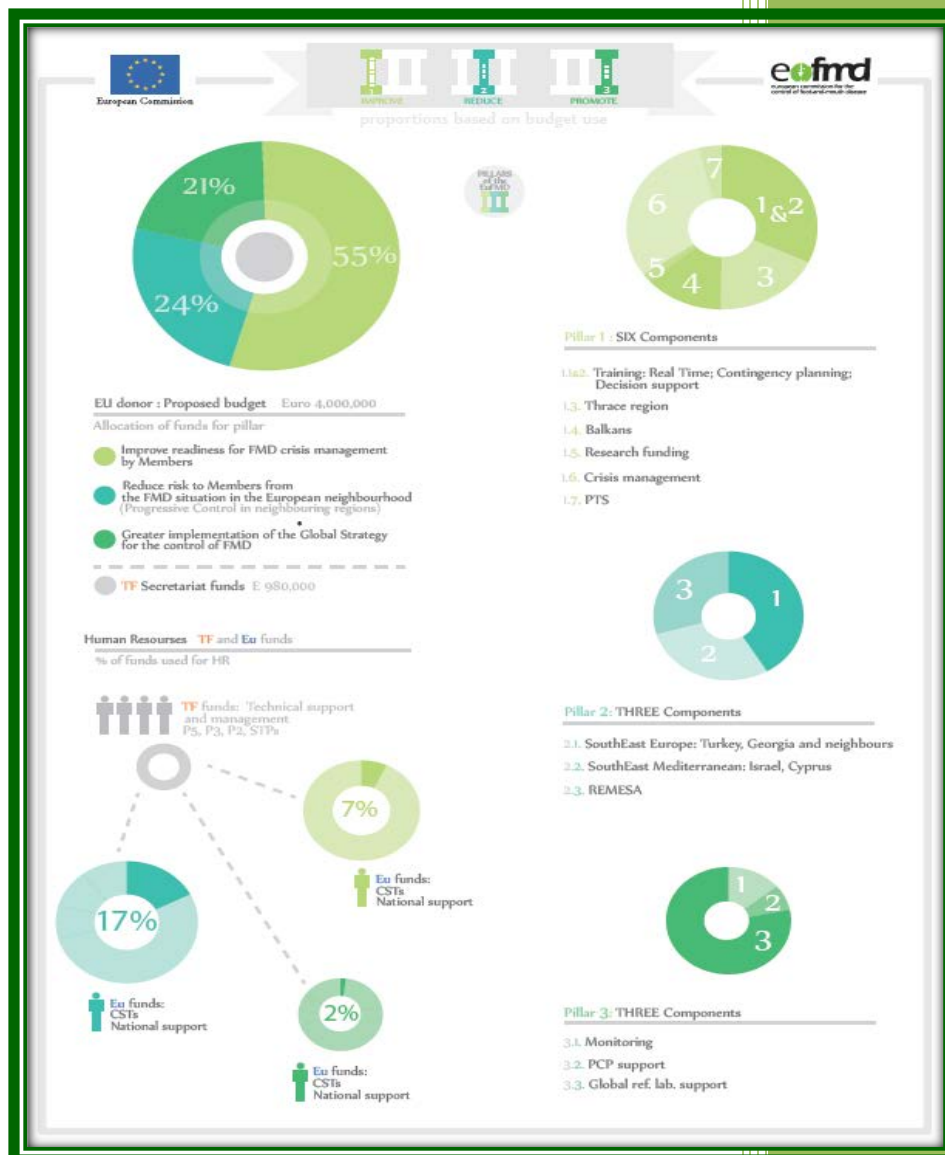


2013

EuFMD WorkPlan Components in detail



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EuFMD

11/7/2013

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Component Plan -1.2 – Training

Component Objective:

To improve the ability of Member States and Europe as a whole to respond to a FMD incursion, through developing a cadre of European experts in FMD crisis management and improving the use of decision making tools by managers in contingency planning and outbreak response.

Pillar Manager: Eoin Ryan; **Component Manager:** Training Support Officer

1. Background

The EuFMD training programme aims to assist Member States (MS) to better prepare for Foot-and-Mouth Disease (FMD) emergencies. It also aims to provide adequate technical support to

neighbouring countries to improve their FMD status or FMD emergency preparedness. The activities against the framework of the 2013-2015 working plan will incorporate the concept of cascade training. Each participant will therefore be expected to pass on the newly acquired skills to his/her colleagues and stakeholders. The EuFMD will provide guidance and teaching material to enable trainees to implement workshop or seminars in their own countries. The 2013-2015 training programme is offered as a “menu” of options that address the top three priorities for each Member State in the survey conducted in June 2013 (See Annex I). All the training activities have associated e-learning material and will include regular webinars, to extend to more trainees/interested parties on specific FMD topics. To enable a demand driven approach, funds have been provided by the EC to enable member states to select their priorities – using a “Training Credits” system in which 10 Training Credits (TCs) are available to each Member State for the next 24 months. Each course costs a different number of credits. The description and the credit cost of each course are described in Annex II.

2. Project team

Role	Name	Status
Pillar manager	Eoin Ryan/Keith Sumption	Secretariat
Component manager	Training Support Officer	Secretariat
National focal points	To be provided by MS	
National consultants:	Depending on the activity	
ExCom oversight	CVO Belgium	

3. Countries or partner organizations involved

- Letter of Agreement (LoA) with Royal Veterinary College (RVC). London. This will be principally for RVC to manage the EuFMD e-learning training system; created to support the existing and future EuFMD training courses;
- Kimberly N. Forde-Folle. National Center for Animal Health Emergency Management and Animal Population Health Institute. USDA-APHIS-Veterinary Services. She will contribute to develop the modeling and decision support tools e-learning material and workshop;
- Shaun Case. College of Veterinary Medicine and Biomedical Sciences. Colorado State University. He will contribute to develop the modeling and decision support tools e-learning material and workshop.

4. Reporting of activities

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Training Development Officer	Written report for ExCom	ExCom, STC	Comms Officer
Workshop reports	Lead Trainer	Written report/Webinar		
Website report	Training Development Officer	Short document for website	On website	Comms Officer
Annual Report for General Session	Training Development Officer	Written report	Member States	Comms Officer

5. Approval and implementation

Stage	Status
Training Survey	Done July 2013
Training menu design	Done August 2013
Training menu explained and offered to MS	Done August 2013
Submitted for ExCom approval	October 2013
LoA with RVC	November 2013

6. Objective(s) of component

Our overarching objective is:

To improve the ability of Members States and Europe as a whole to respond to a FMD incursion, through developing a cadre of European experts in FMD crisis management, and improving the use of decision making tools by managers in contingency planning and outbreak response.

The aim is to build technical capacity among our MS; to achieve this, the delivery of this component will be individually tailored and provided according to MS demands and needs. This component will include conducting training on clinical disease recognition, sampling for diagnosis, local area epidemiological investigations, risk factor analysis, practical application of biosecurity principles, and other aspects of FMD crisis management. Also included is the conducting of training and providing support for Members to use disease simulation models and decision support tools to assist contingency planning, and engaging with researchers on FMD modeling to develop and deliver training material.

The outputs and expected results are:

1. System in place whereby MS use training credit system to ensure training needs are addressed through a demand-driven training program;
2. Improved MS capacity to recognize, respond to and manage FMD: through provision of training programmes on clinical recognition, outbreak management and contingency planning, and improved use of models/DST to support managers and decision makers;
3. Infrastructure for learning and knowledge transfer in place, including e-learning, training resources, and staff support.

7. Planned Outputs and Activities 2013-15 - Logical framework for component

Objective/Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
Component Objective	To improve the ability of Member States and Europe as a whole to respond to a FMD incursion; through developing a cadre of European experts in FMD crisis management, and improving the use of decision making tools by managers in contingency planning and outbreak response	<p>Increase in number of MS with more than 3 qualified FMD experts</p> <p>Number of MS that use training materials in national courses increased.</p> <p>Increase in proportion of MS giving evidence of use of DST over baseline compared to the survey (GS39)</p>	<p>EU FMD Executive (six monthly)</p> <p>Eu FMD Standing Technical Committee reviews</p> <p>Survey for GS41</p>	<p>MS in Europe continue to maintain current levels of import risk management.</p> <p>MS in Europe continue to maintain current levels of import risk management.</p>
1. System in place whereby MS use training credit system to ensure training needs are addressed through a demand-driven training program				
1.1. TSO to run TC system	TSO to monitor the system, liaise with Focal Points to enable tailoring and ensure TCs are used according to MS agreement.	MS use system to their individual needs	ExCom report	All MS continue to support
1.2 Contact with Focal Points	Focal Points (FPs) established for each MS and regular two-way communication occurs	FPs first point of contact for EU FMD and MSs; fully informed	ExCom report	All MS continue to support
2. Improved MS capacity to recognize, respond to and manage FMD: through provision of training programmes on clinical recognition, outbreak management and contingency planning, and improved use of models/DST to support managers and decision makers				
2.1 RTT	The five-day course format includes classroom-based teaching, investigation of a real outbreak of FMD in the field focusing on the clinical and epidemiological aspects of a veterinary investigation, should an exotic incursion should occur in a MS	At least 8 RTT (blocks of two)	ExCom Report	Courses continue to be supported in Kenya
2.2 Modeling workshop	Introduce the concepts of epidemiologic modelling to the Veterinary Services to assist contingency planning and evaluation of the efficacy of control strategies	2 courses	ExCom Report	Experts inputs and availability
2.3/2.4 Other Workshops	According to demand, based on Training Menu		ExCom Report	Demand communicated effectively

3. Infrastructure for learning and knowledge transfer in place, including e-learning, training resources, and staff support				
3.1 RTT e-learning	This 3h e-learning induction course aims to prepare trainees to the RTT courses. It provides a solid background into the most important aspects of FMD management. Follow-up e-learning course to consolidate learning.	Induction course plus follow up course. New developments and maintenance	ExCom Report	LoA with RVC
3.2 e-learning emergency course	3 hour e-learning course that allows veterinarians faced with a FMD emergency to rapidly improve their knowledge of FMD diagnosis and outbreak investigation	Course fully functional and translated into other languages	ExCom Report.	LoA with RVC
3.3 e-learning modeling introduction	3 hour induction course with basic modelling concepts	Develop induction e-learning modelling course	ExCom Report	Expert inputs and LoA with RVC
3.4 specialized e-learning modules	Advanced or specialized e-learning modules available for those wishing to focus in more detail on particular topics such as: Risk Communication, disease spread prediction, logistic and disease control preparedness, socio-economy, vaccination, pros and cons of different models, etc.	Develop at least one specialized induction e-learning modelling course	ExCom Report	Expert inputs and LoA with RVC
3.5 e-learning course basic epidemiology	3-4h basic epidemiology e-learning course covering the most relevant concepts and principles of epidemiology useful as background for those participants that need to improve their epidemiology knowledge before joining in any of the other training activities	Course fully functional	ExCom Report	Expert inputs and LoA with RVC
3.6 Tailored activities	4-5 day workshop as described in the training menu. According to MS demands	4 courses	ExCom Report	Some of the courses yet to be developed
3.7 webinars	1h online meeting where EuFMD experts or external consultants will discuss specific FMD related topics. These webinars will be open to all MS with no limit to the number of participants.	9 webinars	ExCom Report	It will require the investment in appropriate technology.

8. Gantt chart

		Planning phase					YEAR 1										YEAR 2													
Activity	Events	M	J	J	A	S	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.Planning		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2.RTT	8 RTT (blocks of two)							.				.							.				.
2/3.Modelling courses	Workshop/Intro/ Specialised modules													.							.									
3.e-learning	RTT/Emergency/Epi	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3.Tailored activities	According to demand																	.						.						
3.Webinar								.		.		.	.	.	.	.	.	.		.		.			.

9. Budget (€)

Output/expected results	Activities	Consultant days	Consultant €	Travel	Training	Contracts	Equipment	Other (GOE)	Subtotal (activity based)	Total by output
1. System in place whereby MS use training credit system to ensure training needs are addressed through demand-driven training program	1.1 TSO sets up TC system	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Paid for within Australian funding (DA)
	1.2 Webinars to engage with FPs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Paid for within Aust.fund
										0
2. Improved MS capacity to recognize, respond to and manage FMD	2.1 RT courses (8) {=240 TCs}	64 + Eunice	25,600	130,600	62,400		13,600	56,000	288,200	
	2.2 Modelling workshop (2) {=72 TCs}	44	13,200	66,000			1,000	1,000	81,200	
	2.3 Other WS (1) {=36 TCs}	15	4,500	30,000			500	500	35,500	
	2.4 Low cost WS {=15 TCs}	15	4,500	10,000			500	500	15,500	
										420,400
3. Infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support	3.1 e-learning infrastructure and development			2,000		70,000			72,000	
	3.2 Development of new learning materials	66	19,841	3,000					23,000	
										95,000
Total		204	67,641	241,600	62,400	70,000	15,600	58,000		515,241

10. Challenges to achieving component objectives

1. Member States should be proactive and should demand the training activities according to their needs. Subsequently MS should nominate participants to participate in the training activities;
2. E-learning component relies on the LoA with the RVC;
3. The development of new training activities could be delayed due to expert availability.

11. Annex 1: Ranking of priorities according to the EuFMD Member States

Course	1st (n)	1st (%)	2nd (n)	2nd (%)	3rd (n)	3rd (%)	4 (n)*	4th (%)*	5 (n)*	5th (%)*	Final Score**
Real Time Training	21	91%	0	0%	4	17%	1	5%	5	23%	124
GEMP	4	17%	8	35%	1	4%	7	32%	4	18%	73
Vaccine as control strategy	4	17%	4	17%	4	17%	5	23%	4	18%	62
Modelling and DST	1	4%	5	22%	5	22%	5	23%	5	23%	55
Simulation	1	4%	4	17%	7	30%	4	18%	4	18%	54
RBS	0	0%	8	35%	5	22%	3	14%	1	5%	54
Socio-economy	0	0%	1	4%	3	13%	5	23%	6	27%	29
Lab	0	0%	3	13%	3	13%	1	5%	2	9%	25
PEPc	2	9%	0	0%	1	4%	1	5%	1	5%	16

*Only one country chose three courses. **The final scored is obtained weighted: 1st option five points, 2nd option four points, 3rd option three points, 4th option two points and 5th option one point. GEMP: Good emergency and management practices. DST: Decision support tools. RBS: Risk based surveillance. Lab: Laboratory. PEPc: Practical epidemiology for progressive control.

12. Annex 2. Training activities description¹

Introduction

The EuFMD training programme aims to assist Member States (MS) to better prepare for Foot-and-Mouth Disease (FMD) emergencies. It will also aim to provide adequate technical support to neighboring countries to improve their FMD status or FMD emergency preparedness. During the 40th General Session of the EuFMD Commission (Rome, 22-24 April 2013) it was agreed that, in order to tailor the training programme to the MS demands, a survey would be carried out among the MS to identify trainings needs and priorities. In the survey MS were asked to provide a ranking of their five most immediate training needs from nine different training options. Thirty-three MS responded to the survey (response rate 89%) and the results are shown in **table 1**.

Table 1: Ranking of priorities according to the EuFMD Member States

¹ This is available as a standalone document

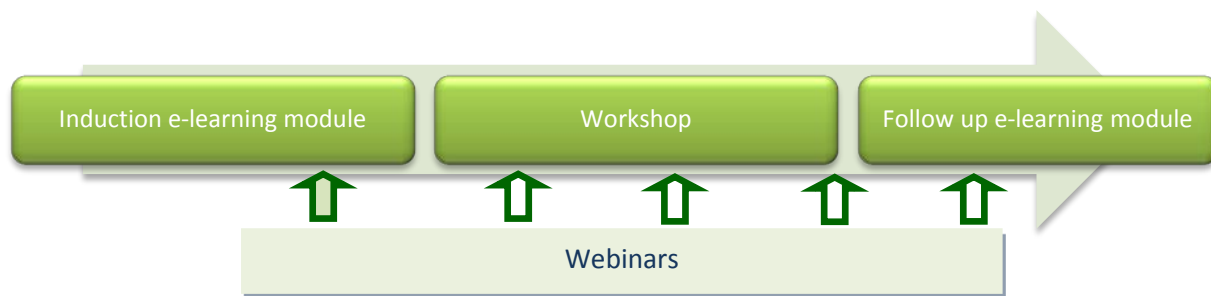
Course	1st (n)	1st (%)	2nd (n)	2nd (%)	3rd (n)	3rd (%)	4 (n)*	4th (%)*	5 (n)*	5th (%)*	Final Score**
Real Time Training	21	91%	0	0%	4	17%	1	5%	5	23%	124
GEMP	4	17%	8	35%	1	4%	7	32%	4	18%	73
Vaccine as control strategy	4	17%	4	17%	4	17%	5	23%	4	18%	62
Modeling and DST	1	4%	5	22%	5	22%	5	23%	5	23%	55
Simulation	1	4%	4	17%	7	30%	4	18%	4	18%	54
RBS	0	0%	8	35%	5	22%	3	14%	1	5%	54
Socio-economy	0	0%	1	4%	3	13%	5	23%	6	27%	29
Lab	0	0%	3	13%	3	13%	1	5%	2	9%	25
PEPc	2	9%	0	0%	1	4%	1	5%	1	5%	16

*One country only chose three courses. **Final score: 1st option five points, 2nd option four points, 3^d option three points, 4th option two points and 5th option one point. GEMP: Good emergency and management practices. DST: Decision support tools. RBS: Risk based surveillance. Lab: Laboratory. PEPc: Practical epidemiology for Progressive Control.

Training menu

The activities against the frame of the 2013-2015 working plan will incorporate the concept of *cascade training*. Each participant will therefore be expected to pass on the newly acquired skills to his/her colleagues and stakeholders. The EuFMD will provide guidance and teaching material to enable trainees to implement workshop or seminars in their own countries. Considering the budget allocated to components 1.1 and 1.2 of the Strategic Objective 1 (Pillar I) for the next 24 months, the training menu will consist in at least eight Real Time Training (RTT) courses and four courses/workshops. The 2013-2015 training programme will involve training at least 165 participants equally distributed among MS. The training programme will be complemented with regular webinars where EuFMD experts or external consultants will discuss specific FMD related topics with trainees. These webinars will be open to all MS with no limit to the number of participants. Ten training credits (TC) will be allocated to each MS. The TC could be used according to country specific needs during the next 24 months. The number of credits needed to attend each of the training activities is outlined in the training activity description (below). If MS run out of TC, they could self-fund the participation of extra trainees. The EuFMD training team will regularly provide statements of training provided, training available and credit status. The format of Real Time Training (RTT) and the modeling course will include e-learning components. The participants will be expected to complete successfully the e-learning induction module **before** attending the workshop. Several weeks after the finalization of the workshop the trainee will be invited to participate in the e-learning follow-up module. After having successfully completed the three components, the participant will receive a certificate of completion.

