









Progressive Control Pathway for FMD Guideline Update

EuFMD

The EuFMD Constitution (2015):

ARTICLE II Obligations of Members. For Members not recognised by the OIE as having the status of freedom from foot-and-mouth disease, except where the status has been temporarily suspended, there should be in place a **national plan for the progressive control of the disease**



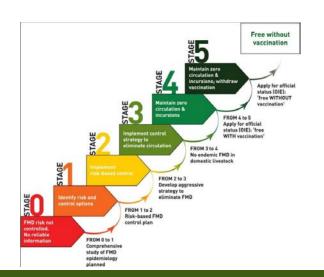






Background

- First proposed at the EuFMD Vienna ExCom in December 2008 (Sumption, Ferrari, Lubroth, Potzsch)
- Endorsed and adopted by the EuFMD in General Session 2009
- 1st Revision jointly developed 2010, adopted and published at General Session EuFMD (2011)
 - 1st Jointly agreed Guidelines have been in use since 2010
 - Key tool of FAO-OIE Global FMD Control Strategy







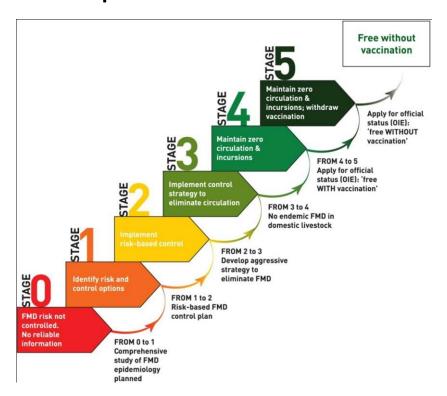






Background

- EuFMD experts have assisted OIE and FAO in the revisions of the Guidelines
- Updated version planned to be released in 2017



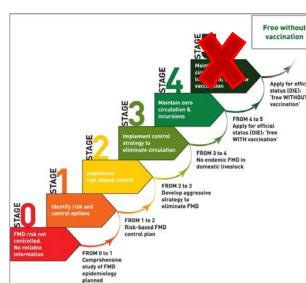








- Greater integration and alignment with OIE TAHC,
 ""One Pathway""
- 1. Gateway to Stage 4: *OIE endorsement of Control programme*
- 2. Removal of PCP Stage 5
- Rationale:
 - This stage prepared for DF countries to withdraw vaccination
 - Removes expectation/obligation to move through DF with vaccination stage
 - PCP Stage 1 to 3 assessments principally regional, whereas DF is an OIE process with global recognition







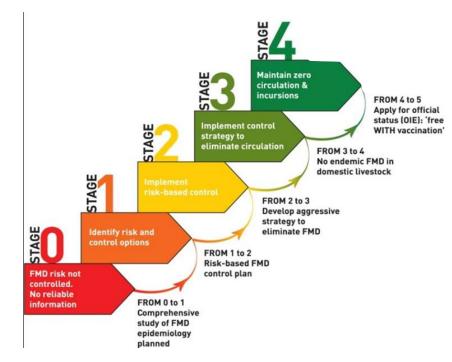




- 1. Removal of PCP Stage 5
- 2. Elaboration of process for stage Acceptance
 - Evidence-based, transparent
 - Regional Advisory Group



RAG meeting, Almaty 2015



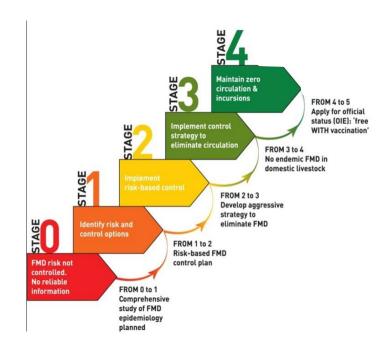








- 1. Removal of PCP Stage 5
- Elaboration of process for Stage Acceptance
- 3. Outline "fast-track" procedure
 - Advance by more than 1
 Stage at a time



"For a country wishing to fast-track, it must have fulfilled all of the key outcomes from the previous Stage(s), plus have met the minimum requirements for inclusion in the Stage they are applying to enter."

