or courses for training of national staff by Sept 2023.	Relies on the commitment of NVS to cascade training.
	3.3.4.3 Develop system for monitoring of national training of veterinary service staff	Develop system which will allow national veterinary services and individual training participants to record and monitor the training undertaken, promoting continuing professional development and allowing countries to assess capacity building priorities for their veterinary service.	System for national training monitoring dev. and piloted in four of the target countries by Sept. 2021. System for national training monitoring established for use in at least ten countries by Sept. 2023.	Relies on the commitment of NVS to utilise training monitoring system.

7.Gantt chart

Sub Activities		YEAR 1													YEAR 2													
		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S			
3.3 Better Training for Progressive Control	3.3.1 Training infrastructure	3.3.1.1 Training infrastructure	Planning and development	■	■																							
		Implementation and application			■	■	■	■	■	■	■	■	■	■	■													
		Coordination/ Meetings		■																								
		Evaluation												■						■	■							
	13.3.2. TQMN	3.3.2.1 Quality assurance across the training programme and assessment of its impact	Planning and development	■	■	■	■	■																				
		Implementation and application				■	■	■	■	■	■	■	■	■														
		Coordination/ Meetings													■												■	
		Evaluation													■						■	■						
	3.3.3 Development and delivery of training	3.3.3.1 Consultation and prioritisation for training development and delivery	Planning and development	■	■																						■	
			Implementation and application			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
			Coordination/ Meetings							■						■						■						■
			Evaluation													■						■	■					
3.3.3.2. Development of new courses		Planning and development	■					■																			■	
		Implementation and application			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
		Coordination/ Meetings	■						■													■					■	
		Evaluation														■						■	■					
3.3.3.3 Delivery of courses		Planning and development	■					■																			■	
		Implementation and application			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
		Coordination/ Meetings	■						■													■					■	
		Evaluation																				■	■					
3.3.4 Implementation of system for cascade training	3.3.4.1 Support the development of virtual learning centres (VLCs)	Planning and development	■	■	■																							
		Implementation and application				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
		Coordination/ Meetings				■																	■					
		Evaluation																					■					
	3.3.4.2 Development of resources for cascade training, including of veterinary paraprofessionals (VPPs)	Planning and development	■						■																	■		
		Implementation and application			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
		Coordination/ Meetings	■							■													■					
		Evaluation																					■					
	3.3.4.3 Develop system for tracking of national training of veterinary service staff	Planning and development	■	■	■																							
		Implementation and application				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
		Coordination/ Meetings				■	■																■					
		Evaluation																										

GANTT CHART NOTES:

3.3.1.1	Planning and development	Planning of improvements and changes in the training infrastructure	Implementation and application	Maintenance and implementation of new developments	Co-ordination/ Meetings	Co-ordination meetings as part of the planning: with EuFMD staff and external partners as relevant	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
3.3.2.1		Development of guidelines for putting in place the TQMN (LoA University of Nottingham); Planning and adoption of procedures to put in place EuFMD TQMN; Adaptation to evaluation recommendations; Planning for second biennium.		Application of procedures established by the TQMN, including regular collection of information to be evaluated in order to: a) ensure continuous improvement of our training programme b) assess impact of our training		Meeting with experts from University of Nottingham; Internal meeting for communication of new procedures under the TQMN to EuFMD staff involved in training activities; Internal co-ordination meetings after evaluations.		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.3.3.1		Planning of mechanism for consultation on training priorities.		Consultation (ongoing process)		Updated report on priorities and plans for development and delivery presented to Executive and GF-TADspartners on a six monthly basis. Internal co-ordination meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.3.3.2		Planning development of new e-learning courses		e-learning course development		Internal co-ordination meetings.		Evaluation of courses developed through the TQMN
3.3.3.3		Planning delivery of e-learning courses		e-learning course delivery		Internal co-ordination meetings.		Evaluation of courses developed through the TQMN
3.3.4.1		Identification of partners and planning of VLC activities		Establishment of VLC and delivery of courses through VLC		Meetings with VLC partners		Evaluation of the activities of the VLC through the TQMN
3.3.4.2		Planning of resources to be developed		Development of resources		Co-ordination meetings for disbursement of resources including VLC partners		Evaluation of the quality and impact of resources through the TQMN
3.3.4.3	Needs assessment and planning of project to develop training tracking system	Development of software platform and initial pilot phase, followed by roll-out to additional countries.	Co-ordination meetings with pilot countries and regions.	Mid-term (internal) evaluation and final-biennium (external) evaluation				