Diagram 1: Training modules of RTT and EuFMD modeling and decision support courses



EuFMD TRAINING MENU

- ✓ Real time Training plus e-learning components ----- 3 TC
- ✓ Modeling and Decision Support plus e-learning components
- ✓ Vaccination orientated-----2TC
- ✓ Socio-Economic orientated -----2TC
- ✓ FMD vaccination as control strategy (upon specific demand)-----1TC
- ✓ Socio-economic analysis of FMD control strategies (upon specific demand)-----1TC
- ✓ FMD Preparedness and Simulation Exercise support -----2TC
- ✓ Risk Based Surveillance (upon specific demand)-----1TC
- ✓ Laboratory Training on FMD diagnosis (upon specific demand)-----4TC
- ✓ Expert backstopping mission (upon specific demand)-----4TC

All training activities will be supported by regular webinars

Training Calendar

	2013				2014				2015				Total activities
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
E-learning													
Real Time Training						2			2			2	8
Course (2TC)									1			1	2
Workshop (1 TC)												1	2
Webinars					1			1	1	1	1	1	9

Training Description

The EuFMD will carry out a range of training activities intended to improve the readiness for FMD crisis management in MS and European neighborhood. The following training activities will be available during the next 24 months. Some of them will take place only if there is sufficient request from the MS.

1. Real Time Training (RTT) in FMD Outbreak Investigation (3 TCs)

The course is intended for: *Participants with an interest in improving their FMD clinical recognition skills in the field and their outbreak investigation abilities.* This training course aims to improve expertise in the immediate investigation and response to FMD outbreaks. The training will take place in countries where FMD is endemic (for instance, Kenya). The areas covered by the course include disease recognition, outbreak investigation lesion ageing, clinical examination and sampling, diagnostic testing, epidemiology and risks factors assessment for local spread. The five-day course format includes classroom-based teaching, investigation of a real outbreak of FMD in the field focusing on the clinical and epidemiological aspects required if an exotic incursion should occur in a MS. This is followed by a survey of the outbreak area where trainees establish local risk factors for spread of infection in order to establish putative control measures. The course finishes with the rapid production and presentation of a relevant situation report, which is an essential skill for any exotic disease incursion. E-learning modules for the real time training course to increase the learning impact among trainees, will be incorporated into the 2013-2015 training programme. Trainees will be requested to undertake a three-hour induction e-learning course before starting the five days of field training. The induction course will provide a solid background into the most important aspects of FMD management. Four weeks after the field visit there will be a follow-up e-learning to consolidate the newly acquired skills. The RTT course will be supported by webinars where trainees and trainers can meet in a virtual space to discuss or clarify any aspects of the training experience.

2. Modeling and Decision Support Tools for FMD Contingency Planning (2 TCs)

The course is intended for: *Participants from countries already engaged in disease modeling or from those countries that are willing to included modeling tools to support their FMD contingency planning.* The purpose of the course is to introduce the concepts of epidemiologic modeling to the Veterinary Services to assist contingency planning and evaluation of the efficacy of control strategies. The use of disease spread models and decision support tools can make a valuable contribution to FMD contingency planning and preparedness. This course covers disease spread modeling, its application to contingency planning and the use of decision support tools to inform decision maker. Regional approaches facilitating cross-border discussions will be encouraged.

This course involves three modules, outlined in **diagram 2**.

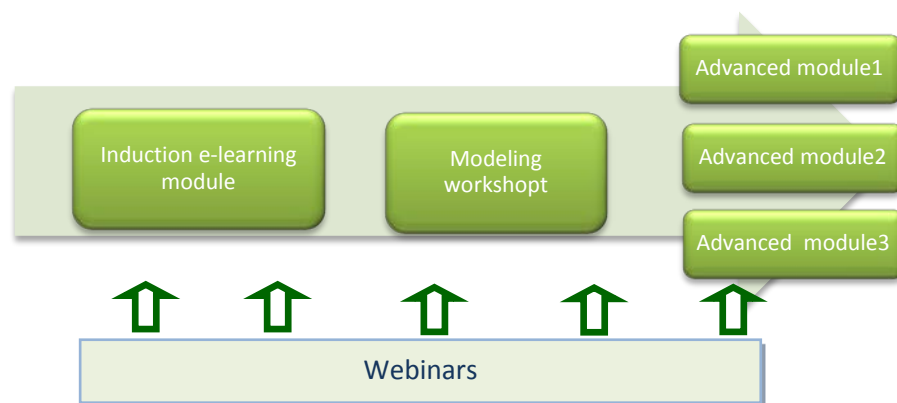
1. Induction e-learning course (3 hours) where participants will have the opportunity to learn basic concepts of modeling.
 - What is modeling and what is simulation?
 - Practical applications of modeling;
 - Deterministic and stochastic simulation of models;
 - Modeling and simulation development criteria.
2. Recognized international modeling experts will lead the five-day workshop where trainees will put into practice decision support tools. Different control strategies will be incorporated into the model (vaccination, movement control, stamping out, etc.). Trainees will be shown the uses and limitations of models and will be asked to challenge the model's output and identify the most cost-benefit control intervention.

One of the courses will focus on using mathematical models data to design FMD vaccination programme and the other edition on the socio-economic aspects of FMD disease control. Should

there be a great enough demand, the EuFMD could prepare a tailored workshop on vaccination as control strategy (see below training description number 3) or on socio-economic analysis of FMD control strategies (see below training description number 4).

3. The third component of the course will consist in advanced or specialized e-learning modules available for those wishing to focus in more detail on particular topics such as: Risk Communication, disease spread prediction, logistic and disease control preparedness, socio-economy, vaccination, pros and cons of different models, etc.).

Diagram 2: Modeling and decision support tools course format



The modeling course will be supported by webinars where trainees and trainers can meet in a virtual space to discuss or clarify any aspects of any of the three modules.

3. FMD Vaccination as a Control Strategy (Upon demand, 1 TC)

The course is intended for: participants from countries that use vaccinations either as a control/preventive measures or from free countries which consider the use emergency vaccination in case of an FMD outbreak. Vaccination with inactivated FMD virus is a widely-used control strategy in endemic countries or countries at risk. Vaccines, although available, are of variable quality, not always from the homologous outbreak serotype/strain isolate and are often stored in inadequate temperature conditions. They might not be as effective in the field as determined in animal experiments. Building capacity in vaccination strategies will support the endemic countries and those at risk of FMD incursion to prepare, implement and evaluate their vaccination strategies against FMD. This course could be followed up by backstopping missions during which an FMD vaccine

expert would travel to the participants' countries to provide in-house tailored support to specific country needs (See option 8). The participation in this workshop will require basic knowledge in modeling techniques.

4. Socio-economic analysis of FMD control strategies (Upon demand, 1 TC)

The Course is intended for: participants from free FMD countries interesting in the application of socio-economic tools in FMD preparedness and contingency planning. The importance of economic and socio-economic analysis are increasingly recognized within decision makers surrounding the response to an FMD incursion. This course will introduce key concepts and tools in animal health economics and explore the use of these as decision support tools in FMD contingency planning. Impacts of outbreaks will be examined at farm, national, and regional levels. The costs and benefits of alternative control strategies will be examined at each of these levels as well as the resulting implications for public *versus* private responsibilities for bearing related costs. The course will also examine the different elements in decision-making, including epidemiology, economics and public opinion, and discuss how these diverse and sometimes conflicting, considerations can be brought together in a transparent and effective manner. The participation in this workshop will require basic knowledge in modeling techniques.

5. FMD Preparedness and Simulation Exercise support (2 TCs)

The course is intended for: participants from the national, regional and local levels of the country's Veterinary Services responsible for development and implementation of FMD preparedness and contingency plans and those wishing to build their expertise in the organization and implementation of an FMD simulation exercise. A FMD emergency is one of the most challenging situations that Veterinary Services (VS) can face. The services must be prepared to manage such an emergency to achieve rapid control efficiently. Consequently, the VS must have well-developed and rehearsed preparedness and contingency plans, along with the capacity to implement them. These contingency plans should be tested regularly and thoroughly as part of their emergency preparedness in order to ensure that the plans are practical, feasible and well-understood and that the people facing the problem in the field are fully trained in implementing their role in the response. The aim of this course is to strengthen a country's capability to respond to FMD emergency by defining and promoting outbreak preparedness skills. It will also cover the basics concepts of developing and implementing effective simulation exercise. It will provide guidelines for planning and conducting simulation exercise, and identifying the weaknesses and gap resources in the contingency plan. It will prepare participants to take active part in national or regional outbreak simulation activities.

6. Risk Based Surveillance (Upon demand, 1 TC)

The course is intended for: Participants from countries that have either already achieved recognition of free status or are likely to achieve this in the very near future and where there is a permanent risk of new FMD incursions. The course aims to provide participants with techniques to design, implement and analyse risk-based surveillance data. A mathematical model for the analysis of data, which is already available to MS, should provide a generic tool for the analysis of FMD surveillance data in a wide variety of contexts and aims to strike a balance between simplicity and flexibility. The model uses the inputs for the quantitative analysis of risk-based surveillance, the combination of

evidence from multiple surveillance activities, and the Bayesian accumulation of historical surveillance evidence which takes the risk of introduction of disease into account.

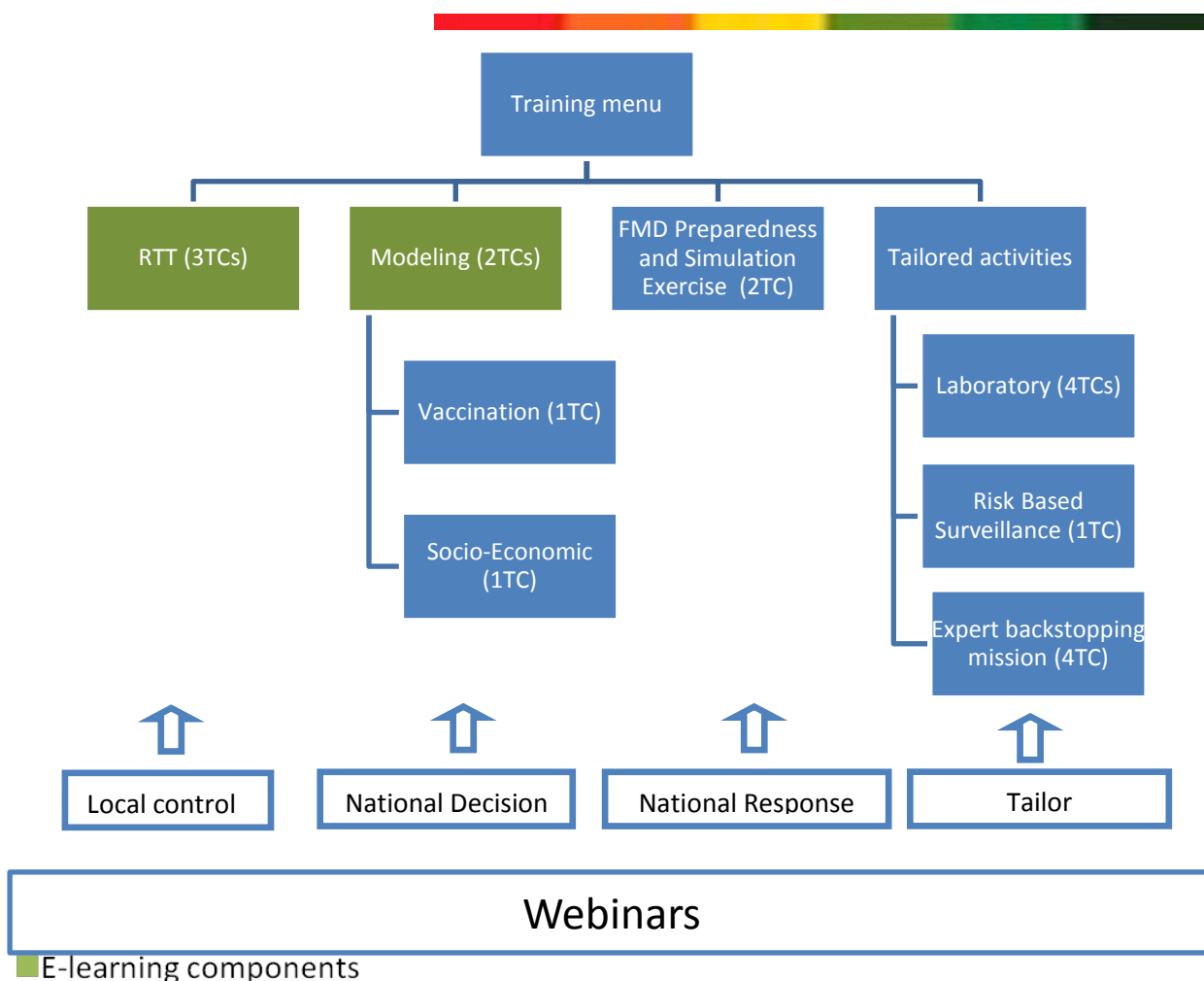
7. Laboratory Training on FMD diagnosis (On demand, 4 TC)

The course is intended for: participants from countries that need to build capacity in FMD laboratory diagnostic techniques. This course will be facilitated by one of the EuFMD partner laboratories and will take place in their facilities (for instance Pirbright or Brescia). The course will provide a thorough understanding of current diagnostic techniques for FMDV including serological, molecular and virological methods of detection. It will also cover the basic principles of Quality Assurance/Quality Control and initial implementation in the laboratory. The course has a large practical component. The participants will put into practice all the diagnostic techniques explained in the lectures. This course could be followed-up by backstopping missions during which a laboratory expert would travel to the participants' countries to provide in-house support and advice on the techniques learnt during the course (See option 8).

8. Expert backstopping mission in the country (Upon demand. 4 TC)

This option is intended for Member States that would need specific support in any aspect related to FMD preparedness and control. The backstopping mission will consist in five days work during which an FMD international expert will travel to the country and will provide the technical support requested. The mission will be discussed in advance between the parties and will be tailored to MS needs and demands.

Summary of training menu



Course certification

The completion of the proposed courses will allow the trainees to obtain a training certificate. This formal qualification and the regular participation in other training activities such as webinars will be a requirement to become part of the EuFMD expert group. The role of the group will be to provide advice and expertise to national or international institutions in terms of FMD prevention, control and eradication strategies. The group should cover all epidemiological aspect of the disease. It should regularly exchange information and experience. Its members should actively participate in FMD training courses in their own countries.

Component Plan 1.3 Thrace

Component Objective for Thrace region: Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey

To establish a system which provides continuous confidence in disease freedom and which improves the chances of detecting an outbreak at an early stage.

Pillar Manager: Eoin Ryan
Component Manager: Short Term Professional Officer

Acronyms

STP: Short Term Professional

STC: Standing Technical Committee

SCRPD: Special Committee on Research and FMD Programme Development

Comms Officer: Communications Officer

LoA: Letter of Agreement

RTT: Real Time Training

1. Background

This component includes collation and analysis of existing surveillance data, development of risk-based surveillance methods, tripartite coordination of activities, integration of decision support tools and risk analysis into policy evaluation and development, and management of support to surveillance activities. The Thrace region of Greece, Bulgaria and Turkey has historically been a high-risk area for the introduction of FMD into Europe, most recently in 2011 when wild boar spread FMD into Bulgaria. By coordinating activities and taking a risk based approach to surveillance, greater confidence can be 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. These activities could also be usefully applied for the early detection of other ruminant viral diseases such as *Peste des Petit Ruminants* (PPR) and sheep and goat pox (SGP). This was explored at a workshop held in Istanbul in September 2012 on the subject of risk-based surveillance in the Thrace region and a plan to develop this was discussed at the 85th meeting of the EuFMD Executive Committee in Chania, Greece, in February 2013.

2. Project team

Role	Name	Status
Pillar manager	Eoin Ryan	Secretariat
Component manager	Marko Potocnik	STP
National focal points	Tsviatko Alexandrov (B) Dimitrios Dilaveris (G) Naci Bulut (T)	Consultant, SCRPD member - Consultant, SCRPD member
National consultants:		
Greece:	Anna-Maria Baka (Field) Christina Fouki (Lab)	All consultants
Bulgaria:	Yordan Stefanov Panayotov Georgi Stoyanov Georgiev Marin Todorov Bozhinov Stoyan Dimitrov Moldovanov Nikola Kostadinov Spirov	
ExCom oversight	Irfan Errol (Turkey) Bulgarian CVO	ExCom members

3. Countries or partner organizations involved

Bulgaria, Greece, Turkey. OIE, EC and FAO represented at annual tripartite meeting.

4. Reporting of activities

Reporting format	Responsibility	Output	Distribution	Sent out by
6 monthly report to ExCom	Component manager	Written report for ExCom	ExCom, STC	Comms officer
Three-monthly reports (developing to monthly reports)	Component manager	Document summarizing surveillance data and estimating confidence in freedom	National focal points EC – if agreed by national focal points (countries own the data)	Component manager
Website report	Component manager	Short document for website	On website	Comms officer
Workshop reports	Component manager	Written report post-workshops	National focal points, ExCom oversight points	Component manager

5. Approval and implementation

Stage	Status
National technical focal points consulted	Done, February 2013
Outline of project presented to ExCom	Done, February 2013
Approval by EC and G/B/T CVOs	Done, April 2013 at GS40
Workplan and initial implementation discussed with national focal points	Done, September/October 2013
Full workplan presented to ExCom	To be done at ExCom 86, Oct 2013

6. Objective(s) of component

The objective is to establish a system which provides continuous confidence in disease freedom and which improves the chances of detecting an outbreak at an early stage. This will be achieved through a program of activities that is organized towards the achievement of the following Outputs:

- 1.Establishing a co-ordination framework for the activities required to maintain confidence in DF amongst the three countries;
- 2.Established a system for real-time data entry to support management of national surveillance activities aimed at maintain DF confidence;
- 3.Achieving two years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework).

The EuFMD secretariat will assist with analyzing the data and supporting coordination activities, with the purpose of assisting national risk managers in Bulgaria, Greece and Turkey. These activities are primarily targeted at FMD, but the project activities will also be applied in such a way as to support the early detection of other ruminant viral diseases such as PPR and SGP.