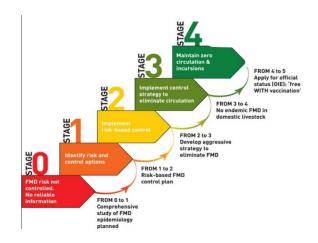








- 1. Removal of PCP Stage 5
- Elaboration of process for Stage Acceptance
- 3. Outline "fast-track" procedure
- 4. Criteria to withdraw Stage Acceptance
 - According to RAG
 assessment, at least every 3
 years



Minimum requirements to remain in the Stage (failure to comply will lead to acceptance in a lower Stage):

- Stage 2- Risk-based control measures implemented and monitored
- Stage 3- Rapid detection and response to all FMD outbreaks
- Stage 4- No endemic circulation of FMD virus in susceptible livestock









- 1. Removal of PCP Stage 5
- Elaboration of process for Stage Acceptance
- 3. Outline "fast-track" procedure
- 4. Criteria to withdraw stage Acceptance
- 5. Explicit inclusion of OIE PVS critical competencies
 - "enabling environment"

Critical competencies relevant to PCP-FMD Level of Advancement required PCP Stage 1 PCP Stage 2 PCP Stage 3 PCF 1.2.A. Professional competencies of veterinarians 3 <th colspan="6"></th>						
New Part PCP Stage 1 PCP Stage 2 PCP Stage 3 PCP Stage 3 PCP Stage 3 PCP Stage 4 PCP Stage 5 PCP Stage 6 PCP Stage 6 PCP Stage 7 PCP Stage 7 PCP Stage 8 PCP	Critical competencies relevant to PCP-FMD	Level of Advancement required				
1.2.B. Competencies of veterinary para-professionals 1		PCP Stage 1	PCP Stage 2	PCP Stage 3	PCF	
1.3. Continuing education 3	I.2.A. Professional competencies of veterinarians	3	3	3	3	
1.6.A. Internal coordination (chain of command)	I.2.B. Competencies of veterinary para-professionals	1	3	3	3	
1.6.B. External coordination	I.3. Continuing education	3	3	3	3	
1.1. Management of resources and operations 1	I.6.A. Internal coordination (chain of command)	1	2	3	3	
II.3 Risk analysis	I.6.B. External coordination	3	3*	3	3	
III.11 Emerging issues	I.11. Management of resources and operations	1	2	3	3	
III.1 Communications	II.3 Risk analysis	3	3*	3*	3*	
III.2 Consultation with stakeholders 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	II.11 Emerging issues	1	2	3	3	
III.3 Official representation	III.1 Communications	4	4*	4*	4*	
III.4 Accreditation / authorisation / delegation 1	III.2 Consultation with stakeholders	3	3	3	3	
III.5.A. Veterinary Statutory Body authority III.5.B. Veterinary Statutory Body capacity III.6 Participation of producers and stakeholders in joint III.6 Participation of legislation and regulations IV.1 Preparation of legislation & stakeholder compliance IV.2 Implementation of legislation & stakeholder compliance III.5.B. Active epidemiological surveillance III.5.B. Active epidemiological surveillance III.6 Early detection and emergency response III.7 Disease prevention, control and eradication III.8 Ante and post mortem inspection III.1 Veterinary laboratory diagnosis III.1 Veterinary laboratory diagnosis III.4 Quarantine and border security III.1 Animal identification and movement control III.1 Animal identification an	III.3 Official representation	2	3	3	3	
III.5.B. Veterinary Statutory Body capacity III.6 Participation of producers and stakeholders in joint IV.1 Preparation of legislation and regulations IV.2 Implementation of legislation & stakeholder compliance III.5.B. Active epidemiological surveillance III.5.B. Active epidemiological surveillance III.6 Early detection and emergency response III.7 Disease prevention, control and eradication III.8 Ante and post mortem inspection III.1 Veterinary laboratory diagnosis III.1 Veterinary laboratory diagnosis III.4 Quarantine and border security III.5 A. Animal identification and movement control III.6 Early detection and eradication III.7 Disease prevention, control and eradication III.8 Ante and post mortem inspection III.9 Veterinary laboratory diagnosis III.1 Veterinary laboratory diagnosis III.1 Veterinary diagnosis III.1 Veterinary quality assurance III.1 Quarantine and border security III.1 Z	III.4 Accreditation / authorisation / delegation	1	2	3/4	3/4	
III.6 Participation of producers and stakeholders in joint 2 3 3* IV.1 Preparation of legislation and regulations 3 3* IV.2 Implementation of legislation & stakeholder compliance 1 3 3 II.5.A. Passive epidemiological surveillance 1 3 II.5.B. Active epidemiological surveillance 3 II.6 Early detection and emergency response 1 1 3 II.7 Disease prevention, control and eradication 1 2 3 II.1 Veterinary laboratory diagnosis 2 2/3 2/3 2/3 II.2 Laboratory quality assurance 2 3 II.4 Quarantine and border security 1 II.1 Security 1 2 3 3 IV.6 Transparency 2 3 3 IV.7 Zoning 1 IV.7 Zoning 1 IV.8 Veterinary para-professionals II.9 Veterinary para-professionals and other technical staff 2 3 3 II.1. Reterinary para-professionals and other technical staff 2 3 3 3 1.1. Reterinary para-professionals and other technical staff 2 3 3 3 1.1. Reterinary para-professionals and other technical staff 2 3 3 3 1.1. Reterinary para-professionals and other technical staff 2 3 3 3 1.1. Reterinary para-professionals and other technical staff 3 3 4/5 4/5 4/5	III.5.A. Veterinary Statutory Body authority	1	2	3/4	3/4	