8. Budget (€) COMP. 3.3.

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
3.3 Improved national and regional capacity for progressive control of FMD through delivery of high impact training in at least six roadmap regions	3.3.1 Training infrastructure: maintenance and improvement of online platforms	1,000	9,000	16,000	0	0	0	0	10,000	36,000	322,094
	3.3.2 Development of a Training Quality Management System (TQMS) to ensure the quality and the continuous evaluation of the impact of training	914	15,180	12,000	0	0	0	0	0	28,094	
	3.3.3 Development and delivery of e-learning courses in support of progressive control	1,000	10,000	47,000	9,000	5,000	15,000	0	8,000	95,000	
	3.3.4 Implementation of systems for cascade training	0	14,000	93,000	9,000	5,000	15,000	0	27,000	163,000	
TOTAL FOR ACTIVITY 3.3		2,914	48,180	168,000	18,000	10,000	30,000	0	45,000	322,094	

9. Challenges to achieving component objectives

This component is centered on collaborations with (i) individual veterinarians undertaking training, with (ii) national veterinary services, and with (iii) regional and global partners, particularly through the GF-TADs framework. Success is therefore contingent on the strength of these collaborations and of the individual and institutional commitment of training participants and the organizations involved. For the successful achievement of the Component objectives:

1. Development of new training resources and materials according to an established timeline will require careful planning of time and human resources to avoid that other work commitments delay the delivery of the outputs;
2. National cascade training depends on the engagement of trainees participating in EuFMD courses and on the support that they get from their authorities to organize training at national level;
3. The implementation of the procedures established in the new *Training quality management system* will require the training and engagement of all EuFMD staff involved in different training initiatives across the program in order to apply harmonized procedures and collect adequate information. This information will need to be centralized, analyzed and lead to continuous improvement of EuFMD training program.

Component 3.4 (Activity 3.4)

Improved security in FMD vaccine supply

Component Objective

Improved security in FMD vaccine supply: support the Public Private Sector Platform (PPSP) to identify and promote solutions to improve security in access to effective vaccines.

Component Manager

Bouda VosoughAhmadi

1. Background

At the latest Open Session of the EuFMD (29-31 October 2018), the network of stakeholders engaged in FMD control met. They wanted to address the issues related to “Increasing Global Security in the supply of FMD vaccines”, including the lack of confidence in supply of available vaccines constraining PCP progress in multiple regions. This multi-stakeholder conference provided the opportunity to define better a set of priorities to increase availability of quality and effective vaccines:

- define and tackle barriers preventing availability of quality vaccines must be defined and addressed;
- quantify and predict the current unmet demand for vaccines, and its future growth;
- as manufacturers are a key partner in the network of stakeholders contributing to FMD control, new forms of partnership between public and private sectors are needed to improve vaccine availability;
- a shift in the vaccine stewardship paradigm is required to (i) create an enabling environment for investment in vaccine security, (ii) continue to support R&D for innovative technologies and partnerships, and (iii) ensure inclusion of all stakeholders in the value chain.

To address these priorities and the issues surrounding Global Vaccine Security particularly for endemic settings, the establishment of this new Component of the EuFMD Workplan Phase V was suggested during the 43rd General Session of the EuFMD (in April 2019), and agreed by Member Nations. This new Component 3.4 aiMN to support to Public Private Sector Platform (**PPSP**) for vaccine security established under Component 1.3 of Pillar I. In particular, it aiMN to identify and promote solutions to improve security in access to effective FMD vaccines in endemic settings. The activities of this Component will be linked closely to the work under Component 1.3 of Pillar I.

By bringing together regulators, risk managers, research and private sector stakeholders, the platform will be supported by **working groups**, and associated studies. It will aim to address information gaps affecting investment decisions. In multiple regions, the lack of confidence in supply of available vaccines is a major issue affecting PCP progress and this Component aiMN **to support and inform the PPSP** to define and promote solutions to improve security in access to effective vaccines and increase mid to long term levels of supply to assist PCP progress.