7. Planned Outputs, Activities, Resources 2013-15

	Description	Indicators	Expected results	Monitoring and evaluation	Assumptions and risks
Outputs	System in place for risk-based surveillance and analysis of data to provide an estimate of confidence in disease freedom and improve the capability for early detection of incursions 3 Subcomponent Outputs 1.Coordination Framework 2. System for data entry 3.Risk based surveillance achieved	Disease managers using RBS and confidence in freedom estimates as tools	Outputs in use in all three countries	ExCom reports; tripartite meetings	Assumes commitment to the program by all three countries
Activities					
1. Coordination framework for activities required to maintain confidence in DF amongst the three countries:	1.1 Tri-country biannual coordination and planning meetings	Meetings held	4	ExCom report, tripartite meetings	Continued cooperation of participating countries
	1.2 Small coord. and activity implementation meetings	Meetings held	6	ExCom report, tripartite meeting	Participation of NCs and country focal points
2. System established for real-time data entry for mgt of national activities to maintain DF confidence	2.1 Maintenance, improvement and trouble-shooting of a web-based system for real-time reporting and analysis of RBS data	Online system in use, outputs available for managers	All three countries reporting data in real time, managers using outputs	ExCom reports, tripartite meeting	Cooperation of NCs and country focal points; support provided for database by EuFMD STP
	2.2 Training G/B/T in data management and GIS systems	Training sessions provided	1	ExCom reports, tripartite meeting	Cooperation of NCs & focal points; assumes training held on occasion of regular program meeting
3. Risk based surveillance implemented in each country for FMD (and other diseases as decided by Coord Framework)	3.1 RBS activities carried out in Thrace region	Data collected by NCs	Monthly reports (building to real-time reporting via web)	ExCom reports, tripartite meeting	Assumes cooperation of NCs and focal points, and country commitment
	3.2 Procurement (lab supplies, consumables for surveillance)	Labs provided with reagents sufficient for RBS samples	Kits provided, each lab able to test RBS samples	ExCom reports, tripartite meeting	Assumes commitment from national labs

8. Gantt chart

		Planning phase					YEAR 1													YEAR 2												
Activity	Events	M	J	J	A	S	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 Planning		*	*	*	*	*	*																									
1.1 Biannual tripartite coord meetings	4							*					*							*					*							
1.2 Small activity implementation meeting	6										*		*					*				*			*							
2.1 Maintenance of web-based system	Continuous activity					*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
2.2 Training in GIS and data management	1												*																			
3.1 Surveillance activities	Continuous activity			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
3.2 Delivery of reagents	By need			*	*	*												*	*	*												

9. Budget (€)

Output	Activities	Consultant (days)	Consultant (€)	Travel	Equipment	GOE	Training	Subtotal	Total output	by
Planning and framework:	1.1 Tri-country biannual coordination and planning meetings (4)			35,000		1,000	5,000	41,000		
	1.2 Small coordination and activity implementation meetings (6)			16,000		1,000	2,000	19,000		
									60,000	
Systems	2.1 Maintenance, improvement and trouble-shooting of a web-based system for real-time reporting and analysis of RBS data	24	7,200		1,600	800		9,600		
	2.2 Training G/B/T in data management and GIS systems	4	1200	1000			500	2,700		
									12,300	
Activities	3.1 RBS activities carried out in Thrace region	(NCs; variable days and rates by country)	145,200					145,200		
	3.2 Procurement (lab supplies, consumables for surveillance)				78,500	4,000		82,500		
									227,700	
			153,600	52,000	80,100	6,800	7,500		300,000	

10. Challenges to achieving component objectives

1. Ensuring national consultant duties do not include activities which Greece or Bulgaria are obliged to do anyway under EU rules, so as to comply with EC regulations.
2. Delays with procuring laboratory reagents due to complexities related to the FAO/Pirbright framework agreement.
3. Resource commitment from national veterinary services is necessary to achieve the objectives.
4. The scope of the program includes FMD, SGP and PPR, but current activities are focused on FMD as a way to establish the systems. Expanding the activities to bring PPR and SGP into the systems will require input from experts and cooperation of national authorities.
5. Full commitment to the program by national authorities should include signature of the MoU which has been circulated.

Component Plan 1.4- Balkans

Component Objective:

To improve the ability of Member States and Europe as a whole to respond to a FMD incursion, through developing a cadre of European experts in FMD crisis management and improving the use of decision making tools by managers in contingency planning and outbreak response.

Pillar Manager: Eoin Ryan

Component Manager: Short Term
Professional Officer

Acronyms

STP: Short Term Professional

STC: Standing Technical Committee

SCRPD: Special Committee on Research and FMD Programme Development

Comms Officer: Communications Officer

LoA: Letter of Agreement

RTT: Real Time Training

1. Background

Component 1.4 Improved emergency management capacity for FMD in the Balkan region covers a programme of support to MS in the Balkan region to improve the quality of contingency planning, to improve awareness of FMD risks and the economic consequences of emergencies, and give attention to the issues affecting national reference laboratory capacity for FMD confirmation and surveillance. The Balkan region, and in particular the Western Balkans, are of strategic importance to Europe for FMD control due to their proximity to West Eurasia. The capacity of these countries to respond to and manage any future FMD outbreak is a key issue, not only for the Balkan region but for Central European countries which neighbour it. Over the last few years the European Union has funded capacity development for control of rabies and classical swine fever in the Western Balkans, and these projects have addressed many issues which are relevant to FMD control, providing a baseline of knowledge and experience of disease control on which the EuFMD programme can build.

2. Project team

Role	Name	Status
Pillar manager	Eoin Ryan	Secretariat
Component manager	Marko Potocnik	STP
Additional EuFMD staff	Lilyana Polihronova	STP
National focal points		
Serbia	Budimir Plavsic	
Bulgaria	Tsviatko Alexandrov	
Kosovo	Bafti Murati	Animal Health Sector Chief
FYROM	Biljana Strojmanova	
Albania	Veli Stafa	
Bosnia Herzegovina	Zorana Mehmedbasic	Head of Department for Animal Health and Welfare
Montenegro	Mevlida Hrapovic	
Croatia	?	
Laboratory network coordinator:	Vesna Milicevic	Head of Serbian FMD NRL
ExCom oversight		
Serbia	CVO or nominee	ExCom member
Bulgaria	CVO or nominee	ExCom member
Austria	Ulrich Herzog (alt. S. Stockreiter)	President EuFMD

3. Countries or partner organizations involved

Bulgaria, Serbia, Croatia, Montenegro, Bosnia and Herzegovina, Albania, FYROM (members); Kosovo (non-member). Informal coordination with EU IPA project on CSF/rabies control in the Western Balkans.

4. Reporting of activities

Reporting format	Responsibility	Output	Distribution	Sent out by
6 monthly report to ExCom	Component manager	Written report, presentation	ExCom, STC	Comms officer
Website report	Component manager	Written report	Website	Comms officer
Workshop reports	Lead facilitator	Written report	Website, ExCom oversight members	Comms officer

5. Approval and implementation

Stage	Status
Outline plan proposed	Discussed at ExCom 85; GS 40; side-meeting at OIE GS, Paris, May 2013.
Consultation period	June-July 2013
Workplan proposed	Teleconference with Serbia, Bulgaria, Austria 23 July 2013
Review period	August-September 2013
Workplan agreed for specific activities by steering group	Belgrade, 24-25 September 2013, with Serbia, FYROM, Bulgaria, Austria.
ExCom review and approval	ExCom 86

6. Objective of the component

To support the development of FMD emergency management capacity in the Balkan region. This will be achieved through a program of activities working towards the following outputs:

1. Coordination framework for western Balkan countries for emergency planning on FMD, including an FMD laboratory sub-network;
2. Improved contingency plans through participation of countries in two multi-country simulation exercises with pre and post exercise training and evaluation on specific themes or chapters of the contingency plans;
3. Integration of national FMD reference centers (laboratories) in the national CPs and improved regional diagnostic capacity for FMD challenge.

7.Planned Outputs, Activities, Resources 2013-15

	Description	Indicators	Expected results	Monitoring and evaluation	Assumptions and risks
Output	Improved emergency management capacity for FMD in Balkan region Including sub-component outputs: 1.Coordination 2.Improved CPs 3.Improved diagnostic capacity	Report of SimEx	Testing of contingency plans; capacity development indicators	ExCom report; GS41 report	Assumes commitment by participating countries; EuFMD STP officer supported to manage component; risk of timetable slipping, esp. if external factors (e.g. other disease outbreaks) intervene
Activities					
1. Coord. framework incl. lab-subnetwork	1.1 Identification of network focal points	Focal points identified	One focal point per country	ExCom report	Assumes focal points empowered to maintain communication
	1.2 Establishment of steering group for SimEx, SG planning meeting held	Steering group members nominated, minutes of meetings available, planning meeting held	Steering group established, TC meetings held, planning meeting held	ExCom report, meeting report	Assumes commitment from SG members
	1.3 Identification of lab sub-network focal points	Lab focal points identified	One focal point per FMD lab	ExCom report	Assumes engagement by lab management
	1.4 Regular contact (via email/TC/webinar) with focal points to maintain communication and identify issues, e.g. PTS participation	Minutes of meetings held; issues identified	Regular meetings via TC/webinar, at least every three months; minutes available; issues identified in ExCom report.	ExCom report	Assumes commitment by focal points

2. Improved CPs through workshops & SimEx					
	2.1 Workshops held to address specific themes or chapters of CP (demand driven subject choice: see annex 1)	Workshops held	Eight workshops	ExCom report, GS41 report, WS reports	Assumes commitment from participants, provision of meeting facilities and assistance from natl vet services
	2.2 Cross-border simulation exercises held	SimEx held	Two, both cross-border multi-country	ExCom report, SimEx reports, GS41 report	Assumes commitment from participants, provision of meeting facilities and assistance by nat'l vet services
	2.3 In-country expert support missions (demand-driven)	Missions held	5	ExCom report, mission reports	Assumes nat'l commitment
	2.4 Translation of EuFMD training materials into Serbo-Croat	Translated material available	E-learning emergency prep course available in Serbo-Croat	ExCom report, GS41 report	Assumes e-learning supported by component 1.1
3. Integration of NRLs into CPs& improved reg.diag.capacity					
	3.1 Procurement of lab reagents/kits to support a minimum diagnostic capacity; support to overcome non-participation in PTS	Kits delivered; each lab sufficiently equipped to participate in PTS and diagnose FMD	PTS participation	ExCom report, PTS report, GS41 report	Assumes natl commitment to labs. Risk of vet services not supporting labs; EuFMD will only supply kits for a minimum capacity. Risk of non-participation in PTS due to factors beyond control of EuFMD
	3.2 Laboratory training within Balkans through inter-lab partnerships	Training sessions delivered	Two sessions	ExCom report, training reports, GS41 report	Assumes leading labs willing to host training; assumes natl commitment to labs from participating VS.
	3.3 Within-Balkan regional PTS organized	PTS conducted	One PTS	ExCom report, PTS report, GS41 report	Assumes cooperation of leading labs and Turkey, natl commitment

8. Gantt chart

		Planning phase					YEAR 1										YEAR 2													
Activity	Events	M	J	J	A	S	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.Planning		*	*	*	*	*	*																							
1.1 Identification of network focal points	1			*																										
1.2 Establishment of steering group for SimEx	1				*																									
1.3 Identification of lab sub-network focal points	1				*																									
1.4 Regular contact (via email/TC/webinar) with focal points to maintain communication and identify issues, e.g. PTS participation	10				*	*			*			*			*		*			*		*		*			*		*	
2.1 Workshops held to address specific themes or chapters of CP (demand driven subject choice: see annex 1)	8							*			*	*		*					*			*			*		*			
2.2 Cross-border simulation exercises held	2														*												*			
2.3 In-country expert support missions (demand-driven)	5												*		*					*			*			*				
2.4 Translation of EuFMD training materials into Serbo-Croat	1										*																			
3.1 Procurement of lab reagents/kits to support a minimum diagnostic capacity and enable participation in PTS	2						*											*												
3.2 Laboratory training within Balkans through inter-lab partnerships	2										*												*							
3.3 Within-Balkan regional PTS organized	1																		*											

9. Budget (€)

Output	Activities	Consultant (days)	Consultant (€)	Travel	Equipment	GOE	Subtotal	Total output	by
Coordination framework	1.1 Balkan emergency planning coordination and animation of laboratory sub-network (supported by STP)			1,200			1,200		
									1,200
System to improve CPs & management capacity	2.1 Workshops to address specific themes/chapters of CP (8)	32	9,600	113,200		2,000	124,800		
	2.2 Cross-border simulation exercises (2)	16	4,800	26,800		2,000	33,600		
	2.3 In-country expert support missions (5)	10	3,000	5,500		500	9,000		
	2.4 Translation of training materials into Serbo-Croat	3	900				900		
									168,300
System to improve diagnostic capacity	3.1 Laboratory procurement				24,740		24,740		
	3.2 Laboratory training through within-Balkan inter-lab partnerships			12,000	1,500	500	14,000		
	3.3 Coordination and arrangement of within-Balkan PTS	5	1,500	500	3,500	500	6,000		
									44,740
			19,800	159,200	29,740	5,500			214,240

10. Challenges to achieving component objectives

1. Commitment and engagement from the national authorities is necessary for achieving the component objectives. In particular, the elements dealing with building laboratory capacity depend on the veterinary authorities allocating sufficient resources to the labs to allow them to participate in EuFMD activities, such as the PTS.
2. Agreement between participants in the planned cross-border simulation exercise on scope, location, and sharing of the relevant data is necessary for it to be conducted successfully.
3. The proposed Balkan regional serological PTS is dependent on identifying suitable sera and managing the international transit of these sera, including customs clearance.
4. The arrangement of the workshops to focus on specific CP themes/chapters is dependent on the cooperation of the host country vet service.
5. In-country expert missions are intended to support activities planned to build capacity within the country, such as a national FMD seminar or event where the services of an EuFMD expert are requested. Clear national commitment in the form of organizing such events is a prerequisite for a successful expert mission.
6. The timetable for the program is ambitious, and it must be acknowledged that this schedule may slip if external events intervene or if veterinary services are engaged in other disease events.

11. Annex 1: Outline plan for training workshops in preparation for the simulation exercise

Workshop	When	Where
1. Outbreak management	Dec 2013 – Jan 2014	FYROM
2. Crisis management and crisis communication	Feb 14	Bulgaria
3. Relations between AH and NRL (lab/HQ procedures)	March-April 14	
4. Surveillance workshop	May 14	Bulgaria
5. Simulation exercise	June/ Sept 2014	BG/border
6. SimEx lessons learned	Sept 14	
Data management workshop	After June 14	FYROM
Socio-economic and risk assessment workshop	After June 14	

12. Annex 2: Options for laboratory support: training and reagents

Estimated annual costs of supplying diagnostic kits/reagents to labs:

Diagnostic kit	Estimated cost for 7 labs
PCR primers/probes	€1,200
Prionics NSP kits	€3,920 + shipping
IZSLER Ag ELISA kits	€7,250 + shipping

Component Plan

1.5 – EuFMD Fund For Applied Research (EuFMD-FAR)

EuFMD Fund for Applied Research (EuFMD-FAR)

Since 2008 the EuFMD has, under the multi-annual agreement with the European Commission (DG-SANCO), provided support for small applied research projects that are relevant to the technical issues that are seen as priorities of the EuFMD Member States². The thematic priorities have been identified mainly at the EuFMD's biennial General Sessions, held in 2009, 2011 and 2013, and a specific Research Fund was adopted as a component (component #1.5) of the four-year Strategic Plan in April 2013³. The list of previously supported research projects is given at the end of this section.

Funding

The EuFMD-FAR has earmarked funding of 250,000 € for the period October 2013 to April 2015 under the Financial Agreement between EC and FAO relating to the EuFMD, managed through the trust fund TF MTF/INT/003/EC. Studies contributing directly to components of the 2013-15 work plan may also be funded by those components, which may allow more than the above fund to be used to commission work. Additional sources of funding from other donors, which seems possible following the 40th General Session, will be managed and reported through separate Trust Funds, and will have a common application format and review procedure.

The current (at 7/2013) funding is modest and limited to a ceiling of 50,000 € per study/project, enabling some five grants to the maximum amount in the period October 2013 to December 2014, with studies to be completed before 31st March 2015. This deadline allows for reporting and evaluation of the performance of the Fund at the 41st General Session of the EuFMD Commission. EuFMD-FAR is managed by the EuFMD Secretariat and advised both by the Standing Technical Committee, which acts as the Grant Review Board, and a Referee Panel.

Schedule for calls for applications

	Funding available	Invitation to apply	Closing Date	Announcement of Results
Round 1	100,000 €	August-2013	30 th -September 2013	30 th October 2013
Round 2	100,000 €	January 2014	28 th Feb 2014	1 st April 2014
Round 3 (subject to funds)	50,000 €	August 2014	30 th September 2014	30 th October 2013

Context

The Strategic Plan of the EuFMD for the period 2013-17 has **three Strategic Objectives** (Pillars), which are to:

1. **Improve** readiness for FMD crisis management by Members;

² Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Georgia, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, The Netherlands, Turkey, The United Kingdom.

³ As adopted by the 40th General Session of the EuFMD, April 22-24, 2013

2. **Reduce** risk to Members from the FMD situation in the European neighbourhood (Progressive Control in neighbouring regions);
3. **Promote** the global strategy of progressive control of FMD.

The operational objective of maintaining a mechanism for emergency response to an FMD crisis in the European neighbourhood will underpin the first two objectives. The Plan will be made operational through a EC-provided funding agreement for two years, and has 13 components (see **Annex 1 3** of the standalone document), one of which is Applied Research.

EuFMD-FAR is placed under **Pillar I** for management purposes as the priorities for applied research identified during the 40th General Session are primarily technical and economic issues affecting FMD emergency management in the Member States of the EuFMD. However, applied research supporting **Pillar 2** and **3** Objectives is also eligible for funding.

The Plan and the associated agreement with the EC indicate that the immediate beneficiaries of research findings and outputs are the Veterinary Services of the 37 countries which are members of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD)⁴, and their associated agencies and institutions which underpin their FMD management capacity. Other countries in the European neighbourhood that border the members, where the situation of foot-and-mouth disease (FMD) creates a direct or indirect threat of introduction of the disease into one or more of the member countries of EuFMD, may be immediate beneficiaries of activities conducted to promote better management of FMD in those countries. The Member States are also the final beneficiaries for the international actions to reduce the risk of FMD conducted through the Global FAO/OIE FMD Control Strategy and supported under the third Strategic Goal of the Action.

Thematic priorities 2013-15

Studies must show a high relevance to the strategic objectives. Innovation is encouraged but results must also be tangible and there should be a good chance of uptake of the results within 1-3 years of completion. Grants are usually small but enable short pieces of work that demonstrate the proof of concept or generate biological, results or methods that can be applied by Member States or their agencies in their contingency plans (Pillar 1) or Progressive Control Plans (Pillar 2-3).

Strategic Objectives (Pillars) and areas of priority (2013-15)

The priorities in the bullet points are indicative but not exclusive. General priorities for Research and Development in Europe were also identified by the Special Committee for Research in October 2012 [**Annex 2 3** of the standalone document].