IV.1 Preparation of legislation and regulations IV.2 Implementation of legislation & stakeholder compliance II.5.A. Passive epidemiological surveillance II.5.B. Active epidemiological surveillance III.5.B. Active epidemiological surveillance III.6 Early detection and emergency response III.7 Disease prevention, control and eradication III.8 Ante and post mortem inspection III.9 Veterinary laboratory diagnosis III.1 Veterinary laboratory diagnosis III.1 Veterinary quality assurance III.2 Laboratory quality assurance III.3 A. Animal identification and movement control III.3 A. Animal identification and movement control III.3 A. Animal identification and movement control III.3 A. Veterinarians and other professionals III.4 Cyterinary para-professionals III.5 B. Veterinary para-professionals III.5 B. Veterinary para-professionals III.5 B. Veterinary para-professionals III.5 B. Operational funding III.5 B. Active epidemiological surveillance III.5 B. Active	III.5.B. Veterinary Statutory Body capacity	1	2	3	3*	
IV.2 Implementation of legislation & stakeholder compliance II.5.A. Passive epidemiological surveillance II.5.B. Active epidemiological surveillance II.6 Early detection and emergency response II.7 Disease prevention, control and eradication II.8 Ante and post mortem inspection II.1 Veterinary laboratory diagnosis II.2 Laboratory quality assurance II.4 Quarantine and border security II.5 Achimal identification and movement control III.6 Early detection and emergency response III.7 Disease prevention, control and eradication III.8 Ante and post mortem inspection III.9 Active epidemiological surveillance III	III.6 Participation of producers and stakeholders in joint	2	3	3	3*	
II.5.A. Passive epidemiological surveillance	IV.1 Preparation of legislation and regulations	3	3*	3*	3*	
II.5.B. Active epidemiological surveillance 3 3* 3 3/4 II.6 Early detection and emergency response 1 1 3 3 II.7 Disease prevention, control and eradication 1 2 3 3 II.8 Ante and post mortem inspection 1 2 3 3 II.9 Laboratory diagnosis 2 2/3 2/3 2/3 II.2. Laboratory quality assurance 2 3 3 II.4 Quarantine and border security 1 2 3 3/4 II.13.A. Animal identification and movement control 1 2 3 3 IV.6 Transparency 2 3 3 3 IV.7 Zoning 1 2 2 3 I.1.A. Veterinarians and other professionals 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinarians and Indiagonal 1 2/3 4/5 4/5 II.5.B. Active epidemiological surveillance 3 3 I.1.B. Veterinarians and other professionals 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 I.1.B. Veterinary para-professionals and other technical staff 3 3 I.1.B. Veterinary para-professionals and other technical staff 3 3 I.1.B. Veterinary para-professionals and other technical staff 3 3 I.1.B. Veterinary para-professionals and other technical staff 3 3 I.1.B. Veterinary para-professionals and other technical staff 3 3 I.1.B. Veterinary para-professionals 3 3 3 I.1.B. Veterinary para-professionals 3 3 3 I.1.B. Veterinary para-professionals 3 3 3	IV.2 Implementation of legislation & stakeholder compliance	1	3	3	3	
II.6 Early detection and emergency response	II.5.A. Passive epidemiological surveillance	1	3	3	3	
II.7 Disease prevention, control and eradication 1 2 3 3 3 II.8 Ante and post mortem inspection 1 2 3 3 3 II.1 Veterinary laboratory diagnosis 2 2/3	II.5.B. Active epidemiological surveillance	3	3*	3	3/4	
II.8 Ante and post mortem inspection 1 2 3 3 3	II.6 Early detection and emergency response	1	1	3	3	
II.1 Veterinary laboratory diagnosis 2 2/3 2/3 2/3 2/3 II.2. Laboratory quality assurance 2 3 3 3 3 II.4 Quarantine and border security 1 2 3 3/4 II.13.A. Animal identification and movement control 1 2 3 3 3 IV.6 Transparency 2 3 3 3 3 IV.7 Zoning 1 2 2 3 3 3 II.A. Veterinarians and other professionals 2 3 3 3 II.B. Veterinary para-professionals and other technical staff 2 3 3 3 II.B. Veterinary para-professionals and other technical staff 2 3 3 3 II.B. Operational funding 1 2/3 4/5	II.7 Disease prevention, control and eradication	1	2	3	3	
II.2. Laboratory quality assurance	II.8 Ante and post mortem inspection	1	2	3	3	
II.4 Quarantine and border security	II.1 Veterinary laboratory diagnosis	2	2/3	2/3	2/3	
II.13.A. Animal identification and movement control 1 2 3 3 3 1V.6 Transparency 2 3 3 3 1V.7 Zoning 1 2 2 3 3 1.1.A. Veterinarians and other professionals 2 3 3 3 3 1.1.B. Veterinary para-professionals and other technical staff 2 3 3 3 3 1.7. Physical resources 2 2 3 3 3 1.8. Operational funding 1 2/3 4/5	II.2. Laboratory quality assurance	2	3	3	3	
IV.6 Transparency 2 3 3 3 IV.7 Zoning 1 2 2 3 I.1.A. Veterinarians and other professionals 2 3 3 3 I.1.B. Veterinary para-professionals and other technical staff 2 3 3 3 I.7. Physical resources 2 2 3 3 I.8. Operational funding 1 2/3 4/5 4/5	II.4 Quarantine and border security	1	2	3	3/4	
IV.7 Zoning	II.13.A. Animal identification and movement control	1	2	3	3	
I.1.A. Veterinarians and other professionals233I.1.B. Veterinary para-professionals and other technical staff233I.7. Physical resources2233I.8. Operational funding12/34/54/5	IV.6 Transparency	2	3	3	3	
I.1.B. Veterinary para-professionals and other technical staff 2 3 3 3 I.7. Physical resources 2 2 3 3 3 I.8. Operational funding 1 2/3 4/5 4/5	IV.7 Zoning	1	2	2	3	
1.7. Physical resources 2 2 3 3 1.8. Operational funding 1 2/3 4/5 4/5	I.1.A. Veterinarians and other professionals	2	3	3	3	
1.8. Operational funding 1 2/3 4/5 4/5	I.1.B. Veterinary para-professionals and other technical staff	2	3	3	3	
	I.7. Physical resources	2	2	3	3	
1.9. Emergency funding 1 1 3 4/5	I.8. Operational funding	1	2/3	4/5	4/5	
	I.9. Emergency funding	1	1	3	4/5	