Based on the identified priorities by the PPSP and the Secretariat, technical and policy **study reports, guidance papers and application tools** will be developed to:

- i. Analyze the technical and policy issues and constraints limiting access to quality and effective FMD vaccine supply, particularly to countries in PCP Stage 1 to 3, and with a focus upon the lack of vaccine supply for Sub-Saharan Africa (SSA);
- ii. Identify pathways and define actions and mechanism towards creating an enabling environment for investment in vaccine security, ensuring inclusion of all stakeholders in the value chain and increasing mid and long term supply of quality and effective FMD vaccine;
- iii. Enable the development and implementation of the assured emergency supply options (AESOP) and allied pre-qualification system under the PPSP, to improve confidence and availability of assured quality vaccines.

These outputs will be discussed by the PPSP to inform action-planning for accelerated rate of investment in FMD vaccine production by the private sector, as well as to guide targeted capacity development activities under other Components of the EuFMD workplan and tailored assistance to Regional and National Risk managers.

2. Team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Paolo Motta	Pillar III Co-ordinator
Component manager	Bouda VosoughAhmadi	
Training and networking	Nadia Rumich	Training and Networking
Member State partners		n/a
ExCom oversight		
FAO officer	TBD	
OIE		
EU Commission		

3. Countries or partner organizations involved

This component involves collection of data at global level from countries that are working along the PCP-FMD and are supported through roadmap meetings, and which are indicated as priorities for PCP-FMD progress in the GF-TADs Global Strategy. In particular, it is foreseen that the activities will involve countries in PCP Stage 1 to 3, and with a focus upon the lack of vaccine supply for sub-Saharan Africa (SSA).

Activities under this component are carried out in order to complement the activities under Component 1.3 of Pillar I and support the PPSP, and cooperation is foreseen with the World Organisation for Animal Health (OIE) and the GF-TADs FMD Working Group.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	EuFMD Secretariat
Every two years report to MN	Component manager	Written report and presentation	General Session	EuFMD Secretariat
Every two years Evaluation report	Component manager	Guidance papers and/or studies to be available	EuFMD, AGAH, and EuFMD partners if required	EuFMD Secretariat
Mission/Meeting reports	Leader of the Mission/ Main facilitator of the meeting	Written report	EuFMD, AGAH, others if required	Component Manager

5. Objective of the component

Improved security in FMD vaccine supply: support the Public Private Sector Platform (PPSP) to identify and promote solutions to improve security in access to effective vaccines.

Which will involve close connection to the work under Component 1.3 of Pillar I and support the PPSP for vaccine security in identifying solutions to improve access to effective FMD vaccines in endemic settings.

<i>Component (Activity)</i>	<i>Objective</i>	<i>Narrative</i>	<i>Expected result</i>	<i>Monitoring</i>	<i>Evaluation</i>	<i>Assumptions and risks</i>
3.4 Improved security in FMD vaccine supply	Improved security in FMD vaccine supply: support to the Public Private Sector Platform (PPSP) for vaccine security to identify and promote solutions to improve security in access to effective vaccines.	Develop significant understanding of technical and policy issues and solutions for access to quality and effective FMD vaccine supply, and identify pathways towards increased mid and long term supply particularly in countries in PCP Stage 1 to 3. This will inform and assist action-planning for accelerated rate of investment in FMD vaccine production by private sector.	At least 4 Reports published by the PPSP platform to inform and guide innovative approaches and partnerships for accelerated rate of investment in FMD vaccine production by private sector achieved.	Regular collection of information through contacts with the working groups.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from public and private stakeholders to incorporate the recommendations given by the PPSP and/or to consider the use of the new system to increase vaccine security expertise and inputs.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

- 3.4.1. Advance the understanding of technical and policy constraints and solutions for improved vaccine access and supply in countries in PCP Stage 1 to 3
 - 3.4.1.1. Understand the barriers and drivers for adoption and factors influencing the supply
- 3.4.2. Development of guidance and advice to the PPSP
 - 3.4.2.1. Regular co-ordination with the PPSP
 - 3.4.2.2. Produce technical and policy study reports and guidance papers