Pillar I: To Improve readiness for FMD crisis management by Members

- Improving efficiency of local control measures, including surveillance for FMD in control zones (risk based measures, communication networks, preclinical diagnosis, bulk milk testing, penside tests...);
- Emergency vaccination strategies, and vaccination to live;
- Socio-economics, and decision making;
- Tools for FMD surveillance and risk management in wildlife, surveillance tools and control options;
- Economic modelling on contingency planning in Europe;

⁴ <http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/en/>

- “Horizon scanning” - what’s coming next and significance for risk managers and policy makers.

Pillar 2: To Reduce risk to Members from the FMD situation in the European neighbourhood (Progressive Control in neighbouring regions)

- Modelling management options/control measures in endemic countries;
- Tools for earlier detection of emergent epidemics;
- FMDV Information management, including epi and genetic database and analysis tools;
- Epidemiology supporting risk based surveillance and control;
- Socio-economic studies and methods relevant to PCP approach;
- Tools for monitoring and evaluating vaccination/control programmes.

Pillar 3: To Promote the global strategy of progressive control of FMD

- Policy issues, options, solutions affecting uptake of FMD vaccination and control measures by public and private stakeholders;
- Tools for assessing control options and strategies;
- Tools for assessing impact, monitoring progress;
- Epidemiology and socio-economic impact studies;
- Global Survey on FMD research.

Nature of the funded research

Examples of research funded by the EuFMD under the “Concept Notes” scheme between 2008 and 2013 are given at the end of this section and include reviews, epidemiological studies, development of diagnostic tests and biological materials needed in reference centres, developing methods for full-genome sequencing, proof of concept on use of smart phones in outbreak active surveillance operations, etc. Awards have an individual maximum of 50,000 €. Research is to be completed within 6-18 months with the longer of these periods possible only at the beginning of the two- year funding cycle.

Criteria

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

Applicants

Applications are welcome from any source and are not limited by geographical origin. Awards are normally made to not-for-profit research centres with a capacity both for signing the contract -with principal investigators capable of delivering quality research- and for managing funds and reporting.

Interested parties can discuss ideas prior to proposal with the Secretariat or Members of the Standing Technical Committee. The applicant should declare this contact with the STC on the form (Application Form: **Annex 4** of the standalone document).

Review Process

Applications will be assessed in two stages, first by external referees (Referee Panel) then by the Standing Technical Committee (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.

Two-Tiered Peer Review Process

1st Review by Referee Panel

- FOUR external referees are chosen for their expertise in specific research areas; at least one of these is from the EuFMD Special Committee on Research but not an applicant in the current call;
- Initial review of scientific merit and research ethics;
- Rate and give comments on each grant application.

2nd Review by Grant Review Board

- Assess quality of Referee Panel's comments;
- Final review of scientific merit and research ethics;
- Evaluate relevance to scope of fund and thematic priorities, applicability to local context, applicant's track record, administering institution's research capability, "value for money" of proposals;
- Make recommendations on funding to the Executive Committee.

Assessment Criteria


These are provided in **Annex 3** of the standalone document and available [online](#).

Composition of the Referee Panel

The Referee Panel includes the 15 members of the Special Committee for Research and Programme Development (SCRPD) of the EuFMD, plus three experts from the FAO FMD Reference Centres in Europe. The four Referees for each proposal will be selected by the Chair of the STC or, in the case of a conflict of interest, his/her Deputy. One referee must always be from the SCRPD but, according to need, the Chairperson may also invite an external referee to undertake the review if the expertise is not present within the SCRPD.

Reviewers should complete a conflict of interest statement before review.

Composition of the Grant Review Board (GRB)



The GRB is composed of the Members of the STC plus the Executive Secretary of the EuFMD Commission. DG-SANCO have the right to be represented in the GRB. Representatives of the GRB should complete a conflict of interest statement before review, and if doubt exists, not take part in the review of the applications in which a conflict of interest may exist. The Chairperson should ensure that there is a minimum of at least three persons for any decisions, co-opting a member of the Executive Committee if this is required.

Minutes of these meetings will be reported to the EuFMD Executive Committee

Award of Grants and dispersion of funds

The EuFMD Secretariat will provide the Executive Committee with the recommendations for funding. Decisions will normally be taken by the Executive or the Chairperson of the Executive together with the EC at the regular Executive Committee Sessions at six-monthly intervals. In case of urgency, decisions will be taken by the Chairman and the representative of the EC as soon as the Review Board has made its recommendations.

Funding will be dispersed by the EuFMD through Letters of Agreement (LoA) which are 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 dispersed through direct implementation mechanisms by the Secretariat. The application form should provide most of the details needed to finalise swiftly the LoA after decision is taken and initial funding dispersed. Limited changes to the proposal may be agreed when the LoA is negotiated; any major changes would require a review by the Chairman of the STC.

The Reporting schedule will be set at the time of the LoAs being agreed and normally the contractees must provide reports that coincide with the timing of the six-monthly STC meetings and provide an oral report to the biennial Open Session of the Standing Technical Committee (Next Session: October 2014 in Croatia).

Table 1: Titles of Research Studies funded by the EuFMD, 2008

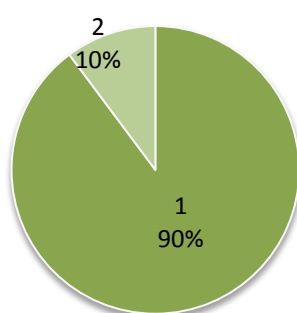
1. Development of full genome sequencing methods and tools for application to FMD tracing in outbreak situations (Contractor: Pirbright);
2. Global Review of research on FMD (Awarded to GFRA, Contractor OVI);
3. Comparative performance of NSP tests for use in regions affected by SAT viruses (Contractor OVI);
4. Production of antisera for vaccine matching against SAT viruses (Contractor BVI, Botswana);
5. Production of antisera for studies on type A FMDV from African and elsewhere (Contractor: Lelystad);
6. FMD epidemiology in wild boar populations in endemic areas of Anatolia, Turkey (Contractor FAO/SAP Institute Turkey);
7. Methods for real-time tracking wild boar dispersion in Europe (direct management with Bulgaria);
8. FMD serology using commercial kits for use in wild boar –parameters for negative populations (AFFSA);
9. Development of methods for non-invasive sampling of wildlife for FMD (direct management with Bulgaria);
10. Application of vaccine effectiveness study methods to assess type Asia-1 and type A vaccine effectiveness in Turkey (Pirbright);
11. Contract to develop an “FMD surveillance design and analysis model “ (FMDSurv software using multiple data sources to calculate confidence in FMD freedom) (AUSVet);
12. Application of smart-phone applications for real-time data collection in FMD outbreak investigation and local risk factor determination (Royal Vet College, London);
13. Improving molecular diagnostic tests for use with African FMDV; validation of PCR-serotyping of African FMDV serotypes and methods of transporting RNA/cDNA samples cheaply (DTU, Denmark and Pirbright).

Component Plan 1.6 – Crisis Management

1.6 CRISIS MANAGEMENT

OBJECTIVE: Maintenance of a capacity to provide advice, technical support and assistance to EUFMD MS and countries in the European neighbourhood in the event of an FMD outbreak, including lab and epidemiological support, including assistance and support to MS with vaccine procurement and supply, through the provision of technical input, advice in the selection of vaccine strains, risk based evaluation of vaccination strategies and other related activities.

OUTPUTS (EXPECTED RESULTS):



1. Procurement-vaccines/diagnostics;
2. Emergency Missions

% use of funds on achieving each Output

ExCom FOCAL POINTS: U. HERZOG, Chairman

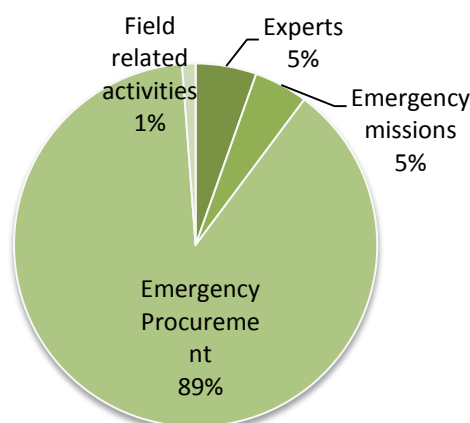
DIRECTLY INVOLVED BENEFICIARIES: depends on the focus of the emergency action, but undertaken to indirectly benefit at risk EuFMD MS

RESOURCE BASE:

- **HR:** To be decided in case of emergency.
- **Budget for Activities (EC - TF):** excludes HQ based support services/costs.

€ 501,155

Estimate in Annex III EC agreement / Proposed to ExCom 86

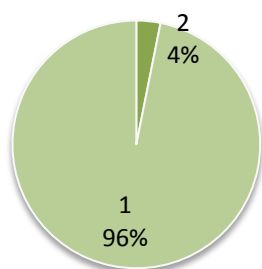


Component Plan 1.7 – Proficiency Test Services

Component 1.7 Proficiency Test Services

OBJECTIVE: To provide services of the Proficiency Test Services to the NON-EU members of the EuFMD to enable them to participate to the same extent as the NRLs of the Eu28 under the scheme implemented through the EURL at Pirbright

OUTPUTS EXPECTED RESULTS:



Increased participation and better national alignment of the NRLs in the European neighbourhood to the EuFMD and EU standard for FMD diagnostic NRLS performance (as defined at GS39), with specific results of:

1. Participation of 20 non-EU EuFMD member states and neighbourhood countries in annual PTS;
2. Management and participation in annual EU reference laboratory meetings

% use of funds on achieving each Output

ExCom and Committee FOCAL POINTS: to be decided : ExCOM Standing Technical Committee plus Special Committee for Research and Programme Development

DIRECTLY INVOLVED BENEFICIARIES: Non EU member states (since EU MS supported separately) and additional participation of neighbourhood countries according to priorities indicated in Pillar 2.

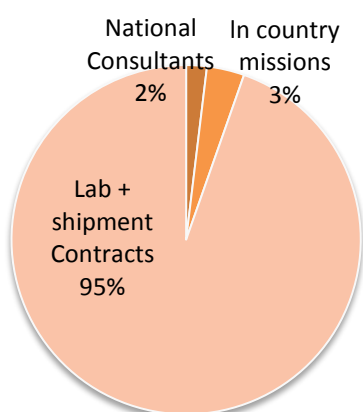
RESOURCE BASE:

- HR: contract management by P3 (5%), P2 (5%); activities by the HR of Contractor.

- Budget for Activities (EC - TF): excludes HQ based support services/costs.

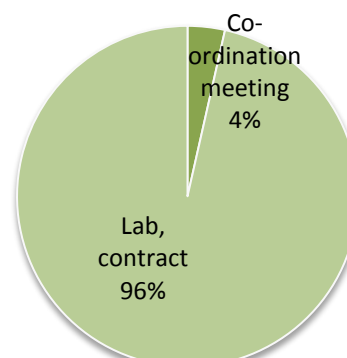
€ 63,413 (- €1,213)

Estimate in Annex III EC agreement



€ 62,200

Proposed to ExCom 86



Component Plan 2.1 – South-East Europe

Component Objective:

To reduce the impact of FMD in Turkey and Georgia (EuFMD member states) and to reduce the risk posed by FMD in the region to all EuFMD Member states.

Pillar Manager Keith Sumption
Component Manager: Melissa McLaws

Acronyms

STP: Short Term Professional

STC: Standing Technical Committee

SCRPD: Special Committee on Research and FMD Programme Development

Comms Officer: Communications Officer

1. Background

This component includes supporting the collation, analysis and application of epidemiological data from the area; providing training in the practical application of epidemiology to control FMD; engaging with national veterinary services to support them in the detection, management, and control of FMD and advance along the FAO/OIE progressive control pathway (PCP); and identification of FMD viruses circulating in the region, including the incursion of any new strains. Under the umbrella of the Global Framework for the Control of Transboundary Animal Diseases (GF-TADs), FAO and OIE jointly prepared a draft Global FMD Control Strategy, which was presented at a Global conference held in Bangkok in June 2012. The overall objective of the Global Strategy is to improve animal production and marketing in developing countries and thereby alleviate poverty, increase income generation and improve the livelihoods of small farmers and add to human well being (see: <http://www.fao.org/docrep/015/an390e/an390e.pdf>). The Progressive Control Pathway (PCP) for FMD developed by EuFMD, FAO and OIE, and the Performance of Veterinary Services (PVS) Pathway provided by OIE, are important tools to build and implement the Global FMD Control Strategy. In support to both OIE-GfTAD and FAO mandates, this EuFMD component aims to strengthen FMD management in West Eurasia, with particular focus on EuFMD member states Turkey and Georgia. The PCP framework will be employed to support the implementation and monitoring of a risk-based strategic approach to FMD control. Foot and mouth disease virus circulates endemically in this region, which directly borders the FMD-free countries of Europe and as such poses a high-risk as the source of an FMD incursion into a free area. At present, two countries in this region are EuFMD member states (Turkey and Georgia). The activities in this component are intended to both reduce the impact of FMD in endemic countries in the region (particularly Turkey and Georgia), and by better characterizing the nature of the risk (eg circulating virus strains) reduce the risk of an incursion into areas currently FMD-free. Engagement in this region is not new for EuFMD. EuFMD provided key support to the West Eurasia Roadmap, which has included an annual regional meeting during which FMD-related information is shared and the PCP Status of the 14 participating countries is evaluated. EuFMD has also promoted the development of the W. Eurasia Laboratory Network (WELNet). In the TransCaucasus countries and the IR of Iran, EuFMD has implemented projects to improve FMD surveillance and control in phases over 6 years. A 4 week course to improve the capacity in epidemiology, the 'Practical Epidemiology for Progressive Control (PEP-C) course, was delivered in Istanbul in autumn 2012 to participants from 5 countries (Turkey, Georgia, Armenia, Azerbaijan, Iran and Egypt). These activities were summarized in a report to the 40th General Session of the EuFMD (http://www.fao.org/fileadmin/user_upload/eufmd/40thGeneral_session_documents/40General_Session/App19_Eurasia_ActivitiesMMclaws.pdf). Further, as a long-standing EuFMD member state, Turkey has reported to EuFMD regularly on the FMD situation (eg. see report to 40th General Session http://www.fao.org/fileadmin/user_upload/eufmd/40thGeneral_session_documents/40General_Session/App21_StatementforWE_IrfanErol_Turkey.pdf).

2. Project team

Role	Name	Status
Pillar manager	Keith Sumption	Secretariat
Component manager	Melissa McLaws	Consultant
Other EuFMD Team members	Annemarie Bouma, Chris Bartels, Eoin Ryan	STP, consultant, Secretariat
National FAO Focal Point: (Co-ordination-national level)	FAO assistant Representatives in Turkey, Georgia	FAO Staff in national offices

FAO Subregional animal health focal points (Co-ordination – Central Asia, Eastern Europe))	A Mehraban (Turkey/Central Asia) A Roztalnyy (Georgia/Eastern Europe)	FAO Animal Production and Health Officers based in Ankara and Budapest Offices
FAO HQ Contact	Eran Raizman	Head, EMPRES, AGAH Rome
National focal points	Naci Bulut (Turkey) Zurab Rukhadze (Georgia) Satenik Kharatyan (Armenia) Tamilla Aliyeva (Azerbaijan)	Consultant, SCRPD member Consultant Consultant Consultant
National consultants:	Sinan Aktas (T) Zurab Rukhadze (G) Satenik Kharatyan (Arm) Tamilla Aliyeva (Azb)	Consultant Consultant Consultant Consultant
ExCom oversight	Irfan Errol (Turkey)	ExCom member

3. Countries or partner organizations involved

- EuFMD member states (Direct Assistance) : Turkey, Georgia;
- Non EuFMD members(information gathering and WelNET)) : Armenia, Azerbaijan, (and possibly other countries in region including Iran, Iraq);
- FAO and OIE (roadmap activities); EU (coordination of activities in Georgia).

4. Reporting of activities

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component manager	Written report for ExCom	ExCom, STC	Comms officer
Routine (monthly) reporting from surveillance network and four NRLs	Component manager, national focal points	Results on EMPRES-i available for EuFMD monthly FMD situation report	Secretariat	Empres-i
Website report	Component manager	Short document for website	On website	Comms officer
Workshop and mission reports	Component manager	Written report post-workshops	National focal points, ExCom oversight points	Component manager

5. Approval and implementation

Stage	Status
Approval by EC and CVOs	Done, April 2013 at GS40
Discussion with Turkey	Done, July 2013
Discussion with Georgia	Done, August 2013
Full workplan presented to ExCom	To be done at ExCom 86, Oct 2013

6. Objective(s) of component

The objective is to reduce the impact of FMD in Turkey and Georgia (EuFMD member states) and to reduce the risk posed by FMD in the region to all EuFMD Member states.

This involves:

- In **Turkey**: Providing technical support to the development and implementation of risk-based strategic control plans for FMD control. When implemented, these plans should use the national resources available efficiently to provide the most effective FMD control possible. Activities in the workplan focus particularly in the establishment of an epidemiology and monitoring unit for on-going monitoring of the implementation and impact of the risk based control strategy. The Unit will also implement targeted research projects as required to identify and evaluate the most effective control options. The implementation and analysis of these research projects will include an important element of training/capacity building.
- In **Georgia**: Providing technical support to the development and implementation of risk-based strategic control plans for FMD control. Key indicators on the impact and implementation of the RBSP will be defined and reported on regularly. Targeted research studies will be designed and implemented to fill key gaps in knowledge concerning FMD control and RBSP implementation.
- In the **W. Eurasia Region**: Promoting regional coordination, through cooperation with GF-TADs programs and Roadmaps, as well as encouraging the use of a regional FMD database (part of EMPRES-i). On-going analysis of FMD risk in the area, including the identification of circulating strains and risk factors including spatial and temporal dynamics, facilitated through further development of WELNet and other existing FAO or joint FAO/OIE surveillance networks.