- 1. Removal of PCP Stage 5
- 2. Elaboration of process for Stage Acceptance
- 3. Outline "fast-track" procedure
- 4. Criteria to withdraw Stage Acceptance
- 5. PVS critical competencies
- OIE Endorsement of National Control Plan requirement to enter Stage 4
 - Previously in Stage 3



Indicator outcome to enter:

Stage 1- Assessment Plan

Stage 2- Risk-Based Strategic Plan

Stage 3- Virus Elimination Plan

Stage 4- OIE endorsement of National Control Programme









Implications for the EuFMD membership and neighbourhood

- Greater clarity on zoning and transitions
 - countries can have zones at multiple Stages including OIE recognised zones (Turkey)
- One Pathway
 - ➤ potential re-entry to PCP stages if compliance with TAHC conditions for ""official control programmes""
- ➤ Potentially greater incentives to demonstrate competence in control (PCP3) before application for ""official recognition of CPs""









Implications for the EuFMD membership & neighbourhood

- > Stage Acceptance:
 - > WE RAG: European members of FAO/OIE that are not -free
 - ➤ Georgia and Turkey have developed progressive control plans

ME RAG: Palestine

The EuFMD Constitution (2015):

ARTICLE II Obligations of Members:... For Members not recognised by the OIE as having the status of freedom from foot-and-mouth disease, except where the status has been temporarily suspended, there should be in place a national plan for the progressive control of the disease.









Thank you!