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
3.4.1. Advanced understanding	3.4.1.1. Understand the barriers and drivers for adoption and factors influencing the supply	Consultative and research work to quantify the current unmet demand and predicted future growth for vaccines with a special focus in SSA and characterize technical and regulatory challenges for novel vaccine platform opportunities. This work will be in collaboration with Components 1.7 of Pillar I (through the key informants established under that Component) and Component 3.1 of Pillar III (PSOs system).	a) Report on current unmet demand and future growth presented at 44 General Session (April 2021) b) One PPSP meeting report produced per year	Assumes collaboration from MN to provide this information
	3.4.2.1. Regular co-ordination with the PPSP	Regularly share information and guidance in order to improve understanding of issues and to identify pathways or actions to improve vaccine access and inform strategies to increase supply in countries in PCP Stage 1 to 3	a) Two PPSP face-to-face meetings per annum b) One PPSP meeting report produced per year	Assumes engagement and availability of the members of the platform
3.4.2. Guidance to the PPSP	3.4.2.2. Produce technical and policy study reports and guidance and promote the development of the AESOP and allied pre-qualification system under the PPSP	Based on the priorities identified during the PPSP meetings and by the Secretariat, guidance papers and advisory documents will be developed through the establishment and support to working groups of experts and/or the development of studies on related issues. This will also facilitate the development and implementation of AESOP to improve confidence and availability of assured quality vaccines.	a) Three guidance papers and/or studies to be available by Sept 2021 b) Satisfactory review of PPSP members	Assumes that priorities established by the PPSP will be within the budget allocated for this sub-activity

7. Gantt chart

3.4 Improved security in FMD vaccine supply		Sub Activities	YEAR 1												YEAR 2											
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
3.4.1. Advanced understanding	3.4.1.1. Understand the barriers and drivers for adoption and factors influencing the supply	Planning and development																								
		Implementation and application																								
		Co-ordination/ Meetings																								
		Evaluation																								
3.4.2. Guidance to the PPSP	3.4.2.1. Regular co-ordination with the PPSP	Planning and development																								
		Implementation and application																								
		Co-ordination/ Meetings																								
		Evaluation																								
3.4.2.2. Produce technical and policy study reports and guidance papers	3.4.2.2. Produce technical and policy study reports and guidance papers	Planning and development																								
		Implementation and application																								
		Co-ordination/ Meetings																								
		Evaluation																								

GANTT CHART NOTES:

3.4.1.1.	Planning and development	Work planning and definition/composition of working groups, and definition of priorities in consultation with the PPSP; Mapping and identification of stakeholders of the value chains; Planning for second biennium	Implementation and application	Studies design, implementation and reporting; contacts with focal points in target regions and countries (e.g. key informants, PSOs)	Co-ordination/ Meetings		Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
3.4.2.1.		Drafting of reports (b) and (c); Adaptation to evaluation recommendations; Planning for second biennium Planning for the meetings, Drafting meeting reports; Adaptation to evaluation recommendations; Planning for second biennium.		PPSP meeting reports sent (a); Annual report on vaccine availability and performance (b); Reporting in the 44th GS (c) Meeting reports available		PPSP meetings; meeting at the EuFMD Open Session every 2 years and informing on the format and content of special iteMN and sessions		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.4.2.2.		Definition of priorities for developing guidance papers and studies during the PPSP meetings; Work planning and definition/composition of working groups; Adaptation to evaluation recommendations; Planning for second biennium.		Guidance papers and study results developed by the working groups. This will also include the development and implementation of AESOP to improve confidence and availability of assured quality vaccines.		PPSP meetings; meeting at the EuFMD Open Session every 2 years and informing on the format and content of special iteMN and sessions		Mid-term (internal) evaluation and final-biennium (external) evaluation

8. Budget (€) COMP. 3.4

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
3.4 Improved security in FMD vaccine supply: support the Public Private Sector Platform (PPSP) to identify and promote solutions to improve security in access to effective vaccines	3.4.1 Advanced understanding	500	20,000	10,000						30,500	109,578
	3.4.2 Guidance to the PPSP	898	28,180	10,000	15,000	5,000	15,000	0	5,000	79,078	
TOTAL FOR ACTIVITY 3.4		1,398	48,180	20,000	15,000	5,000	15,000	0	5,000	109,578	

9. Challenges to achieving component objectives

1. Commitment and engagement from public and private stakeholders will be essential, and a sustainable strategy to involve the regulators, risk managers, research and private sector stakeholders will need to be supported also by the PPSP.
2. Assumes commitment from public and private stakeholders to incorporate the recommendations given by the PPSP and/or to consider the use of the new system to increase vaccine security expertise and inputs.



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