7. Planned Outputs, Activities, Resources 2013-15

	Description	Responsi bility	Indicators	Specific inputs €	Expected results	Status
Output	Risk based control programmes (PCP Pathway) adopted and implemented in <u>Turkey</u> and neighbours, improved regional co-ordination.		Assessment of National risk based control programmes (PCP Stage 2+); M&E systems established in Turkey and Georgia; M&E system report on progress indicators (national risk based control programmes); FMD Database operational and used by increased number of MS; PCP progress indicators – Turkey and neighbours; Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries;			
Activities						
Turkey	1. Assist with dev. of risk-based strategic plan			4,000 (mission plus consl contract)		
	2. Assist with <u>establishment</u> epidemiology and monitoring unit			41,000 (2,500 mission x 8 + conslt. fees 70d)		
	3. Assist with <u>implementation</u> of epi. and monitoring unit			21,200 (5000 mission plus 54d conslt)		
	4. Implement targeted research studies			18,500 (5000 mission plus 45d conslt)		
	5. Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy			14,000 (2,500 mission X 2) + conslt. fees 30d)		
	6. provide technical support to reduce the risk posed by interprovincial spread by			14,500 (4500 conslt. fees 15d, 10,000		

	animal marketing (component 3 of Turkish RBSP draft)		w/shops and training)	
	7..Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period		21000 (2,500 mission X 2) + constl. fees 20d 10,000 w/shop)	
	Est. Total		144,700	
Georgia	8..Assist with development of risk-based strategic plan		3,400 (2,500 mission x 2 + consultant fees 3d)	
	9..Assist with <u>establishment</u> of monitoring of the RBSP		8,000 (2,500 mission x 2 + constl. fees 10d)	
	10..Assist with <u>implementation</u> of monitoring of the RBSP		1500 constl. 5d	
	11.Implement targeted research studies		12,100 10,000 w/shop constl 7d	
	12.Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy		13,500 (2,500 mission X 2) + constl. fees 10d)	
	13.Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period		11,500 constl. fees 5d €10,000 w/shop	
	Est Total		44,500	
W. Eurasia Region	14.Support information gathering & sample	Data received from participating countries WeNET activity results in information about	9,000 nat constls. 20,000 real-time	Routine (monthly) MOU signed by 4 reporting from countries, data is

submission from neighbourhood risk regions	viruses circulating in W. Eurasian countries	training course. 40,000 WelNet meetings (2).	surveillance network and 4 NRLs	being collected
		8,000 Roadmap meeting 14,400 Conslt. 48d (2 d per month for Empres-i management)		
Est.Total		95,400		
Detailed activities				
Turkey	1.1 RBSP mission and follow-up (remote and possibly further missions), identification of key gaps in knowledge (where further study is needed)	€2.5k each (per expert)		1 mission completed 07/2013)
	1.2 recruit consultant to develop RBSP			S.Aktas recruited
	2.1 regular missions over 6 months to establish structure, flow of data and provide training	€2.5k /5 day mission/person	8 missions over 6 months	
	2.2 define indicators to monitor implementation and impact of RBSP activities		Indicators defined for each component objective of Turkish RBSP	
	2.3 define formats and methods of routine reports on implementation and impact of RBSP		Reports defined and understood by relevant stakeholders	
	3.1 provide technical assistance to	€2.5k /5 day mission/person	2 missions National	

implementation of Unit	Consultancy fees	consultancy
4.1 define key research questions/knowledge gaps		
4.2: design studies to address gaps		Studies planned, training provided to implement
4.3: provide technical assistance (and training) to implement studies	2.5k /5 day mission/person	2 missions , studies implemented by national consultants
5.1 analysis of results	2.5k /5 day mission/person	2 missions, collaboration between Turkish and international experts
5.2:interpretation, reporting and dissemination of results		results reported
6.1: situation analysis regarding animal movements and definition of knowledge gaps	National consultant	
6.2 establish and implement communication strategy regarding reducing the risk around animal movements		
6.3 implementation and analysis of special research studies to fill knowledge gaps, incl regarding optimal vaccination strategy of LR and SR prior to movements (likely to include disease spread model)	Expert consultancy days (15) Workshop/training	
7.1 evaluation mission(s) to assess progress, strengths,	2.5k /5 day mission/person	1 mission, workshop report

	weaknesses (incl stakeholder discussions)	10,000 w/shop	
	7.2 assess options and develop proposals for follow-up (next 2-3 years)		Proposal for follow-up developed
Georgia	8.1 RBSP mission and follow-up (remote and possibly further missions), identification of key gaps in knowledge (where further study is needed)	€2.5k mission/person	1 mission (2 persons)
	9.1 missions to establish structure, flow of data and provide training in monitoring		2 missions
	9.2 define indicators to monitor implementation and impact of RBSP activities		
	9.3 define formats and methods of routine reports on implementation and impact of RBSP		
	10.1 provide technical assistance to implementation of monitoring	5 d cons.	
	11.1 define key research questions/knowledge gaps		
	11.2: design studies	10,000 w/shop	
	11.3: provide technical assistance (or training) to implement studies		
	12.1. analysis of results		1 mission
	12.2:interpretation, reporting and dissemination		1 mission

	of results								
	13.1 evaluation mission(s) to assess progress, strengths, weaknesses (incl stakeholder discussions)			2.5k	/5	day	1	missions	
								mission/person	
								10,000 w/shop	
	13.2 assess options and develop proposals for follow-up (next 2-3 years)								
W. Eurasia region	14.1 develop standard report format	Melissa							
	14.2 recruit national consultants (Geo, Arm, Azb)	Melissa/ Eoin						360/month	
	14.3 data on vaccination and outbreaks sent to database on monthly basis	Nat. focal points							
	14.4 ensure data is submitted to Empres-i	Melissa/ FAO Empres						Input into Sabina's contract	
	14.5 produce and disseminate monthly reports (Empres-i)	Melissa/ FAO Empres							
	14.6 support to facilitate sample submission to SAP institute	Melissa/ Eoin							
	14.7 WelNET meetings			Est	20,000	per	2	meetings	
					meeting				
	14.8 Real-time training course for participants from region			Est	20,000	per	1-2	courses	
					course				
	14.9 EuFMD and nat.experts attend Roadmap meeting			Est	2,000/expert/meeting = 8,000		2	meetings, 2 experts attend each	

8. Gantt chart

		Planning phase					YEAR 1												YEAR 2												
Activity			M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Turkey	1. Assist with development of risk-based strategic plan				X	X	X	X																							
	2. Assist with <u>establishment</u> epidemiology and monitoring unit							X	X	X	X	X	X																		
	3. Assist with <u>implementation</u> of epidemiology and monitoring unit												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	4. Implement targeted research studies											X	X	X	X	X	X	X	X												
	5. Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy																		X	X	X	X	X	X	X	X					
	6. Provide technical support to reduce the risk posed by interprovincial spread by animal marketing												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	7. Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period																										X	X	X	X	X
Georgia	8. Assist with development of risk-based strategic plan				X	X	X	X	X	X	X																				
	9. Assist with <u>establishment</u> of monitoring of RBSP						X	X	X	X	X	X																			
	10. Assist with <u>implementation</u> of monitoring of RBSP												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	11. Implement targeted research studies												X	X	X	X	X	X													
	12. Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy																		X	X	X	X	X	X	X	X					
	13. Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period																										X	X	X	X	X
W. Eurasia Region	14. Support information gathering & sample submission from neighbourhood risk regions					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	-WelNet meetings												X												X						
	- Real-time training course													X																	

9. Budget (€)

Output	Activities	Conslt days	Conslt (€)	Travel	Equip.	Contracts	Training	Other	Subtotal	Total by output
Turkey	1. Assist with dev. of risk-based strategic plan		1,500	2,500					4,000	144,700
	2. Assist with <u>establishment</u> epi. & monit. unit	70	21,000	10,000			10,000		41,000	
	3. Assist with <u>implementation</u> epi. & monit unit	54	16,200	5,000					21,200	
	4. Implement targeted research studies	45	13,500	5,000					18,500	
	5. Analyze results from research studies, incl. use of economic models, for options analysis (impact, cost/benefit) for FMD control policy	30	9,000	5,000					14,000	
	6. Provide tech. support to reduce the risk posed by interprovincial spread by animal marketing (comp 3 of Turkish RBSP draft)	50	15,000	10,000					25,000	
	7. Eval. of progress, stakeholder discussions, proposals for follow-up for next 3 year period	20	6,000	15,000					21,000	
	Total for Turkey	269	82,200	52,500	0	0	10,000	0	144,700	
Georgia	8. Assist with dev. of risk-based strategic plan	3	900	2,500					3,400	44,500
	9. Assist with establ. of monit. of the RBSP	10	3,000	5,000					8,000	
	10. Assist with impl of monitoring of the RBSP	5	1,500						1,500	
	11. Implement targeted research studies	7	2,100	10,000					12,100	
	12. Analyze results from research studies, incl. use of economic models, for options analysis (impact, cost/benefit) for FMD control policy	10	3,000	5,000					8,000	
	13. Eval. of progress, stakeholder discussions, proposals for follow-up for next 3 year period	5	1,500	10,000					11,500	
	Total for Georgia	40	12,000	32,500	0	0	0	0	44,500	

W. Eurasia	14.Support information gathering & sample submission from neighbourhood risk regions							0	95,400	
	WelNet Meetings (2)			10,000		30,000		40,000		
	Roadmap meetings (2)			2,000		6,000		8,000		
	Real-time training course			4,000		20,000		24,000		
	Empres-i data entry and maintenance		48	14,400		9,000		23,400		
	Total for West Eurasia		48	14,400	16,000	0	9,000	56,000	0	95,400
GENERAL OPERATING EXPENSES								13,500	13,500	13,500
GRAND TOTAL		357	108,600	101,000	0	9,000	66,000	13,500	298,100	298,100

10. Challenges to achieving component objectives

- Risk that institutional co-ordination issues (GfTADS procedures) delay implementation in non-MS;
- Resource commitment from national veterinary services is necessary to achieve the objectives and implement some activities;
- Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.

11. Logical framework for component

Level	Description	Indicators	Monit.& eval.	Assumptions and risks
Outputs				
Comp. that the ACTION is expected to achieve	2.1 South-East Europe: risk based control programmes (PCP Pathway) adopted and implemented in Turkey and neighbours, improved regional co-ordination.	Assessment of National risk based control programmes (PCP Stage 2+) M&E systems established in Turkey and Georgia. M&E system report on progress indicators (national risk based control programmes) FMD Database operational and used by increased number of MS PCP progress indicators – Turkey and neighbours. Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries	Reports to W/ Eurasia Regional Roadmap reports Assessment by GfTADS mechanisms ExCom Reports Monthly Reports (EuFMD)	Risk that institutional co-ordination issues (GfTADS procedures) delay implementation in non-MS Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.
Actions				
Turkey	1. Assist with development of risk-based strategic plan	RBSP document written	ExCom report	Requires input from Turkey VS to be realistic and feasible
	2. Assist with <u>establishment</u> epi and monitoring unit	- Unit established - function of unit clearly defined and documented - indicators that will be monitored are defined	ExCom report Unit documentation	Requires commitment of resources by Turkey
	3. Assist with <u>implementation</u> of epi. and monitoring unit	- reports of data monitoring produced regularly	ExCom report Unit reports	Requires commitment of resources by Turkey
	4. Implement targeted research studies	- key gaps in knowledge defined and documented - study designs documented and	ExCom report	Requires commitment of resources by Turkey

	circulated for technical input		
	5. Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy	- reports describing results are available Study reports	ExCom report Study reports Requires commitment of resources by Turkey
	6. Provide technical support to reduce the risk posed by interprovincial spread by animal marketing		Requires commitment of resources by Turkey
	7. Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period	- evaluation report available - reports from stakeholder workshops - proposal documented	ExCom report Meeting documents Requires commitment of resources by Turkey
Georgia	8. Assist with development of risk-based strategic plan	RBSP document written	ExCom report Requires commitment of resources by Georgia
	9. Assist with <u>establishment</u> of monitoring of RBSP	- indicators that will be monitored are defined and data collection planned	ExCom report Requires commitment of resources by Georgia
	10. Assist with <u>implementation</u> of monitoring of RBSP	- reports of data monitoring produced regularly	Unit reports Requires commitment of resources by Georgia
	11. Implement targeted research studies	- key gaps in knowledge defined and documented - study designs documented and circulated for technical input	ExCom report Requires commitment of resources by Georgia
	12. Analyze results from research studies, including use of economic models, for	- reports describing results are available Study reports	ExCom report Study reports Requires commitment of resources by Georgia

options analysis (impact, cost/benefit) for FMD control policy				
	13.Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period	<ul style="list-style-type: none"> - evaluation report available - reports from stakeholder workshops - proposal documented 	ExCom report Meeting documents	Requires commitment of resources by Georgia
W. Eurasia region	14.Support information gathering & sample submission from neighbourhood risk regions	<ul style="list-style-type: none"> - nat. Consults. recruited - outbreak and vaccination data received - Data are visible on Empres-i - Monthly reports available - WelNET meetings held - samples submitted to labs from countries in the region and results reported via WelNET - real-time training course held - Roadmap meetings attended by experts (EuFMD and from region) 	ExCom report Empres-i Meeting report, Excom report Course report Meeting report	Requires ongoing commitment by T/Arm/Azb/Geo to send data to Empres-i Ongoing national commitment, FAO support (Empres-i) - commitment from countries in WelNET

Component Plan 2.2 Reduced risk

Component Objective:

To improve FMD management in the neighborhood of Cyprus and Israel to support progressive control of FMD in the neighbourhood

Pillar Manager Keith Sumption
Component Manager: Eoin Ryan

Acronyms

Comms Officer: Communications Officer

ExCom: Executive Committee

LoA: Letter of Agreement

RBSP: Risk-based strategy plan for FMD control

RVC: Royal Veterinary College

Palestine Palestinian Authority

SCRPD: Special Committee on Research and FMD Programme Development

STP: Short Term Professional

STC: Standing Technical Committee

1. Background

The region which neighbours the EuFMD member states of Israel and Cyprus is a potential source of FMD incursions into Europe. In the last few years several different FMD strains have spread from sub-Saharan East Africa and from West Eurasia to Egypt, posing a serious risk of onward spread, necessitating EU attention and international action, with concerns indicated in the EuFMD Session Reports. These events included the 2006 type A epidemic⁵, the type O and A incursions from West Eurasia in 2010-11⁶ and the 2012 incursions of sub-Saharan SAT2, A and O viruses into Egypt⁷. FMD outbreaks in Palestinian Authority territories⁸ occur regularly due to viruses originating in West Eurasia (West Bank) or Africa (Gaza Strip). Previous support for surveillance networks in East Africa have helped gather important information on viruses and risk factors for spread. Reducing the risk involves supporting FMD control at national level, regional coordination of efforts, and also identifying the viruses and factors affecting this risk by supporting surveillance network activities in East Africa.

In the GfTADS Global FMD control strategy⁹ it is stated that “The FMD Progressive Control Pathway (PCP-FMD) is the major tool of Component 1 of the Global FMD control strategy. The framework of PCP-FMD will be helpful in both policy development and activity planning”.

The ambition formulated for the Global FMD Control Strategy is that:

- Within a 15-year period, countries that are currently in PCP Stages 0 and 1 will have progressed at least two stages along the PCP. Achieving this means that at the end of this period all countries will have reached at least PCP Stage 2.
- Countries in PCP Stages 2 or 3 should also move up two stages, but the final objective will depend on a country’s decision based on cost-effectiveness studies.
- Countries or zones that already have an OIE-recognised FMD-free status maintain this status or further improve it (i.e. go from FMD-free with vaccination to FMD-free without vaccination).

The OIE, through its regional centre in Beirut, is supportive to FMD control in the Middle East. The GfTAD steering committee is coordinating the regional approach by organizing regional roadmap meetings on FMD. Several FAO and OIE meetings in the past year have promoted the use of the PCP in the Mid-East Region to assist countries to develop their national strategies for progressive control, in line with the Global Strategy. In March 2013, the FAO office for the Near East and North Africa issued their FMD control strategy plan (see Annex 4 for the action plan in the first 5 years). Its strategy is to “decrease the impact of FMD in the region by reducing the number of outbreaks” in accordance to the FAO/OIE Global FMD control strategy. For the first 5 years, the strategy intends to strengthen both epidemiology and laboratory networks and their interaction, nationally and regionally. Further, it emphasizes the need for developing formal coordination with stakeholders and develop FMD control strategies.

In support to both OIE-GfTAD and FAO mandates, this EuFMD component aims to strengthen FMD management in the neighborhood of Cyprus and Israel, including capacity development, training

⁵ 37th Session EuFMD <http://www.fao.org/ag/againfo/commissions/docs/genses37/App11.pdf>),

⁶ 39th Session: http://www.fao.org/fileadmin/user_upload/eufmd/docs/39th_Gen_session/App_22_item_7.3_Current_Situation_and_Future_Status_of_FMD_Globally_West_Eurasia_Jef_Hammond.pdf

⁷ 40th Session Report: http://www.fao.org/fileadmin/user_upload/eufmd/40thGeneral_session_documents/40General_Session/App20_pillar_2E_Ryan.pdf

⁸ 40th Session: http://www.fao.org/fileadmin/user_upload/eufmd/40thGeneral_session_documents/40General_Session/App22_IsraelINGaIon.pdf

⁹ (Bangkok, June 2012, see annex 1 for more background and this link on the internet: <http://www.fao.org/docrep/015/an390e/an390e.pdf>)

activities, support for PCP-based activities and laboratory support. This involves a combination of country-level activities and cross-regional network activities.

Situation at the start of the action:

For Israel and neighbouring Palestinian Authority, their PCP-FMD stages have not yet been assessed. It is envisaged that both are likely to qualify for PCP-FMD stage 2 once a risk-based control strategy is developed and implemented.

In recent years, EuFMD has been working with FAO in Egypt to progress FMD control. During the recent incursion of FMD-SAT2 serotype in 2012, support was provided on issues related to outbreak investigation, post-vaccination monitoring, strengthening laboratory and epidemiology capacity and a planning was made to prepare for a risk-based strategy. With these activities, Egypt is considered to be in PCP-FMD stage 1 and it is known (through public statements made at the Bangkok Conference) to aim to progress to PCP-FMD stage 2, after 1 to 2 years of activities. However, recent political turmoil is hampering progress and did not allow for an mission identifying current gaps and needs.

For this component, the expected outcomes from the support to neighborhood of Cyprus and Israel were agreed by the national focal points of Israel and Palestine in May 2013 (Egypt could not yet be consulted due to security situation) and can be summarized as:

- developing risk-based strategic plans for FMD at national level.
- developing a risk-based surveillance for FMD to increase confidence in disease freedom and/or confidence that FMD outbreaks will be detected at an early stage.
- develop a steering committee at technical level involving the relevant veterinary services to oversee activities and pro-actively identify areas for attention.
- support to network activities in sub-Saharan East Africa to collect information on current FMD threats.

2. Project team

Role	Name	Status
Pillar manager	Keith Sumption	Executive Secretary, EuFMD
Component manager	Eoin Ryan and Kees van Maanen	Secretariat, Consultant
Other EuFMD team members	Chris Bartels, Melissa McLaws, Nick Lyons	Consultants
FAO National Focal points (National Co-ordination, EC and other livestock projects))	Khawla Salem al Njoum (FAO Jerusalem)	Vet, FAO support to Palestine
FAO Regional contact	Markos Tibbo	FAO Animal Production and Health Officer, Cairo
FAO HQ Contact	Eran Raizman	Head EMPRES, FAO Rome
National focal points		
Israel	Nadav Galon	CVO Israel
Palestine	Imad Mukarker	CVO Palestine
Egypt	Soheir Abdelkader	Deputy CVO Egypt
EARLN	Sabenzia Wekesa	EARLN coordinator
National consultants:	To be decided	
ExCom oversight	To be decided	

3. Countries or partner organizations involved

The activities will be mainly implemented in Israel and Cyprus as EuFMD members and in Palestine and Egypt the EuFMD will work in coordination with FAO offices in Jerusalem and Cairo. The objectives of the assistance are in line with the Global and Regional Strategies for FMD Control and are expected to be recognized as such by GfTADS Steering Committee for the Mid-East. The sharing of information from the East African Regional Laboratory Network (EARLN) is expected to be facilitated by FAO which supports these networks; EARLN-FMD is expected to become a recognized GfTADS network.

4. Reporting of activities

Progress will be reported to the EuFMD ExCom every six months. The workplan foresees back to back discussions between EuFMD staff/consultants and national focal points in Israel, Palestine and Egypt and the EARLN and to propose changes to the workplan if needed; significant changes would need approval of the EuFMD executive.

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Eoin Ryan	Report	ExCom, STC	Comms Officer
Annual (approx) to Regional Meeting (under GfTADS)	To be decided	Report	To participants, OIE, FAO, EC	Secretariat of the Meeting concerned
Website report	Eoin Ryan	Report	Website	Comms Officer
Workshop reports	Lead EuFMD person at workshop	Report	ExCom oversight person; SCRPD if applicable	Comms Officer

5. Approval and implementation

Stage	Status
Outline presented to GS40	Done, April 2013
Consultation with Palestine and Israel	Done, July 2013
Consultation with Egypt	Not yet done; delayed due to security situation
Consultation with FAO-HQ	Meetings held, workplan distributed for comment September 2013
Project proposal for support to Palestine drafted with FAO Jerusalem	To be done by October 2013
Project proposal for support to Egypt	Initial proposal submitted to EC in 2012; revised proposal to be drafted following consultation with Egypt and FAO Cairo.

6. Objective of component 2.3

The objective of this component (see chapter 11) is

To improve FMD management in the neighborhood of Cyprus and Israel to support progressive control of FMD in the neighbourhood.

7.Planned Outputs, Activities, Resources 2013-15

The FOUR outputs of this component, which are the expected results of the activities, are related to:

- 1) Planning: developing risk-based strategic plans for FMD at national level for Palestine and Egypt;
- 2) System development: developing a risk-based surveillance for FMD to increase confidence in disease freedom and/or confidence that FMD outbreaks will be detected at an early stage;
- 3) Framework of organization: develop a steering committee at technical level involving the relevant veterinary services to oversee activities and pro-actively identify areas for attention;
- 4) Disease information for risk managers: support to network activities in sub-Saharan East Africa to collect information on current FMD threats.

The support for the Palestinian Authorities (Palestine) will be coordinated with the new FAO program for SPS capacity building in Palestine, partly funded by the EC. The detailed activities for Palestine cannot be described

as a proposal has not been finalized yet and further discussion and consultation is needed. Following finalization of the project proposal (planned for October 2013), this component workplan will be revised to include the project activities. For the activities in Egypt, a mission to identify gaps and needs for further development of a risk-based strategy plan has to planned subject to security clearance of the FAO. Following this fact-finding mission, further details for support to Egypt will be known and included in this project.

Indicators		
Outputs	<p>1.Planning: developing risk-based strategic plans for FMD at national level.</p> <p>2.Systems: developing a risk-based surveillance for FMD to increase confidence in disease freedom and/or confidence that FMD outbreaks will be detected at an early stage.</p> <p>3.Framework: Develop a steering committee at technical level involving the relevant veterinary services to oversee activities and pro-actively identify areas for attention</p> <p>4.Disease information for risk managers: support to network activities in sub-Saharan East Africa to collect information on current FMD threats</p>	<p>PCP progress indicators and establishment of RBSP</p> <p>Estimates of confidence in disease freedom/outbreak detection available to national managers.</p> <p>Steering committee established, regular meetings held.</p> <p>Regular reports sent to EuFMD include data on FMD or control measures from an increased number of neighbourhood countries</p>
Activities		
1.1 Palestine	Train staff using PEPc format to complete Risk-based strategy plan	RBSP implemented in year 2
1.2 Egypt	Support to complete RBSP building on PEPc and PCP1 activities	RBSP implemented in year 2
2.1 Palestine	Training and support in outbreak investigation	Training sessions held; samples submitted to lab from outbreaks; epi investigations completed
	Laboratory capacity building and training	Lab capacity assessment; samples tested to a satisfactory level
	Training in RBS based on THRACE program	RBS implemented
2.2 Israel	Workshops on RBS and risk-based vaccination	Workshops held, RB-V strategy developed and agreed
	Training in RBS system	RBS implemented
2.3 Egypt	Identification of support needed. To be determined following gap analysis mission	Roadmap for further application and implementation of RBSP in Egypt
3.1 Israel/Palestine	Steering committee convened and regular meetings held	Report on meeting including recommendations and actions agreed by individual countries
3.2 Cyprus and region	Annual technical meeting held in Cyprus attended by Israel, Palestine, Egypt, Jordan and Lebanon	Report on meeting including recommendations and actions agreed by individual countries
4.1 FMD intelligence gathering in Eastern African trade partners	<p>Sample submission from regions posing risk to Israel/Cyprus supported</p> <p>Information on disease risk collated and communicated to risk managers</p>	<p>Reports available for region. Samples submitted to WRL or regional labs with reporting of lab results</p> <p>Regular reports received, including meeting proceedings</p>

8. Gantt chart

Notes on the time table:

- The real-time training course in Arabic may be combined with trainees from other EuFMD work components (2.1)
- Extent of Egypt participation / activities is subject to security clearance through the FAO system
- The cooperation of the FAO offices in Jerusalem and Cairo and the OIE office in Beirut is essential to the success of the work in Palestine and Egypt.
- Support to the EARLN FMD sub-network must be in response to a request from the member states or FAO; the cooperation of FAO is necessary to achieve the intended result

			Planning phase					YEAR 1															YEAR 2														
Output	Activity	Events	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S						
Planning – Palestine	1.1 Train staff using PEPc format to complete Risk-based strategy plan	1 (4 weeks)																	*	*	*	*															
Planning – Egypt	1.2 Support to complete RBSP building on PEPc and PCP1 activities	Year 2																					*	*	*	*	*	*	*								
Systems – Palestine	2.1.1 Real-Time Training - (in Turkey) for Palestine and others	1											*																								
	2.1.2 Laboratory capacity building and training	1										*																									
	2.1.3 Training in RBS based on THRACE program	1												*																							
System – Israel	2.2.1 Risk-based vaccination workshop (Palestine, Israel)	1								*																											
	2.2.2 Training in RBS system	1														*																					
System – Egypt	2.3.1 Egypt - RBSP workshop	1							*																												
	2.3.2 Egypt - identification of support needed	1								*																											
Framework – Israel and Palestine	3.1 Steering committee convened and regular meetings held													*			*			*			*		*		*		*								
Framework – Cyprus and region	3.2 Annual technical meeting held in Cyprus attended by Israel, Palestine, Egypt, Jordan and Lebanon												*											*													
Disease information – Lab Network	4.1.1 Sample submission from regions posing risk to Israel supported	On-going						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*							
	4.1.2 Information on disease risk collated and communicated to risk managers in Israel	2														*										*											

Not shown: procurement of equipment for Palestine; this is dependent on project proposal and coordination with other FAO animal health support activities there. This Gantt chart will be revised following agreement of the project proposal for Palestinian support.

9. Budget (€)

Output	Activities	Consultant (days)	Consultant (€)	Travel	Contracts	Training	Equipment	Other	Subtotal	Total by output
Planning- PA	1.1 Train staff using PEPc format to complete Risk-based strategy plan	60	18,000	8,000		16,000		29,000	71,000	76,000
Planning – Egypt	1.2 Support to complete RBSP building on PEPc and PCP1 activities	10	3,000	2,000					5,000	
Systems-PA	2.1.1 Real-Time Training - (in Turkey) for PA and others	10	3,000	2,000		2,000		14,000	21,000	74,000
	2.1.2 Laboratory capacity building and training	5	1,500	2,000			6,000		9,500	
	2.1.3 Training in RBS based on THRACE program	10	3,000	4,000					7,000	
Systems-Israel	2.2.1 Risk-based vaccination workshop (PA, Israel)	5	1,500	2,000					3,500	
	2.2.2 Training in RBS system	5	1,500	2,000					3,500	
Systems-Egypt	2.3.1 Egypt - RBSP workshop	5	1,500	2,000					3,500	
	2.3.2 Egypt - identification of support needed	30	9,000	12,000			5,000		26,000	
Framework – Israel and PA	3.1 Steering committee convened and regular meetings held							10,000	10,000	41,000
	3.2 Annual technical meeting held in Cyprus attended by Israel, PA, Egypt, Jordan and Lebanon	10	3,000	4,000				24,000	31,000	
Disease information – Lab Network	4.1.1 Sample submission from regions posing risk to Israel supported						4,000	6,000	10,000	18,500
	4.1.2 Information on disease risk collated and communicated to risk managers in Israel	5	1,500	2,000				5,000	8,500	
GRAND TOTAL			46,500	42,000	0	18,000	15,000	88,000	209,500	209,500

10. Challenges to achieving component objectives

1. The development of a project to support FMD control in Palestine has been approved in principle by the CVOs of Israel and Palestine and FAO Jerusalem. However, the implementation of specific activities under such a plan are vulnerable to the political situation. To mitigate this, it has been agreed by the CVOs to establish a project steering group composed of Israeli, Palestinian, FAO and EuFMD members to identify and work to resolve any such obstacles as they arise.
2. Due to the political situation in Egypt, no FAO staff is currently able to travel there. Implementing activities in the workplan is dependent on the security situation improving and UN security approval.
3. The annual meeting in Cyprus is intended to be regional, ideally with veterinarians attending from Egypt, Israel, Palestine, Lebanon and Jordan, discussing technical items. If the political situation makes the attendance of some countries difficult, the original plan may need revision.
4. The cooperation of the FAO offices in Jerusalem and Cairo is essential to the success of the work in Palestine and Egypt.
5. The information flow from the FAO/GfTADS Eastern Africa Regional Laboratory Network for FMD is dependent on the activity of the national ref laboratories and on there being an effective regional animator/co-coordinator. This was the case during EuFMD Phase II with support to the network. FAO has requested EuFMD to provide further support in partnership with locally available funds for the EARLN. The cooperation of NRLs and FAO is necessary to achieve the intended result.

12. Logical framework for component

Level	Description	Indicators	Monitoring and evaluation	Assumptions and risks
Outputs				
Components that the ACTION is expected to achieve	2.2 improve FMD management in the neighborhood of Cyprus and Israel to support progressive control of FMD in the neighbourhood	PCP progress indicators Estimates of confidence in disease freedom/outbreak detection available to national managers. Steering committee established, regular meetings held. Regular reports sent to EuFMD include data on FMD or control measures from an increased number of neighbourhood countries	Reports to GS41 Reports to international co-ordination meetings (Israel and neighbours) Reports to GS41 Monthly Reports (EuFMD)	Risk that security and institutional co-ordination issues (GfTADS procedures) delay implementation Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples
Actions				
Planning – Palestine	1.1 Train staff using PEPc format to complete Risk-based strategy plan	RBSP implemented in year 2 of workplan	ExCom rep., GS41 rep.	Assumes trainees available, permitted to travel
Planning – Egypt	1.2 Support to complete RBSP building on PEPc and PCP1 activities	RBSP developed in 6 months by national taskforce and implemented in year 2	ExCom rep., GS41 rep.	Assumes security situation permits
Systems – Palestine	2.1.1 Real-Time Training - (in Turkey) for Palestine and others	Training sessions held; samples submitted to lab from outbreaks; epi investigations completed	ExCom rep.	Assumes cooperation of Turkish vet service
	2.1.2 Laboratory capacity building and training	Lab capacity assessment; samples tested to a satisfactory level	ExCom rep.	Assumes project proposal for Palestine accepted; actual activities in plan may differ from this logframe
	2.1.3 Training in RBS based on THRACE program	RBS implemented		
System – Israel	2.2.1 Workshops on RBS and risk-based vaccination	Workshops held, RB-V strategy developed and agreed	ExCom rep.	Assumes project proposal for Palestine accepted; actual activities in plan may differ from this logframe
	2.2.2 Training in RBS system	RBS implemented		
System – Egypt	2.3.1 - identification of support needed To be determined following gap analysis mission	Roadmap for further application and implementation of RBSP in Egypt	ExCom rep.	Prior mission to Egypt needed for accurate report
Framework – Israel and Palestine	3.1 Steering committee convened and regular meetings held	Report on meeting including recommendations and actions agreed by individual countries	ExCom rep., GS41 rep.	Assumes regional political situation permits delegates to travel

Framework – Cyprus and region	3.2 Annual technical meeting held in Cyprus attended by Israel, Palestine, Egypt, Jordan and Lebanon	Report on meeting including recommendations and actions agreed by individual countries	ExCom rep., GS41 rep.	
Disease information – from the East Africa FMD Lab Network	Sample submission from regions posing risk to Israel/Cyprus supported	Reports available for region. Samples submitted to WRL or regional labs with reporting of lab results	ExCom rep, WRL annual rep.	Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.
	Information on disease risk collated and communicated to risk managers I	Regular reports received, including meeting proceedings	ExCom rep., GS41 rep	

Two annexes will be added to this component workplan in due course:

1. The project proposal for supporting FMD control in Palestine.
2. The report on the specific support needed in Egypt.

Based on these two documents, the component workplan will be revised to ensure the activities described are consistent with the latest assessments of needs.

Annex 1: to be added when the separate project (FAO/EC funded assistance to livestock sector in Palestine) has been finalized, and the inputs from that project are able to be described.

Annex 2: to be added after planning mission completed (foreseen in the workplan)

Annex 3: FAO/OIE joint Global FMD control strategy

As recommended by the first OIE/FAO Global Conference on FMD, held in Asuncion, Paraguay, in June 2009, FAO and OIE embarked on the development of a Global FMD Control Strategy under the FAO/OIE Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs). The joint FAO/OIE Working Group presented the first outline of the Strategy during the 79th General Session of the World Assembly of Delegates of the OIE in May 2011 and it was further developed in consultation with experts, national and regional authorities, policy-makers, development partners. The lessons learned in regions where FMD control is at an advanced stage or where the disease has been successfully controlled were fully taken into account.

The overall objective of the Global FMD Control Strategy is to contribute to poverty alleviation and improving the livelihoods in the developing countries and to protect the global and regional trade in animals and animal products. The specific objective is to improve FMD control in regions where the disease is still endemic, thereby protecting the advanced animal disease control status in other regions in the world. Therefore, the Global FMD Control Strategy aims to reduce burden of FMD on animal production in developing countries.

The regional FMD Control Strategy is not a stand-alone activity, aimed solely at FMD control, but rather as a carrier mechanism to simultaneously progress in other fields, with the strengthening of veterinary systems as the linchpin. To progress with FMD control, strengthening of Veterinary Services in a sustainable manner will be necessary, and this in turn will create better possibilities to control other priority animal diseases and pursue sensible and cost-effective combinations of activities.

The Strategy includes three components:

- Improving global FMD control
- Strengthening Veterinary Services
- Improving the prevention and control of other major animal diseases.

The ambition formulated for the Global FMD Control Strategy is that:

- Within a 15-year period, countries that are currently in PCP Stages 0 and 1 will have progressed at least two stages along the PCP. Achieving this means that at the end of this period all countries will have reached at least PCP Stage 2.
- Countries in PCP Stages 2 or 3 should also move up two stages, but the final objective will depend on a country's decision based on cost-effectiveness studies.
- Countries or zones that already have an OIE-recognised FMD-free status maintain this status or further improve it (i.e. go from FMD-free with vaccination to FMD-free without vaccination).

Annex 4: FAO FMD Disease Control Strategy for the Near East and North Africa Region

Excerpt from chapter 6: Action Plan

The Regional FMD control Strategy is foreseen for 15 years, and divided into 3 phases, 5 years each, to be in harmony with the Global Strategy and for evaluation purposes. The work programme can be continued without changes or can be modified and reoriented according to the achievements.

Since most of the MENA Countries (except Algeria, Morocco, and Tunisia) are at stage 0 to 2 of PCP-FMD, it is expected by the end of the period, all MENA countries will have reached at least PCP stage 2, or will be for some countries stages 3 and 4. This means that all countries in the region are implementing with success an FMD control programmes.

The activities described in the work plan can be different from one country to another, according to the stand of a country in the PCP-FMD stage.

Main Activities during the First Phase (5 years)

The first phase of the strategy will be a preparatory period to build a solid base for a smooth and constant implementation of the planned activities.

- Establishment of the Regional Animal Health Centre under GF-TADs mechanism to coordinate and harmonise national control strategies, and provides expertise for the region. RAHC will be responsible to coordinate and harmonise the national FMD control strategies and communication strategies.
- Establishment of a Regional Epidemiology Centre (REC), which will be responsible for collecting the data generated at national level and produce information with add value for both the national and regional level, and acts as a reference centre for the National Epidemiology Centres, provide them with all assistance required (training, experts, risk analysis methods...). The REC will establish a regional epidemiology network for reporting and information exchange. The REC can be located in the Regional Animal Health Centre.
- Since there are no reference laboratories for FMD in the region, and current standard of national laboratories is variable due to limited capabilities and inadequate budgets, it is proposed that one of the national laboratories to act as regional leading laboratories (RLL). This laboratory should be supported and equipped with (equipments, experts and diagnostic materials to be able to guarantee the quality and harmonization of diagnostic procedures in the region, provide training, confirm diagnosis and carry out follow-up diagnostic works. The RLL will be responsible for the quality control of FMD vaccines used in the region and monitoring the efficacy of these vaccines. National laboratories should be strengthened and provided with needed equipments, diagnostic materials and staff training, preferably with bilateral support from a reference laboratories (i.e. twinning).
- RLL and REC start the identification and sero-mapping of FMD virus strains and derivatives circulating in the region, in collaboration with national diagnostic laboratories and epidemiology centres, and with collaboration in this phase with international reference laboratories and collaborating centres.
- Assessing the situation of VS in respect to resources, staffing, funding, chain of command, legislations and regulations using PVS tools and PVS gap analysis tool.
- Developing formal coordination mechanisms with stakeholders and developing of communication capacity (up to PVS CC level 3) communication materials and a team of specialists.
- Assessing the socio-economic impact of FMD in different sittings.
- Epidemiology investigations and socio-economic analysis to assess major animal disease situations in the in the region and identify national and regional priority TADs to be targeted.
- Developing national FMD control strategies for each country, based on the outcome of the cost-effectiveness studies, and the capacity of VS.
- If VS is understaffing in a country, they should think about delegation of some activities to the private veterinarians under the supervision of public VS.

Component Plan

2.3 – REMESA

Component Objective:

Assist national FMD risk management as part of the REMESA action plan

Note: This version differs from the one circulated on 4th October – as a result of the feedback (editorial corrections) from the REMESA RCU (R Bougedour, OIE). This feedback suggested “the allocation of funds should be more devoted to the development of technical activities instead other more “institutional” items (coordination meetings etc).”The latter has not been addressed in this document but can be discussed at the 86th Executive.

Acronyms

Comms Officer: Communications Officer

ExCom: Executive Committee

LoA: Letter of Agreement

RVC: Royal Veterinary College

SCRPD: Special Committee on Research and FMD Programme Development

STP: Short Term Professional

STC: Standing Technical Committee

Pillar Manager Keith Sumption
Component Manager: To be decided

1. Background

The aim of this component is to provide technical support to REMESA actions, inline with the outcome of the REMESA Permanent Committee (JPC) held in Faro in June 2013, and the EuFMD Strategic Plan 2013-17 approved by EuFMD Member States in the 40th General Session held in Rome. Support to REMESA comes under Pillar 2 of the EuFMD Strategic Plan, *Reducing the risk of FMD in the European neighbourhood*.

Collaboration will be developed within the framework of the Global FMD Strategy and linked to the working practises of GfTADS.

Situation at the start of the action:

There are three different epidemiological scenarios in the REMESA region with respect to country FMD status:

1. The seven European countries are free of FMD without vaccination: France, Portugal, Spain, Italy, Cyprus, Greece and Malta
2. Three countries have national official FMD control program endorsed by OIE since May 2012: Tunisia, Algeria (where FMD vaccination is practised) and Morocco (where vaccination is not practised).
3. Two countries that can be considered in Stage One of the PCP (Egypt, Libya) and one where PCP Stage 1 activities are not known to have been conducted and may be considered provisionally in Stage 0 (Mauritania).

This workplan focuses upon the second two clusters. Confidence that the more advanced cluster have effectively controlled virus circulation and meet requirements of the OIE for recognition of freedom will be supported by having measures to reduce FMD circulation in western Libya and a FMD surveillance system in place at the Tunisian -Libyan border region. The THRACE surveillance programme, supported by EC via EuFMD for the Turkey/Bulgaria/Greece common border region, is an example of a system that could be adapted for the high risk border between Libya and Tunisia. The high interest and commitment shown by Libyan authorities in 2012-13 on FMD control gives confidence that progress in Libya in development and implementation of a national risk based strategic plan is feasible. The difficulty faced by the authorities to manage animal movements from the south does not suggest circulation can be stopped entirely, but with better understanding, the extent of risk mitigation and the benefit/cost of options should assist decision making on the national short, medium and long term objectives. For Mauritania, undertaking a comprehensive analysis of the situation, options and benefits of FMD control is needed to identify the impacts of FMD are sufficient to drive a control programme in some sectors and the merits of wider, ruminant health approach covering FMD and other TADS. Egypt is not under the operational responsibility of FAO or OIE Offices in Tunis, and thus is not considered for specific country support under Component 2.3. (Potential support may be given under Component 2.2).

The benefits for the component of the above "clustering" of countries is that some training and support will be common for countries along the PCP Stage 1; and in development of the evidence for FMD freedom. OIE has planned a series of workshops and technical support to dossier development for the 3 advanced countries, and specific support for sero-surveillance in the 3 countries was requested. The regular meetings of the OIE with the VS will be used to develop a zoning or national approach and associated surveillance plans (and identify needs for diagnostics).

The need for co-ordination and communication is important since the health status of the western countries is connected to the security of the eastern border with Libya and the southern borders with

sahelian countries; and to ensure attention to issues affecting progress of the program. Support is therefore indicated for component progress meetings every 6 months on FMD immediately before the REMESA-JPC meetings, and an annual combined laboratory and epidemiology network meeting (RELABSA and REPIVET focal points).

The meeting with the REMESA CU recognised the importance of FMD intelligence gathering from countries south of the sahara, such as Mali, Niger and Senegal. The involvement of FMD experts from those countries into the regional lab-epi network meetings should be considered when funds allow. As Mauritania is most connected by animal trade with southern neighbours, there would be advantages to support their participation in the RESOLAB-FMD lab network and act as a observatory for virus circulation in north-west sahel zone.

The outcomes indicate above were identified during a planning meeting between the EuFMD project development team and the REMESA coordination Unit (FAO and OIE) and Libyan representatives on 4-5th September in Tunis. Prior to that meeting, in order to understand which parts of the EuFMD Trainign programme offered to member states may be valued by north African REMESA countries, a survey was conducted with the aim of identifying the trainings needs and priorities. Good Emergency Management Practices, Real Time Training and Vaccination as control strategy were the top three options among the 13 REMESA countries consulted. **See Annex I.**

Outcomes expected from the support to REMESA

The “expected results” – the Outputs and Outcomes of the support were agreed in principle by REMESA CU (FAO and OIE) at the *planning meeting with EuFMD on 5th September 2013*.

They can be summarised as:

1. the 5 main beneficiary countries in North Africa would progress in their current PCP Stage with in 3 countries an outcome of a submission to the OIE for recognition of freedom from FMD at zonal or national level (in the case of Morocco, without vaccination)
2. For Libya and Mauritania, the country should progress through PCP Stage 1 to develop a national risk based strategic plan for FMD control. In Mauritania, at this point it is not clear that the RBSP could be implemented with significant state input, but the support should identify the options, costs and benefits.
3. To safeguard the status of each country, support would be given to assist a high risk borders surveillance programme to build confidence in early detection of FMD.

The REMESA Coordination Unit (RCU) participants also considered that the RCU does not cover Egypt and it may therefore be more appropriate to any support to Egypt being part of EuFMD Workplan Component 2.2 (Support to Israel and Cyprus to improved FMD risk management in the South East Mediterranean borders).

Relevance of EuFMD expertise and experience

The proposed activities utilise EuFMD experience, tools and training modules that will be used in other Components of the overall programme –these cross-program elements (xPE) include the Real Time and PEPc training courses (tested in Europe and West Eurasia), the surveillance in high risk zones (in use in THRACE component) and the use of multi-country simulation exercises to test contingency plans (in use with West Balkans component). The timing of these elements in the REMESA program will follow on from in country testing/evaluation in the other regions, mainly in first 6-12 months of the program.

2. Project team

Role	Name	Status
Pillar 2 manager	Eoin Ryan	EuFMD Secretariat
Project development team	Eoin Ryan/Gregorio Torres/Keith Sumption	EuFMD Secretariat
Implementation manager	To be decided	
Other EuFMD team members	To be decided	
REMESA RCU contacts	M Bengoumi (FAO)	
	R Bouguedour (OIE)	
FAO Regional Contact (Coordination with FAO NE regional activities)	Markos Tibbo	FAO Regional Animal Production and Health Officer, Near-East (Cairo)
FAO HQ Contact	To be decided	
National consultants:	None assigned yet	
ExCom oversight	Jean-Luc ANGOT	

3. Countries or partner organizations involved

The activities will be implemented mainly in the North African countries of REMESA: Tunisia, Libya, Algeria, Morocco, and Mauritania. The EuFMD Member States (France, Portugal, Spain, Italy, Cyprus, Greece, and Malta) will be also involved during the REMESA-JPC meetings and this co-ordination meeting should assist to ensure the programs compliments bilateral activities without duplication. EuFMD will work in coordination with REMESA RCU, with lines of communication to the VS of the countries agreed with the RCU. The proposed activities are in line with the framework of the Global FMD Strategy, Component 1, through should indirectly assist with capacity development and through a focus on strategic planning, provide a model for other TADS. Joint workshops with FAO/OIE may assist to extend the strategic planning to to other diseases where these GfTADS partners would take the lead.

4. Reporting of activities

Progress will be reported to the regular JPC meetings every 6 months, and to the EuFMD ExCom at the same interval. The workplan for co-ordination foresees back to back FMD and JPC meetings enabling issues with progress to be discussed by the national focal points, and to propose changes to the workplan if needed; significant changes would need approval of the EuFMD Executive, with the REMESA focal point on the Executive (Jean Luc Angot) taking the lead with representing the JPC position.

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to JPC	National focal points	JPC Report	JPC, EuFMD ExCom	JPC Secretariat
Report of JPC Meetings to ExCom	Dr ANGOT	ExCom Report	As per Session Report	EuFMD
Six monthly activity report to ExCom	Component Manager	Report	ExCom, STC	Comms Officer
Website report	Eoin	Report	Website	Comms Officer
Workshop reports	Lead EuFMD person at workshop	Report	ExCom	Comms Officer

5. Approval and implementation

Stage	Status
Outline presented to GS40	Done, April 2013
Consultation with Egypt and Libya	Programmed by September 2013
Working plan proposal	Discussed with REMESA in 4-5 th September 2013
	Feedback received to draft plan from M Bengoumi and R Bougedour (FAO and OIE, Tunis/REMESA RCU).
Working plan agreement	It will be done after the EuFMD ExCom and REMESA November meeting
Working plan implementation	According to decision of ExCom and for the 2014-15 program with the 3 advanced countries, following the November meeting of OIE with the countries.
Modifications to workplan	Meetings every 6 months with the countries/RCU at the REMESA JPC will be used to agree on subsequent project timetable. Major changes will require ExCom approval.

The Workplan will be presented to the EuFMD Executive Committee for approval before implementation. The workplan for the 2014-15 subcomponent with 3 advanced countries (Morocco, Algeria and Tunisia), will be modified after review at the November meeting of OIE with the 3 countries on their action plan to prepare dossiers for recognition of FMD freedom.

6. Objective(s) of component

The overall objective of this component (see LogFrame, #11) is to:

Assist national FMD risk management as part of the REMESA action plan.

The objectives can also be described as being:

- To support actions that will result in improved short and long term management of the national FMD risk in countries not officially free of FMD in North Africa, with tangible indicators of progression along the PCP Pathway and towards OIE recognition of FMD freedom
- to support activities promoted or carried out by France, Spain, Italy, Cyprus, Malta, Greece and Portugal aiming at strengthening and regionally coordinating laboratory diagnosis, contingency planning, vaccination strategy development, risk based surveillance and other associated actions in Mediterranean countries of North Africa which pose a risk of FMD virus incursion into the REMESA area;
- as much as necessary to provide information to support analysis of the risk of FMD incursions into the European neighbourhood

7. Planned Outputs, Activities, Resources 2013-15

The **five** Outputs of the Component , which are the expected results of the activities, are

1. Risk based control programme (PCP Pathway) adopted and implemented in Libya and Mauritania. (For Egypt, a similar outcome may be advisable – Component 2.2)
2. Improved regional co-ordination on FMD management
3. Regular Information flow on FMD circulation in Mauritania/western sahel countries available to risk managers.
4. System established in the REMESA high risk area for FMD spread (Libya, Algeria, Tunisia) to provide continuous confidence in FMD freedom
5. Morocco, Algeria and Tunisia disease freedom dossier submission to OIE and improved confidence in their capacity to manage an FMD incursion.

Level	What will be achieved (Output) or will be done (Activity)	Indicators	Specific inputs (€)	Expected results
Output	1.Risk based control programme (PCP Pathway) adopted and implemented in Libya and Mauritania.	• PCP progress indicators	63,500	PCP progress. Strategic Plans.
	2.Improved regional co-ordination	• Coordination meetings	26,500	System for co-ordination gives confidence for investment
	3.Regular Information flow on FMD circulation in Mauritania/western sahel countries available to risk managers	• 6 month OIE Reports • Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries	3,000	Information on FMD risk
	4.System established in the REMESA high risk area for FMD spread (Libya, Algeria, Tunisia) to provide continuous confidence in FMD freedom	• Regular reporting of Surveillance system.	18,000	System established and operational
	5.Morocco, Algeria and Tunisia disease freedom dossier submission to OIE.	• Dossier submitted to OIE	101,500	Dossiers submitted.
Activities				
1.1 Libya	Training using PEPc to assist national staff to complete RBSP	RBSP implemented in year two of the workplan		
	Support field FMD outbreak investigation	Procurement of lateral flow devices for field diagnosis. Positive samples serotyped in national laboratory. Support training in outbreak investigation to Rapid Response Teams		
1.2. Mauritania	Training national taskforce members based in PEPc principles in order to assist national staff to complete RBSP	RBSP developed in 12 months by national taskforce		
	Support laboratory diagnosis	Procurement laboratory reagents and proficiency test to support RBSP		
1.3 REMESA Region	Support FMD clinical recognition at field level	Provided training material to build clinical diagnosis at field level. Provide training material translated		

		into French/Arabic
2.1 REMESA Region	Support REMESA coordination activities	Support coordination meeting (JPC, REPIVET, RELABSA)
3.1 Mauritania	NRL Mauritania shares information with RESOLAB-FMD Support participation in regional laboratory network	Regular, monthly reporting on activities FMD laboratory focal point participate in annual RESOLAB/FMD training coordination meeting
4.1.Libya	Design surveillance system to be implemented in high risk areas (Tunisia, Egypt) and support with software and diagnostic kits the active surveillance	Surveillance system designed and implemented in 12 months with regular reporting or results
5.1. Morocco, Tunisia, Algeria	Support surveillance system for disease freedom	Procurement diagnostic tests. Technical assistance for design of sero-surveillance. Train in use of FMDSurv software for confidence in freedom.
	Build capacity in clinical disease recognition	One francophone/Arabic Real Time FMD course with two participants per country. Webinars to share findings online.
	Support emergency preparedness planning and test emergency response	One simulation exercise (SIMEX) for the 3 countries on a transboundary FMD management situation. Use of the JPC and RESEPI-RELABSA meetings to work through expected technical challenges to be faced in the SIMEX.

8. Gantt chart

Notes on the timetable:

- REMESA JPC will meet every 6 months; workplan timetable may be adjusted following these.
- To reduce travel costs, training on PEPC/RBSP development will occur at national level, Libya first and experience/materials then available for Mauritania (and Egypt).
- REMESA co-ordination meetings (6 monthly JPC, and RESEPI-LABSA) meetings will be used also to plan the simulation exercise and to work through some expected technical challenges to an emergency response (ones that can be expected to be a problem at the SIMEX).
- Schedule of OIE meetings for dossier development is not shown in this chart (needs OIE input) - but these meetings are important to design and supply of diagnostic kit
- The Real-Time Training Course in arabic/french may be combined with trainees from other EuFMD work components (francophone European countries); minimum 10 trainees across the EuFMD programme needed for efficiency.

		Planning phase					YEAR 1												YEAR 2											
Country	Activities	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
REMESA	Planning	.	.	.	.	.																			
1.1 Libya	Training using PEPC to assist national staff to complete RBSP							x	x	x	X																			
	Guided Finalisation of RBSP, stakeholder consultations										x	x	x	X																
	Support Epi and Monitoring Unit after RBSP implemented													x		x		x		X										
	Evaluate RBSP progress																					x	x							
	Support field FMD outbreak investigation (procurement penside test)							x	x	X																				
1.2. Mauritania	Training national taskforce members based in PEPC principles in order to assist national staff to complete RBSP												x	x		x														
	RBSP –guided development, finalisation															x	x	x	x	x			x	x						
	Support laboratory diagnosis; initial supply then on basis of use and monthly reporting								x	x	x																			
1.3 REMESA	Support FMD clinical recognition at field level- develop trainers materials in arabic										x	x	x	x																

		Planning phase					YEAR 1												YEAR 2											
Country	Activities	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Region																														
2.1 REMESA Region	Support REMESA coordination activities – pre-JPC meet										X							X				X								
	RESEPI-RELABSA network mtg. Timing- TBD																													
3.1 Mauritania	Support participation in regional laboratory network (3)								X												X									
4.1.Libya	Design surveillance system to be implemented in high risk areas (borders with Tunisia, Egypt) (4)									X	X										X	X								
5.1. Morocco, Tunisia, Algeria	Support surveillance system for disease freedom: Supply diagnostic kits according to agreed surveillance plans. OIE will lead the national dossier development, EuFMD experts to support design of surveillance if asked (and for justification of supply of diagnostic kits). Initial WS lead by OIE in November 2013.								X																					
	Build capacity in clinical disease recognition – Real Time Training Places (one francophone/Arabic course with 2 trainees per country), mid-2014												X																	
	Support emergency preparedness planning and test emergency response One multi-country SIMEX . Prior preparation and working through of problems to be expected (vaccination etc) to occur at the REMESA Co-ordination meetings (pre-JPC and REPIVET/LABSA).																													

9. Budget (€)

The budget indicated shows funds allocated to this workplan, broken down by Outputs. It excludes FAO-HQ/EuFMD expenses. Project management will be by the EuFMD Secretariat. The program is considered feasible if a Short Term professional officer (STP) is allocated to this work (50% of full time basis).

Output	Activities	Consultant (days)	Consultant €	Travel	Contract s	Training Expense s	Equipm ent	Other	Sub TOTAL	TOTAL by Output
Libya	Training using PEPC to assist national staff to complete RBSP	20	6,000	2,000		6,000		2,000	16,000	31,000
	Guided Finalisation of RBSP, stakeholder consultations	10	3,000	2,000					5,000	
	Support Epi and Monitoring Unit after RBSP implemented	5	1,500						1,500	
	Evaluate RBSP progress	5	1,500	2,000					3,500	
	Support field FMD outbreak investigation (procurement penside test)		0				5,000		5,000	
Mauritania	Training national taskforce members based in PEPC principles	15	4,500	1,000		4,000		2,000	11,500	22,500
	RBSP –guided development, finalisation	10	3,000	1,000		2,000			6,000	
	Support laboratory diagnosis		0				5,000		5,000	
Multiple countries	Support FMD clinical recognition							10,000	10,000	10,000
Total –Output 1										63,500
REMESA Regional Coord.	Support REMESA coordination activities – pre-JPC meet		0	5,000		10,000			15,000	26,500
	REPIvet-RELABSA network mtg. Timing- TBD	5	1,500	2,000		8,000			11,500	
Mauritania	Support participation in regional laboratory network (3)		0	3,000					3,000	3,000
Libya, Tunisia	Design surveillance system to be implemented in high risk areas (Tunisia, Egypt) (4)	10	3,000	5,000		5,000		5,000	18,000	18,000
Morocco, Tunisia, Algeria	Support surveillance system for disease freedom:		0						0	101,500
	Supply diagnostic kits according to agreed surv. plans.		0				50,000		50,000	
	Build capacity in clinical disease recognition – RTT		0				18,000		18,000	
	Support emergency preparedness planning and test emergency response		0				5,000		5,000	
	One multi-country SIMEX.	20	6,000	10,000		5,000		7,500	28,500	
TOTAL		100	30,000	33,000	0	40,000	83,000	26,500	212,500	212,500

10.Challenges to achieving component objectives

- Risk that security and institutional co-ordination issues (GfTADS procedures) delay implementation.
- Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.
- The work plan should be agreed by REMESA secretariat. It might suffer modification after the coordination meeting that will take place on the 5th of September.
- Coordination with REMESA secretariat and REMESA Member States is essential to the success of the work plan.

Some of the activities will require cost-sharing (e.g. in Libya, the national trainees participation, and in TUN/ALG/MAROC, the surveillance actions to collect samples for sero-surveillance). The commitment and implication of countries are essential to achieving the objectives. Actions can be taken at the 6 monthly JPC meeting level if greater commitment is required.

11. Logical framework for component

Level	Description	Indicators	Monitoring and evaluation	Assumptions and risks
Output				
Components that the ACTION is expected to achieve	2.3 Assist national FMD risk management as part of the <u>REMESA</u> action plan.	PCP progress indicators Monthly Reports from surveillance (confidence indicators freedom for the higher PCP Stage countries) Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighb.countries	REMESA (6 monthly JPC) report Monthly Reports (EuFMD) Monthly Reports (EuFMD)	Risk that security and institutional co-ordination issues (GfTADS procedures) delay implementation Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.
Actions				
1.1 Libya	Training using PEPC to assist nat staff to complete RBSP	RBSP	ExCom report, GS41 report	National commitment to support trainees.
	Support field FMD outbreak investigation	Regular report	ExCom report, GS41 report	National responsibilities undertaken.
1.2. Mauritania	Training nat taskforce members based on PEPC principles to assist nat staff to complete RBSP	Report from taskforce	ExCom report, GS41 report	Assumes country desires to complete the planning.
	Support laboratory diagnosis	Regular report results	ExCom report, GS41 report	Assumes samples are submitted, if not effort to collect is needed.
1.3 REMESA Region	Support FMD clinical recognition at field level	Training deliver to field staff	ExCom report, GS41 report	Assumes materials in arabic are used by VS.
2.1 REMESA Region	Support REMESA coord act.	Meeting reports	ExCom report, GS41 report	Assumes high level VS representation.
3.1 Mauritania	Support participation in regional laboratory network	Mauritania participate in RESOLAB-FMD, monthly information reported	ExCom report, GS41 report	Risk that RESOLAB-FMD is not supported by donors/partners –& no info to share. In this case Activity 1.2 becomes more important.
4.1. Libya, Tunisia	Design surveillance system to be implemented in high risk areas (Tunisia, Libya)	Regular Surveillance Results	ExCom report, GS41 report	Assumes Tunisia and Libya will agree surveillance actions.
5.1. Morocco, Tunisia, Algeria	Support surveillance system for disease freedom	Disease freedom Dossier submitted to OIE	ExCom report, GS41 report	Assumes FMD situation/risk does not deteriorate, and sampling funded by national authorities.
	Build capacity in clinical disease recognition	Participants to RTT		Assumes trainees will pass on training on return.
	Support emergency prep planning and test emer resp.	Regional Simulation exercise		Assumes nat. commitment to develop & test CP & willing to work in an exercise together.

12. Annex 1 Training priorities for REMESA countries

Course	1st (n)	1st (%)	2nd (n)	2nd (%)	3rd (n)	3rd (%)	4 (n)	4th (%)	5 (n)	5th (%)	Final Score*
GEMP	2	17%	4	33%	4	33%	1	8%	0	0%	40
Real Time Training	6	50%	0	0%	0	0%	0	0%	2	17%	32
Vaccine as control strategy	1	8%	3	25%	2	17%	1	8%	1	8%	26
Simulation	1	8%	1	8%	2	17%	3	25%	2	17%	23
Modeling and DST	0	0%	2	17%	0	0%	4	33%	1	8%	17
RBS	0	0%	2	17%	3	25%	0	0%	1	8%	18
Socio- economy	0	0%	0	0%	0	0%	3	25%	5	42%	11
PEPc	2	17%	0	0%	0	0%	0	0%	0	0%	10
Lab	0	0%	0	0%	1	8%	0	0%	0	0%	3

*Final scored is obtained weighted: 1st option five points, 2nd option four points, 3rd option three points, 4th option two points and 5th option one point. GEMP: Good emergency and management practices. DST: Decision support tools. RBS: Risk based surveillance. Lab: Laboratory. PEPc: Practical epidemiology for progressive control.

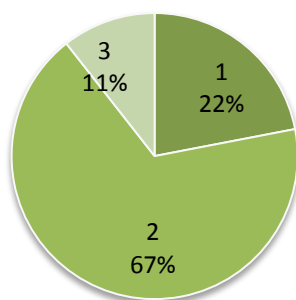
Response rate 92%

Component Plan 3.1 –Support to Global Progress Reduced risk

3.1. SUPPORT TO GLOBAL PROGRESS MONITORING OF FMD CONTROL PROGRAMMES

OBJECTIVE: To collate, analyse and disseminate relevant information on regional FMD control programmes worldwide; support for workshops to coordinate this process.

OUTPUTS EXPECTED RESULTS:



1. Technical Development of Monitoring system (with SCRPD involvement);
2. Systematic collation and analysis (by STP);
3. Assist FAO/OIE Working Group to produce an annual Global FMD Report.

% use of funds on achieving each Output

FOCAL POINT: to be decided in ExCOM ; Standing Technical Committee plus Special Committee on Research and Programme Development

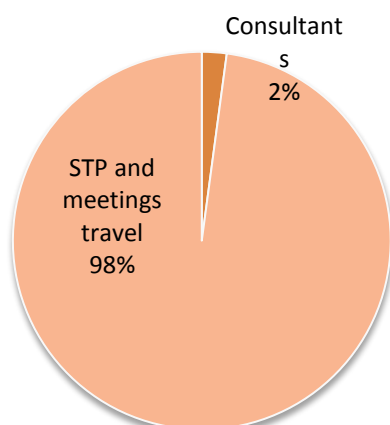
DIRECTLY INVOLVED BENEFICIARIES: FAO/OIE FMD Working Group; importance for advocacy and clarity of the regional/global situation with initiatives. Indirectly, all veterinary services interested to follow the progress of national/international control programmes, for risk assessment and investment.

RESOURCE BASE:

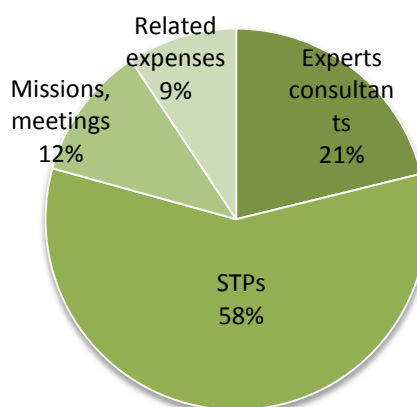
- **HR:** P5 (10%)(Admin Fund). STP (~full time). Consultants (requested by FAO) to supervise/collate and produce the Global Report .

- **Budget for Activities (EC - TF):** excludes HQ based support services/costs.

€ 107,066 (-€ 21,066)
Estimate in Annex III EC agreement



€ 86,000
Proposed to ExCom 86



Component Plan 3.2 –Progressive Control Pathway

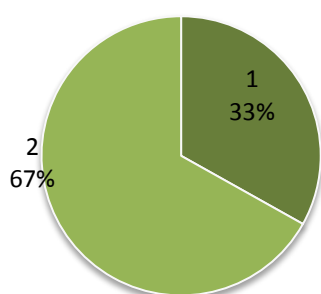
3.2 PROGRESSIVE CONTROL PATHWAY (PCP)

OBJECTIVE: The objective is to enhance the international capacity for the application of the EuFMD/FAO/OIE PCP-FMD through development of tools, guidelines and knowledge transfer.

OUTPUTS (EXPECTED RESULTS):

Dissemination of the principles and applications of PCP-FMD, primarily for countries endemic with FMD but including EuFMD member states and neighbourhood (REMESA,...); Developing guiding documents (guidelines and technical notes), trainings and workshops on PCP-FMD.

Specific Outputs:



1. PCP toolbox developed for PCP-FMD user community, including guiding documents developed for joint FAO/OIE application;
2. System for training PCP-FMD experts well established and supported by resources.

% use of funds on achieving each Output

FOCAL POINTs to be decided: in ExCOM ; Standing Technical Committee plus Special Committee for Research and Programme

Development

DIRECTLY INVOLVED BENEFICIARIES: the FMD WG of FAO/OIE; international pool of expertise at national and regional level that utilise the PCP in their work with countries, including European neighbourhood; and Pillar 2 activities of EuFMD that will use the guidelines/training resources.

RESOURCE BASE:

- **HR: Management** P5 (10%), P2 (5%). Products/Activities: developed with 3 consultants.
- **Budget for Activities** (EC - TF): *excludes HQ based support services/costs.*

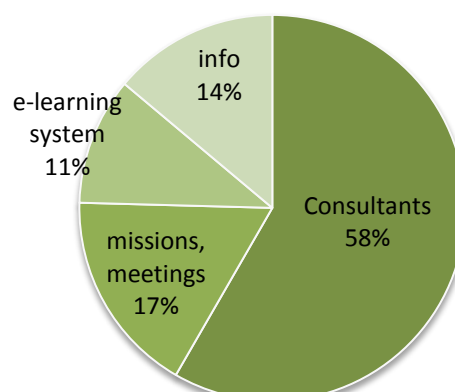
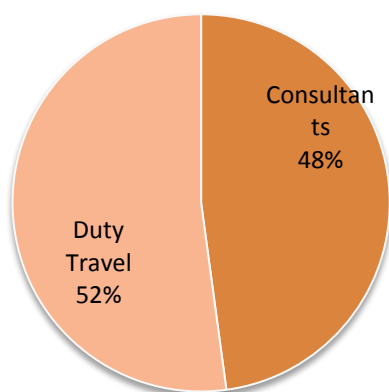
€ 21,907

(+ € 24,893)

€ 46,800

Estimate in Annex III EC agreement

Proposed to ExCom 86



Component Plan 3.3 – Support

Component Objective:

To support the FAO/OIE global FMD laboratory network as part of the global FMD control strategy, with the following outcomes:

Pillar Manager Keith Sumption
Component Manager: Eoin Ryan

Acronyms

STP: Short Term Professional

STC: Standing Technical Committee

SCRPD: Special Committee on Research and FMD Programme Development

Comms Officer: Communications Officer

1. Background

This includes supporting the FAO FMD World Reference Laboratory to provide services to the European neighbourhood and globally, including diagnostic service, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns, and provision of laboratory proficiency test (PTS) ring trials for harmonisation of performance of the principal international reference laboratories (of FAO and OIE) including in non-EU states. Background. As part of the FAO/OIE global FMD control strategy, a joint FAO/OIE proposal was developed for support to a global FMD laboratory network. This EuFMD workplan component will support elements of that FAO/OIE proposal as part of the pillar 3 objective of promoting the global strategy.

2. Project team

Role	Name	Status
Pillar manager	Keith Sumption	Secretary
Component manager	Eoin Ryan	Secretariat
ExCom or STC members involved in oversight role	David Paton	STC and Head of Ref Labs at Pirbright.

3. Countries or partner organizations involved

FAO and OIE developed the joint global laboratory network proposal in collaboration with WRL Pirbright.

4. Reporting of activities

Reporting format	Responsibility	Output	Distribution	Sent out by
6 monthly report to ExCom	Head of WRL	Presentation to ExCom	ExCom, STC	Comms Officer
Other foreseen regular reports e.g. monthly reports, timely updates, data, etc	Component manager	e.g. summary document	EuFMD team, ExCom member with oversight role for component, SCRPD	Comms Officer

5. Status of Component Workplan Approval and Implementation

Stage	Status
Joint FAO/OIE global lab proposal presented to EuFMD	Done, August 2013
Discussion between EuFMD and FAO on which elements to support	Done, September 2013
Proposed workplan presented to ExCom	ExCom 86
Implementation of LoA with WRL	Subject to ExCom approval, late 2013

6.Objectives, Outcomes and Activities

The objective of this component is to support the FAO/OIE global FMD laboratory network as part of the global FMD control strategy, with the following outcomes:

1. Creation of a framework for coordination of laboratory support activities within the FAO/OIE global laboratory network.
2. System in place for supporting diagnostic activities to be carried out by WRL.
3. System in place for supporting the collection of samples from outbreaks in pools 3 and 4.
4. Support for a global proficiency test scheme, to include 19 laboratories in the global network.

Table 4 shows the original budget from the joint FAO/OIE global laboratory network concept note, the elements of the plan which this component will support, and the elements which were supported under the previous 2011-13 EuFMD letter of agreement with WRL, for ease of comparison.

7: FAO/OIE concept note budget, EuFMD proposed support, and previous EuFMD support.

Output	Activity budget (for 2 years)* USD	Proposed EuFMD support 2013-15 USD	Support to similar elements under EuFMD WRL LoA 2011-13 USD
1.GCL coordination of activities of laboratories within the global laboratory network			
Activity 1.1 Establishment of procedures for the harmonization of the communication and data sharing between all laboratories within the network, FORC and regional leading laboratories	5 000	5 000	0
Activity 1.2 Organization of the annual OIE/FAO reference laboratory network meeting including all additional laboratories of the global network and support of regional leading lab participation	10 000	10 000	0
a) Meeting (5000 USD / meeting)	40 000	38 700	0
b) Participation of regional leading labs (20 000USD / meeting)			
Activity 1.3 Formulation of an annual report on the global FMD status based on information sharing within the global laboratory network (5000 USD / report)	10 000	10 000	14 00
2. Enhanced global diagnostic services in gaining knowledge on circulating FMD virus and selection of appropriate vaccine strains			
Activity 2.1: Diagnostic services for samples submitted to the GCL			
a) Analysis of 3000 samples/year: FMDV antigen detection and serotyping (100 USD/ sample)	600 000	200 000 (1,000 samples)	62 700 (690 samples, 3 yrs)
b) Vaccine matching of approx 200 samples/ year (400 USD/ sample)	160 000	80 000 (100 samples)	72 000 (180 samples, 3 yrs)
c) FMDV P1 sequencing 400 samples/ year (250 USD/ sample)	200 000	50 000 (100 samples)	74 500 (298, 3yrs)
Activity 2.2: Yearly production of diagnostic kits to the regional leading laboratories (max. 6) for antigen detection, antibody detection, NSP detection as well as provision of PCR reagents and Pen-side tests		65,000 for reagents to be procured by EuFMD	
a) AG detection kits (500 tests/lab/year): 8000 USD/ year	16 000		
b) AB detection kits (1000 tests/lab/year): 15 000 USD/ year	30 000		0
c) Prionics NS kit (2 kits/lab/year): Unit cost 2000 USD	48 000		
d) PCR reagents (1 kit / lab/ year): Unit cost 2400 USD	28 500		
e) Pen-side tests (100/lab/year) approx. 30 USD/ test			
	37500		
Activity 2.3: Support to sample shipment from the regional leading laboratories from virus pools 4 and 5 to the GCL (10 000 USD/pool/year)	40 000	40 00	0
3.Improvement and harmonization of FMD diagnostics			
Activity 3.1: Classroom and bench training to all regional leading laboratories (max. 6) within the global network on a) virus isolation b) antigen and antibody ELISA detection c) antigen detection with PCR (2 persons per laboratory, one training at GCL)	100 000		

Activity 3.2: Classroom and bench training to all laboratories within the global network (max. 12) on a) vaccine matching b) P1 sequencing c) phylogenetic analysis (2 persons per laboratory, one training at GCL)	125 000		
Activity 3.3: Classroom and bench training to all laboratories (max. 12) within the global network on the conduction of proficiency testing (2 persons per laboratory, one training at GCL)	125 000		
Activity 3.4: Support to in-country training at all regional leading laboratories (max. 6) within the global network following up the training sessions of activities 2.1 – 2.3 (50 000 USD/ training/lab).	150 000		
Activity 3.5: Production and distribution of annual inter-laboratory proficiency test scheme for FMD diagnosis with all laboratories (max. 19) within the global network and implementation of relevant follow-up activities (Unit cost per test panel 1240 USD)	75 000	75 000	198 000 (covered three years, included EuFMD MS & neighbours now funded under comp 1.7)
4. Project external monitoring and evaluation and link with the activities of the global strategy			
Activity 4.1: Annual meeting of the advisory group (25 000 / meeting)	50 000		
Activity 4.2 GF TADs FMD global secretariat inputs to the global laboratory network activities (25 000 USD / year for travel and staff time)	50 000		
Total in USD	1 900 000	573 700	455 000 (over 3 years: 150,000/year)

*Original CN is for four years; figures have therefore been halved for two years. Currency is USD for ease of comparison; current exchange rates have been used to convert to Euros for the component budget below.

8. Gantt chart

		Planning phase					YEAR 1												YEAR 2											
Activity	Events	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Planning		*	*	*	*	*	*																							
1.Receipt of FAO/OIE global lab concept note	1				*																									
1. Discussion between FAO and EuFMD on elements to support	1					*																								
2.Implementation of LoA with WRL	1								*																					
3. Support to sample collection in pools 3 and 4	Demand Driven (semi-continuous)								*			*			*		*			*		*		*		*				
4.PTS	Managed by WRL																													

9. Budget (€)

Output	Activities	Consultant (days)	Consultant (€)	Travel	Equipment	GOE	Contracts	Subtotal	Total output	by
Framework and coordination with FAO/OIE global lab strategy	1.1 Harmonisation of communication and data sharing between network laboratories (managed by WRL)						3,690	3,690		
	1.2 Organisation of the annual OIE/FAO ref lab meeting including support to regional leading labs to attend (managed by WRL)			1,000			35,900	36,900		
	1.3 Annual report on global FMD status (managed by WRL)						7,380	7,380		
									47,970	
System: WRL diagnostic services	2.1 Diagnostic services for samples submitted to WRL (managed by WRL)						243,540	243,540		
	2.2 Support to sample shipment from labs in pools 4 and 5 to WRL (managed by WRL)						29,520	29,520		
									273,060	
System: Support to sample collection in pools 3 and 4	3.3 Support to obtaining samples from outbreaks		10,000	10,000	10,000	20,000		50,000		
	3.4 Procurement of reagents and kits for laboratories				50,000			50,000		
									100,000	
PTS	4.1 Global proficiency testing scheme, including distribution to 19 global network labs and follow-up activities (managed by WRL)						55,350			
			10,000	11,000	60,000	20,000	375,380		55,350	
									476,380	

10. Risks and challenges to achieving component objectives

1. The process for implementing an LoA involves FAO procedures which may take some time.
2. Collection of samples in pools 3 and 4 requires cooperation at national level.
3. Working with international partners to achieve agreed outcomes.